R4S

Assessment of the Scale, Reach, Quality, and Cost

of Service Delivery High Impact Practices in Family Planning

KII guide for Managing Authorities and Ministries of Health regarding

Policy Intentions

INSTRUCTIONS

Includes:

- M&E expert, technical expert, project manager, and/or individual with other job title who has experience with, or knowledge of, HIP implementation and/or the domains of inquiry (HMIS, LMIS, training, etc.) by virtue of their professional position
- 18 years or older
- Willing to provide written informed consent to participate in the interview (e-signature if conducted over tele-communication platforms)
- Participant is available to participate in interview during data collection period
- Willing to be audio-recorded

Objectives:

- To assess the standard of care that programs wish to provide to deliver high-quality family planning services.

Remember:

- Ask one question at a time
- Silence can be a great probe. Give the participant time to answer
- Ask for examples

TO INCLUDE AT TOP OF TRANSCRIPTION

Participant ID:

Setting of interview: [Describe setting but do not include name of places that could lead to indirectly identifying the participant. For example: *room at health facility* (but do not include name of health facility).]

Date of interview:

Interviewer: _____ Start time: [___ ___ : ___ ___]

End time: [___ ___ : ___ ___]

Language of interview: _____ Length of interview (minutes): _____

Transcriber: _____ Date of Transcription:

READ:

Good morning/afternoon/evening. Thank you for speaking with me today. My name is [state name] and I work with FHI 360 and Makerere University School of Public Health. Through a previous exercise, our study team has learned that your organization is implementing family planning service delivery high impact practices – or HIPs – in Mozambique/Nepal/Uganda. The Family Planning High Impact Practices (HIP) initiative is a multi-organization effort started in 2010 that aims to highlight evidence-based practices that, when scaled up and institutionalized, will maximize investments in a comprehensive family planning (FP) strategy. I would like to talk to you about the scale, reach, and quality of the practices being implemented. Besides asking you to introduce yourself and provide your job title and responsibilities, I will not ask you any personal information about yourself. Instead, the questions we will talk about will focus on the work <u>your organization</u> is doing. This information will help our study team understand the scale, reach, and quality of implementation of service delivery high impact practices throughout your country. It will also help us make suggestions for improving the monitoring and scale-up of these practices over time. If there are any questions that you cannot answer, we can skip them for now, and we may follow-up with a colleague of yours for more information.

I will use an audio recorder to more accurately capture what you have to say. Ready?

[*TURN ON RECORDER NOW*]
Today is [date] and I've just started the audio recorder for [KII ID]. You've consented to participating and I'd like to get confirmation of that on the audio recording please.

- **Do you agree to participate in this interview?**
- **Do you agree to being audio-recorded?**

OVERVIEW

1. First, it would be great to learn a little more about you. Please state your job title, your organization, and your roles/responsibilities at your organization. You do not need to state your name.

2. What does the term High Impact Practice mean to you?
    a. What do you know about the HIP initiative?

3. As previously mentioned, we conducted an exercise that allowed us to identify the service delivery HIPs that your organization is implementing. Can you confirm that your organization is supporting the implementation of the following practices?
   Note to interviewer: read the HIP and associated definition from the table below.

Note: Interviewer should fill in the "Indicator Inventory" column prior to the interview based on our intel regarding HIPs implemented by the organization. If there is a discrepancy between the indicator inventory information and the key informant's response, proceed with the key informant's information, but follow-up to clarify after the interview.

HIP	Definition	Indicator Inventory	Place X to confirm here
Community Health Workers	Integrate trained, equipped, and supported CHWs into the health system to provide family planning services	X	X
Drug Shops and Pharmacies	Train and support drug-shop and pharmacy staff to provide a wider variety of family planning methods and information	X	X
FP-Immunization	Offer family planning information and services proactively to women in the extended postpartum period during routine child immunization contacts. The extended postpartum period is defined as 12 months following a birth	X	X
Immediate Post-Partum Family Planning (IPPFP)	Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility	X	X

POLICY DIMENSIONS OF QUALITY

We would like to begin by discussing policy intentions related to implementing each HIP. Most family planning programs strive to provide services of high quality. The HIP briefs provide guidance for implementers. We have identified a set of attributes (or core components) that may be used to deliver HIPs with high quality. However, we recognize that the practice may look different depending on the context. Sometimes implementing partners need to adapt or modify a practice to fit a particular context or address a certain issue, including challenges they may encounter. We would like your assistance to understand how you are implementing HIPs.

For each core component, we have a list of standards that managing authorities may use to define the quality of implementation of these practices. Let's work through this list of standards together and discuss how your organization approaches them. I will ask two questions for each standard:

- The first question is about what your organization does to meet the standard. I will also ask you to share relevant documentation to help me better understand what you are doing, but I will follow-up with you after this discussion for those materials.
- The second question refers to the emphasis your program actually places on a particular standard. For this, please indicate if this is no emphasis, minor emphasis, moderate emphasis, or major emphasis.

Guidance for data collector:

Go through this table row by row. First, read the core component. Then ask each of the questions. For example:

- *How does your organization ensure that aspects of the commodity system (via the logistics management system) sufficiently include the supplies, equipment, and commodities to support the provision of counseling and wide range of appropriate methods through CHWs?*
- *Is there any documentation you can provide that demonstrates how your organization does this?*

- *How much emphasis does your program actually place on ensuring that aspects of the commodity system sufficiently include the supplies, equipment, and commodities to support the provision of counseling and wide range of appropriate methods through CHWs?*

If the organization supports multiple HIPs, be sure to go through the table for the first HIP and ask the follow-up questions at the end of the table before moving on to the next HIP.

COMMUNITY HEALTH WORKERS				
CORE COMPONENT	**POLICY STANDARDS**	**How does your organization meet this standard?**	**Documentation to follow-up on**	**How much emphasis does your program actually place on this standard?**
There is consistent availability of essential supplies, equipment, methods and communication materials appropriate and necessary for FP counseling and service provision through community health workers (CHWs).	The commodity system includes the supplies, equipment, and methods to support the provision of counseling and a wide range of appropriate methods through CHWs.	[Enter notes]	[Enter notes]	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Community health workers are trained and demonstrate competency in the delivery of client-centered FP counseling and service provision or referral when needed.	Facility leadership uses national guidelines and a training curriculum for CHWs.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Community health workers receive needs-based supportive supervision that includes skills in client-centered care.	A supportive supervision system is in place that support CHWs and reflects national guidelines.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis

A referral system exists that facilitates client's access to FP/RH/MCH services not available via the CHW.	Norms and procedures describe a referral system that links CHWs into the larger health system.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is adequate monitoring, reporting, and tracking of FP counseling, services and referrals provided through CHWs.	A documented system is in place that supports the tracking of FP counseling, services and referrals provided via CHWs.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health facility leadership and staff actively promote and engage the community in recruiting and supporting CHWs.	A documented system is in place for facility leadership to seek feedback from communities on CHW recruitment and support.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
DRUG SHOPS & PHARMACIES				
CORE COMPONENT	**POLICY STANDARDS**	**How does your organization meet this standard?**	**Documentation to follow-up on**	**How much emphasis does your program actually place on this standard?**
There is consistent availability of the full range of non-expired commodities authorized by the MOH for drug shops to ensure choice.	There is a documented process for drug shops and pharmacies to obtain a wide range of approved contraceptive products.	[Enter notes]	[Enter notes]	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Drug shop workers and pharmacists are trained and competent in the provision of FP products, and accurate, non-biased information exchange.	A system documents trainings or orientations that drug shop owners/pharmacists receive in the provision of FP information and products.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis

Drug shops and pharmacists receive needs-based supervision that reinforces the provision of a wide range of contraceptive commodities and accurate, non-biased information exchange with consumers.	A supportive supervision system is in place that supports drug shops and pharmacies.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Drug shops and pharmacies have promotional and point-of-sale materials that contain accurate, effective information to facilitate consumer use.	A system is in place to supply drug shops and pharmacies with promotional and point-of-sale materials.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
A referral system exists that facilitates drug shop and pharmacy client's access to other FP, RH or MCH services not available at the drug shop or pharmacy.	Norms and procedures in use describe a referral system that links into the larger health system.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is adequate monitoring, reporting, and tracking of FP commodities provided via drug shops and pharmacies	A documented system is in place that supports the provision and tracking of FP products provided via drug shops and pharmacies.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is consistent availability of a wide range of approved, non-expired contraceptive commodities to ensure choice.	There is a documented process for drug shops and pharmacies to obtain a wide range of approved contraceptive products.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
FP/IMMUNIZATION INTEGRATION		

CORE COMPONENT	POLICY STANDARDS	How does your organization meet this standard?	Documentation to follow-up on	How much emphasis does your program actually place on this standard?
There is consistent availability of essential supplies, equipment, and methods appropriate and necessary to provide integrated FP – immunization services	The commodity system includes the supplies, equipment, and methods to support the provision of integrated FP – immunization services.	[Enter notes]	[Enter notes]	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health workers across many cadres are trained and demonstrate competency in the delivery of client-centered, integrated FP – immunization services	Facility leadership uses national guidelines and a training curriculum that includes guidance on deliberate, client-centered integrated FP – immunization service.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health workers receive ongoing, needs-based supportive supervision for FP and routine immunization services that includes communication skills to ensure an appropriate information exchange.	A supportive supervision system is in place that supports integrated FP service delivery and reflects national guidelines.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Straightforward referral systems exist that facilitate client access to FP services.	Service delivery guidelines or norms and procedures describe a process for same-day and different-day referrals specific to integrated FP/ immunization services			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis

FP information and/or services are deliberately integrated into routine immunization services (and not only into immunization campaigns)	Service delivery guidelines, norms or procedures describe how FP is deliberately integrated into routine immunization services.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is adequate monitoring, reporting, and tracking of the effect of integration on FP and routine immunization service delivery including referrals completed, counseling and services provided.	There is a documented system to support the provision and tracking of integrated FP – immunization services in terms of both access and quality.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is adequate staff availability and time for the provision of integrated FP – immunization services	Facility guidelines mandate the availability of trained health workers who can provide integrated FP – immunization services			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health facility leadership and staff actively promote integrated FP-immunization services.	Facility leadership reflect integrated FP-immunization services in budget requests, formal documentation of services that they offer and in any external communication about their service.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
	IMMEDIATE POST-PARTUM FAMILY PLANNING			
CORE COMPONENT	**POLICY STANDARDS**	**How does your organization meet this standard?**	**Documentation to follow-up on**	**How much emphasis does your program actually place on this standard?**

There is consistent availability of essential supplies, equipment (i.e. medical instruments), and methods appropriate and necessary to provide high-quality immediate post-partum FP (IPPFP) to all clients desiring a method during the immediate post-partum period.	The commodity system includes the supplies, equipment, and methods to support the provision of IPPFP.	[Enter notes]	[Enter notes]	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health workers across many cadres are trained and demonstrate competency in the delivery of client-centered IPPFP counseling and service provision that includes long-acting methods.	Facility leadership uses national guidelines and a training curriculum that includes client-centered IPPFP counseling and service provision.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Clients can access services or referral for other RH/MCH services as needed in the immediate post-partum period.	Service delivery guidelines in use address integration and referral for other RH/MCH services during FP care including in the post-partum period.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is adequate staff availability for the provision of IPPFP services, including counseling, and products prior to maternity client's discharge and during both the antenatal and immediate post-partum period.	Guidelines in use mandate the availability of a trained health worker who can provide immediate post-partum FP counseling, service provision or referral to other RH services as needed.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis

	Job descriptions clearly articulate that all antenatal and maternity care providers have a role in PPFP.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is adequate monitoring and reporting of the stated FP intention of the client and the provision of counseling and IPPFP service provision.	A documented system supports the provision and tracking of IPPFP in terms of both access and quality.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health facility leadership and staff actively promote IPPFP.	Facility leadership reflect IPPFP in budget requests, formal documentation of services that they offer and in any external communication about their service.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis

1. Are you aware of the HIP brief on this practice?

2. To what extent do you rely on the information from the HIP brief to implement this practice. Please explain.

3. To your knowledge, what are some challenges with implementing the core components of X HIP?

Note: when you get to the end of this section, repeat for remaining HIPs, if relevant.

HORIZONTAL SCALE & REACH

We are also interested in learning about the horizontal scale and reach of the HIPs your organization is implementing or supporting. By horizontal scale, we mean the geographic spread of the HIPs, and by reach, we mean the extent to which HIPs are delivered to different sub-groups. I'm particularly interested in how these practices are delivered to urban vs. rural locations, different age groups, and new/first-time users.

As a follow-up to this interview, **our team will send an Excel-based template** to your M&E team to gather data. As an example, the template will ask for information on the districts and facilities types where the HIP is implemented, as well as service statistics on clients receiving services related to each HIP. We have received approval from your organization to follow-up on these data.

WRAP-UP

Thank you for all the information you have shared with me today on how your organization is implementing HIPs.

1. Do you have any questions or comments on any of the information we discussed above?

Thank you for your time. We appreciate the answers you have given us.

Template for Interview Notes	
The overall demeanor of the participants – for example, describe if the participant was sad, uninterested, forthcoming, timid, relaxed, defensive, etc.	
Any interruptions that occurred during the KII	
Cultural factors mentioned that would be important for others outside the local context to understand	
Questions that were difficult for the participants to understand and suggest modifications	
Issues and/or participant questions that need to be followed-up.	
Any information that contradicts with what you have learned in other interviews.	
Themes or patterns that are emerging [e.g. information that you are hearing over and over again from IDI participants].	
Additional general notes	