Assessment of the Scale, Reach, Quality, and Cost of Service Delivery High Impact Practices for Family Planning
MA KII Guide - PAFP

OVERVIEW

1. To start, could you tell me a little bit about **yourself** and **your position**?

2. This is an assessment about High Impact Practices in Family Planning or HIPs. What does the term **High Impact Practice** mean to you?
    a. What do you know about the **HIP initiative**?

3. Before we continue, I would like to confirm if your organization is implementing post-abortion family planning activities (PAFP). PAFP is defined as "Offering contraceptive counseling and services immediately after and within 48 hours of abortion."

POLICY-LEVEL INTENTIONS

Thank you. Now, we would like to talk a bit more about HIP implementation. Most family planning programs strive to provide services of high quality. The global briefs that define HIPs provide guidance for implementers. We have identified a set of attributes (or core components) from these briefs that may be used to deliver HIPs with high quality. However, we recognize that the practice may look different depending on the context. Sometimes implementers need to adapt or modify a practice to fit their circumstances, including challenges they may encounter. We would like your assistance to understand how you are implementing HIPs.

Let's talk specifically about PAFP.

For each core component, we have a list of standards that implementers 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.

4. *Use the **table in the worksheet**.*

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

- *How does your organization ensure that the commodity system (via the logistics management system) includes the supplies, equipment, and methods to support the provision of PAFP?*
- *Is there any documentation you can provide that defines how your organization does this?*
- *How much emphasis does your program place on ensuring that the commodity system includes the supplies, equipment, and methods to support the provision of PAFP?*

Are you **aware of the HIP brief** on PAFP?

a. If yes: To what extent do you rely on the information from the HIP brief to implement PAFP? Please explain.

5. In your experience at your organization, what are some **challenges with implementing the core components we have discussed** for PAFP?

NATIONAL DOCUMENTS

Thank you. We would like to make sure we are aware of all national-level guidance documents related to PAFP, including national plans and policies, national guidelines or standards of practice, and government-endorsed pre-service and in-service training curricula. We have compiled an initial list of documents. ***Use table at the end of the worksheet***.

6. For each of these documents, could you please indicate if you are **familiar with it**?

7. Then, could you please tell me if you can think of **other documents** that are **not currently on my list**?

HORIZONTAL SCALE & REACH

Thank you. We are also interested in learning about the horizontal scale and reach of PAFP as your organization is implementing or supporting it. By horizontal scale, we mean the geographic spread, and by reach, we mean the extent to which PAFP is delivered to different sub-groups. We are particularly interested in how PAFP is delivered to urban vs. rural locations, different age groups, new/first-time users, and women vs. men for any components that may be relevant.

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 service statistics on clients receiving services related to PAFP.

WRAP-UP

8. 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.

WORKSHEET

Participant ID Number: _____

Language of interview: _____

Duration of interview (in minutes): _____

POLICY-LEVEL INTENTIONS

POST-ABORTION 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?**
Essential supplies, equipment (i.e., medical instruments), and methods necessary to providing high-quality postabortion FP (PAFP) are consistently available to all clients desiring a method while receiving postabortion care (PAC).	Aspects of the commodity system (e.g., lists of approved commodities/equipment, order forms, reporting forms, etc.) sufficiently include the supplies, equipment, and methods to support the provision of PAFP, including access to a range of appropriate methods.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health workers across cadres are trained and demonstrate competency in delivering client-centered PAFP counseling and service provision, including LARC methods.	Facility leadership uses national guidelines and a training curriculum that includes client-centered PAFP counseling and service provision, including LARC methods.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
All clients can access counseling and provision or referrals for other services, including gender-based violence (GBV) and STI screening, at the same time and place as PAFP and PAC.	Service delivery guidelines in use at an operational level adequately address integration of screening and/or provision and referral for FP, GBV, STI, and other services during PAC.			0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis

Appropriate facility staff, including nurses and midwives, are available to provide PAFP services and products, including LARC methods, prior to client's discharge.	Guidelines in use at an operational level mandate the availability of trained health workers, including nurses and midwives, who can provide PAFP counseling, offer methods, or refer for methods and services, as needed.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
	Job descriptions clearly articulate that all maternity care providers have a role in PAFP.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
There is adequate monitoring, reporting, and tracking of the provision of counseling and PAFP services.	A documented system is in place that supports the provision and tracking of PAFP in terms of access and quality.	0 = No emphasis 1 = Minor emphasis 2 = Moderate emphasis 3 = Major emphasis
Health facility leadership and staff actively promote PAFP.	Facility leadership reflect PAFP 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

NATIONAL DOCUMENTS

Pre-populate table based on MoH KII. Use blank rows in the second part of the table to add additional documents mentioned by the participant.

National documents	Is participant familiar with document?
Additional documents	