Supporting Measurement and Replication Techniques for Family Planning High Impact Practices (SMART-HIPs): Assessment of the Scale, Reach, Quality, and Cost of Service Delivery High Impact Practices for Family Planning

Key Informant Guide for Managing Authorities – IPPFP

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. Are you familiar with what's known as Family Planning High Impact Practices? 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 Immediate Post-Partum Family Planning also called IPPFP. IPPFP is defined as "Offering contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility."
    a. If not providing IPPFP, then please inquire about **PPFP**, defined as "provision of family planning through the first 12 months following childbirth."

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 IPPFP.

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 IPPFP?*
- *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 IPPFP?*

5. Are you **aware of the HIP brief** on IPPFP?
    a. If yes: To what extent do you rely on the information from the HIP brief to implement IPPFP? Please explain.

6. In your experience at your organization, what are some **challenges with implementing the core components we have discussed** for IPPFP?
        i. *If nothing specific to **IPPFP**, please inquire about **PPFP**.*

NATIONAL DOCUMENTS

Thank you. We would like to make sure we are aware of all national-level guidance documents related IPPFP, 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***.

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

8. 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 IPPFP 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 IPPFP is delivered to different sub-groups of people. We are particularly interested in how IPPFP 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 IPPFP.

WRAP-UP

9. 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

IMMEDIATE POST-PARTUM FAMILY PLANNING				
CORE COMPONENT	**POLICY STANDARDS**	**How does your organization meet this standard? If not available for IPPFP, how do they meet this for PPFP?**	**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.			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

NATIONAL DOCUMENTS

Pre-populate table based on MoHFW 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	