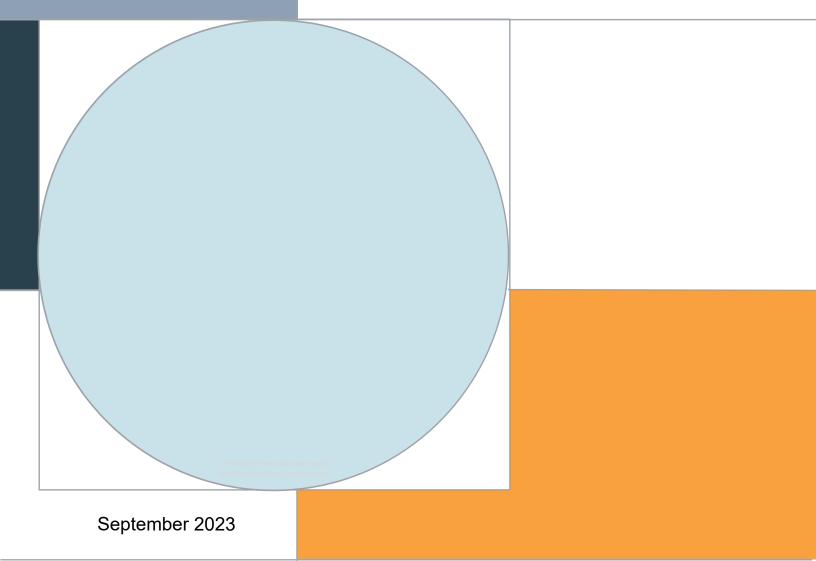
# High Impact Practices (HIPs) in Family Planning

Measuring and Monitoring HIP Implementation with Core Components: Example HIP Core Component Checklists





# High Impact Practices (HIPs) in Family Planning

Measuring and Monitoring HIP Implementation with Core Components: Example HIP Core Component Checklists



University of North Carolina at Chapel Hill 123 West Franklin Street, Suite 330 Chapel Hill, NC 27516 USA

Phone: 919-445-6949

D4l@unc.edu http://www.data4impactproject.org This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. TL-23-107 D4I

September 2023



## Contents

Related Resources	3
Background	4
Assessing HIPs	4
Example HIP Core Component Checklists	4
Core Component Checklist Tools	5
CHW Core Component Checklist Tool	5
MOSD Core Component Checklist Tool1	4
IPPFP Core Component Checklist Tool	2

### **Related Resources**

A brief summarizing the core component checklist methodology used by D4I can be found here: *High Impact Practices (HIPs) in Family Planning (FP): Measuring and Monitoring HIP Implementation with Core Components Methodological Brief,* (2023).

The report on the D4I assessment can be found here: *High Impact Practices (HIPs) in Family Planning (FP): A qualitative assessment of quality and scale of implementation for three service delivery HIPs in Bangladesh and Tanzania*, by Pietrzyk, S., Pantazis, A., Roy, J., and Kahabuka, C. (2023).

### Background

The High Impact Practices (HIPs) in family planning (FP) are a collection of evidence-based practices, identified by global experts, that have demonstrated impact on contraceptive uptake and other related outcomes in varied settings. The HIPs fall into four categories: (1) Service Delivery, (2) Enabling Environment, (3) Social and Behavior Change (SBC), and (4) HIP Enhancement. Six co-sponsor lead the HIPs initiative, including the US Agency for International Development (USAID), United Nations Population Fund (UNFPA), World Health Organization (WHO), International Planned Parenthood Federation (IPPF), Family Planning 2030 (FP 2030), and the Bill and Melinda Gates Foundation.

## **Monitoring HIPs**

As FP programs increasingly integrate HIPs, questions have arisen about defining the essential elements that make up a HIP. Data for Impact (D4I) assessed three of eight service delivery HIPs across selected USAID-funded projects in Bangladesh and Tanzania to address these questions. The assessment sought to understand the extent that the three service delivery HIPs follow implementation standards or core components.

Determination of the core components was informed by the <u>HIPs briefs</u>, literature review, and consultation with subject matter experts. Before this assessment, no implementation standards for HIPs were established. D4I and <u>Results for Scalable Solutions (R4S)</u> worked collaboratively to develop core components. Overall, 20 core components for three service delivery HIPs were developed and used in the D4I assessment. Data were collected through the administration of core component checklists via facilitated small group discussions. Because 20 core components were established across the three service delivery HIPs, in turn there were 20 core component checklists.

## **Example HIP Core Component Checklists**

This document includes the 20 core component checklists that were used by the data collection teams in the D4I assessment. Each of the 20 checklists includes two types of questions, as noted in Table 1.

Standard Questions for Administering a HIP Core	Tailored Questions for Administering a HIP
Component Checklist for any HIP under any Project	Core Component Checklist
<ul> <li>Does the project implement [<i>insert core component</i>]?</li> <li>Are there indicators for the core component?</li> <li>What challenges and successes have there been in relation to the core component?</li> </ul>	<ul> <li>Probing questions around whether policies are in place to implement the core component.</li> <li>Probing questions around if there is readiness at the service delivery level to implement the core component.</li> </ul>

#### Table 1. Questions for a HIPs core components checklist

## **Core Component Checklist Tools**

#### **CHW Core Component Checklist Tool**

## Integrate trained, equipped, and supported community health workers (CHWs) into the health system

Date of the small group discussion

Assessment team (name, role)

Small group discussion participants (name, title)

#### Core Components for the HIP

- 1. Assures CHWs have necessary supplies and materials to fulfill their roles
- 2. Monitors, reports, and assesses data on CHW services and referrals provided
- 3. Monitors data on CHW logistics and commodities at both the health center and district level to avoid stockouts
- 4. Trains and assesses CHWs' abilities to provide services and behavior change messages
- 5. Provides regular and as-needed supportive supervision from health system to CHWs
- 6. Engages communities in recruiting and supporting CHWs
- 7. Formalizes the role of CHWs as part of the health system to recognize their services

1	2	3	4
LIMITED	EMERGING	ADVANCING	FOUNDATIONAL
The core component is being implemented partially and/or in limited ways.	Plans are in place to implement and monitor the core component.	The core component has always been and is being implemented fully, but there are no indicators to track.	The core component has always been and is being implemented fully, with indicators to track.

#### **Core Component Ranks**

#### Instructions for the Small Group Session

- 1. The purpose and approach for completing the checklist will have been explained ahead of time, and they will have received the core components and the ranks for reference.
- 2. At least two people will work together to conduct the assessment (for example, one person to ask the questions and facilitate discussion and a second person to take notes)
- 3. With permission of the small group, the meeting will be recorded to enable verification and enhancement of the notes.
- 4. The small group is likely to be 3–6 people comprised of project staff with technical expertise in relation to the HIP, with the possible inclusion of an M&E focused staff member.
- 5. For each component, begin with a yes-no question: Does your team [insert core component]?
- 6. If yes or partially yes, ask follow-up questions about how implementation of the core component is monitored. Are there specific indicators? Is the monitoring through quarterly reports and presented more in textual form? Is there another way that implementation of the core component is monitored?
- 7. If not, ask follow-up questions about why the team does not implement the core component. Was it implemented in the past and something changed? Does the project believe the core component is not necessary? Is implementing the core component not feasible?
- 8. Ask the probing questions, and possibly other probing questions based on how the discussion unfolds.
- 9. Ask what specific successes and challenges have been experienced.
- 10. Use the space provided for notes, or if preferred, use a computer or separate pages for notes. Be sure to label any separate notes per the information noted at the top of this page.
- 11. Once the discussion is completed for the core component, ask the group to select a rank: 1, 2, 3, 4. Work to encourage the group to agree on a rank; however, if agreement is not possible note the multiple ranks.
- 12. When working with the group on the rank, be sure to convey that the rank is not binding in any way. The rank does not function like a baseline indicator or any type of metric. Instead, the rank is a way for the evaluation team (and in turn USAID) to better understand various challenges and successes across family planning projects, and gain insight into how indicators could be better standardized across projects.

#### What to do after the Small Group Session

- 13. After the meeting, review the notes and establish what rank you as the assessment team would give in terms of the extent the project is implementing the core component. Your rank might be the same and might be different from the small group. Either way is ok, and remember, the rank is not a binding metric that the project is accountable to track.
- 14. Follow the protocols that will be established in terms of saving the audio recording, organizing the notes, contributing to the analysis of the session, and alerting the larger evaluation team of any challenges of follow up that is needed.

Integrate trained, equipped, and	Integrate trained, equipped, and supported community health workers (CHWs) into the health system						
Core Component (supplies, ma	terials)	Yes	HOW IS	THE CORE C	OMPONENT MO	NITOR	ED?
		Partially No	Indicato	r	Report (textual	ly)	Other (specify)
[Does the project] assure CH 1 the necessary supplies and n fulfill their roles?							
<ul> <li>Possible Probing Questions: These questions are to help understand if policies are in place to implement the core component and if at the service delivery level there is readiness to implement the core component.</li> <li>To what extent is a national norms or procedures document that describes how CHWs will be re/supplied used?</li> <li>To what extent do CHWs have appropriate methods (the ones they can offer) and counseling materials on-hand?</li> <li>Are there ever disagreements between the project staff and CHWs regarding what supplies and materials are needed?</li> <li>What is the process by which CHWs request supplies and materials, and how they held accountable for the supplies and materials they use to fulfill their roles?</li> </ul>							
Use this space for notes about the yes-partially-no discussion, monitoring, and probing questions							
Ask about successes, challeng	les, how cha	allenges ar	re address	ed, and sumr	narize here		
	Ask the small group how they would rank the extent the project is implementing the core component the project is implementing the core component						
Rank =				Rank =			
1 Limited	2 Emerging			3 Advancing		4 Four	ndational
The core component is being implemented partially and/or in limited ways.	Plans are i implement core comp	and monito	or the	The core com always been a implemented are no indicat	and is being fully, but there	alway imple	core component has vs been and is being mented fully, with ators to track.

Integrate trained, equipped, ar	nd supported communit	ty health workers (CH\	Vs) into the health syst	em			
	Yes	HOW IS THE CORE		RED?			
Core Component (services, re	ferrals) Partially No	Indicator	Report (textually)	Other (specify)			
[Does the project] monitor, r 2 assess data on CHW service referrals provided?							
<ul> <li>Possible Probing Questions: These questions are to help understand if policies are in place to implement the core component and if at the service delivery level there is readiness to implement the core component.</li> <li>Does the CHW and/or associated health facility regularly document relevant indicators through registers or other means?</li> <li>Are the indicators aligned with the activities and approaches defined as a HIP?</li> <li>Are the indicators disaggregated by specific services? And specific referrals?</li> <li>Use this space for notes about the yes-partially-no discussion, monitoring, and probing questions</li> </ul>							
Ask about successes, challenges, how challenges are addressed, and summarize here							
Ask the small group how they would rank the extent the project is implementing the core componentAfter the meeting, review the notes and rank the extent the project is implementing the core component							
Rank =		Rank =					
1 Limited The core component is being	2 Emerging Plans are in place to	3 Advancing <i>The core cor</i>	nponent has The	ndational core component has			
implemented partially and/or in limited ways.	implement and monito	or the always been implemented are no indica	fully, but there impl	ys been and is being emented fully, with ators to track.			

Integrate trained, equipped, ar	nd supported	communit	ty health workers (CHV	vs) into the health syste	em		
Core Component (avoiding sto	ockouts)	Yes Partially	HOW IS THE CORE O		ED?		
		No	Indicator	Report (textually)	Other (specify)		
3 [Does the project] monitor d CHW logistics and commod the health center and distric avoid stockouts?	ities at both						
<ul> <li>Possible Probing Questions: These questions are to help understand if policies are in place to implement the core component and if at the service delivery level there is readiness to implement the core component.</li> <li>Does the CHW and/or associated health facility regularly document relevant indicators through registers or other means?</li> <li>Are the indicators disaggregated by specific logistics? And specific commodities?</li> <li>Are there plans and procedures in place if there is a stockout?</li> </ul>							
Use this space for notes abou	t the yes-parti	ially-no di	scussion, monitoring,	and probing questions			
Ask about successes, challen	ges, now cha	ienges an	e auuresseu, anu sunn	nanze nere			
Ask the small group how they would rank the extent the project is implementing the core component After the meeting, review the notes and rank the extent the project is implementing the core component							
Rank =			Rank =				
1 Limited The core component is being	2 Emerging Plans are in		3 Advancing <i>The core com</i> always been	ponent has The	ndational core component has /s been and is being		
implemented partially and/or in limited ways.	implement a core compo			fully, but there imple	emented fully, with ators to track.		

Integrate trained, equipped, a	nd supported communit	ty health workers (CHW	/s) into the health syste	em				
Core Component (training)	Yes	HOW IS THE CORE C	OMPONENT MONITOR	ED?				
	Partially No	Indicator	Report (textually)	Other (specify)				
[Does the project] train and 4 CHWs' abilities to provide so and behavior change messa	ervices							
Possible Probing Questions: and if at the service delivery leve To what extent is a national tr Are CHWs who provide family Are CHWs who provide family	el there is readiness to im raining curriculum used ai y planning services scree	plement the core compo nd does it include approp ning mothers for unmet i	nent. priate services and mess need for family planning?	ages for CHWs?				
	Are CHWs who provide family planning services providing behavior change messages? Use this space for notes about the yes-partially-no discussion, monitoring, and probing questions							
Ask about successes, challen	Ask about successes, challenges, how challenges are addressed, and summarize here							
Ask the small group how they would rank the extent the project is implementing the core component After the meeting, review the notes and rank the extent the project is implementing the core component								
Rank =		Rank =						
1 Limited	2 Emerging Plans are in place to	3 Advancing The core component		ndational core component has				
The core component is being implemented partially and/or in limited ways.	implement and monitor the core component.	been and is being im fully, but there are no track.	plemented alway indicators to imple	ys been and is being emented fully, with ators to track.				

Integrate trained, equipped, an	nd supported commun	ity health workers (CHW	vs) into the health syste	em
Core Component (supervision	) Yes	HOW IS THE CORE O	COMPONENT MONITOR	ED?
	' Partially No	Indicator	Report (textually)	Other (specify)
[Does the project] provide re 5 as-needed supportive super from health system to CHW	vision			
Possible Probing Questions: and if at the service delivery leve • To what extent are national m • At what interval do supervisor • Do CHWs have contact inform	el there is readiness to ir orms or procedures used y visits occur?	nplement the core compo	onent.	nt the core component
Use this space for notes about		iscussion, monitoring,	and probing questions	
Ask about successes, challen	yes, now chanenges a	re addressed, and sum	nanze nere	
Ask the small group how they extent the project is implemen component			eview the notes and rank ting the core component	the extent the
Rank =		Rank =		
1 Limited The core component is being implemented partially and/or in	2 Emerging Plans are in place to implement and	3 Advancing The core component been and is being im	has always The of the o	ndational core component has ys been and is being
implemented partially and/or in limited ways.	monitor the core component.	fully, but there are no track.		emented fully, with ators to track.

Integrate trained, equipped, a	nd supported communi	ty health workers (CHV	Vs) into the health syste	em	
Core Component (engagemen	its) Yes	HOW IS THE CORE O		ED?	
	Partially No	Indicator	Report (textually)	Other (specify)	
[Does the project] engage 6 communities in recruiting ar supporting CHWs?	nd				
Possible Probing Questions: and if at the service delivery leve Describe the procedures for r Are CHWs are recruited from What procedures are followed	el there is readiness to in nanaging authorities to so local communities?	plement the core compo eek feedback from comm	onent. nunities on CHW recruitm		
Use this space for notes abou	it the yes-partially-no di	iscussion, monitoring,	and probing questions		
Ask about successes, challenges, how challenges are addressed, and summarize here					
Ask the small group how they would rank the extent the project is implementing the core component After the meeting, review the notes and rank the extent the project is implementing the core component					
Rank =		Rank =			
1 Limited	2 Emerging	3 Advancing		ndational	
The core component is being implemented partially and/or in limited ways.	Plans are in place to implement and monitor the core component.	The core component been and is being im fully, but there are no track.	plemented alwa o indicators to imple	core component has ys been and is being emented fully, with ators to track.	

Integrate trained, equipped, and supported community health workers (CHWs) into the health system							
Core Component (HS integratio	n)	Yes	HOW IS THE CORE COMPONENT MONITORED?				
	N N	artially o	Indicator	Report (textually)	Other (specify)		
[Does the project] formalize the comparison of the health sy recognize their services?							
<ul> <li>Possible Probing Questions: These questions are to help understand if policies are in place to implement the core component and if at the service delivery level there is readiness to implement the core component.</li> <li>To what extent does the managing authority use/refer to a national norms or procedures document as part of how CHWs are formalized into the health system?</li> <li>Do CHWs see their role as formalized in the health system?</li> <li>Do CHWs receive financial and/or non-financial incentives for their work?</li> <li>Use this space for notes about the yes-partially-no discussion, monitoring, and probing questions</li> </ul>							
Ask about successes, challenges, how challenges are addressed, and summarize here							
Ask the small group how they v extent the project is implement component				eview the notes and rank ing the core component	the extent the		
Rank =			Rank =				
1 Limited The core component is being implemented partially and/or in limited ways.	2 Emerging Plans are in implement au monitor the o component.	nd	3 Advancing The core component been and is being im fully, but there are no track.	has always The o olemented alwa indicators to imple	ndational core component has ys been and is being emented fully, with ators to track.		

#### **MOSD Core Component Checklist Tool**

Support mobile outreach service delivery (MOSD) to provide a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods

Date of the small group discussion

Assessment team (name, role)

Small group discussion participants (name, title)

#### Core Components for the HIP

- 1. Ensures adequate attention to relevant cultural, economic, and social factors as well as the overall context and needs in relation to the intended client base.
- 2. Coordinates with community leaders as part of aligning staff to the specific needs, establishing a plan to raise awareness for the service, and communicating the relevant details to potential clients.
- 3. Ensures the necessary equipment and supplies are in place and used appropriately to provide family planning services as well as integrated services, including preparedness for any emergency needs.
- 4. Trains service providers in providing respectful care including counselling services and recognizing instances when a referral for additional care is appropriate.
- 5. Procedures in place for discussing the importance of follow-up care with their clients and helping clients understand how to access follow-up care.
- 6. Follows a plan for collecting and recording relevant data and inputting that information into the relevant national, sub-national, and/or project repositories to ensure follow-up.

#### **Core Component Ranks**

1	2	3	4
LIMITED	EMERGING	ADVANCING	FOUNDATIONAL
The core component is being implemented partially and/or in limited ways.	Plans are in place to implement and monitor the core component.	The core component has always been and is being implemented fully, but there are no indicators to track.	The core component has always been and is being implemented fully, with indicators to track.

#### Instructions for the Small Group Session

- 1. The purpose and approach for completing the checklist will have been explained ahead of time, and they will have received the core components and the ranks for reference.
- 2. At least two people will work together to conduct the assessment (for example, one person to ask the questions and facilitate discussion and a second person to take notes)
- 3. With permission of the small group, the meeting will be recorded to enable verification and enhancement of the notes.
- 4. The small group is likely to be 3–6 people comprised of project staff with technical expertise in relation to the HIP, with the possible inclusion of an M&E focused staff member.
- 5. For each component, begin with a yes-no question: Does your team [insert core component]?
- 6. If yes or partially yes, ask follow-up questions about how implementation of the core component is monitored. Are there specific indicators? Is the monitoring through quarterly reports and presented more in textual form? Is there another way that implementation of the core component is monitored?
- 7. If no, ask follow-up questions about why the team does not implement the core component. Was it implemented in the past and something changed? Does the project believe the core component is not necessary? Is implementing the core component not feasible?
- 8. Ask the probing questions, and possibly other probing questions based on how the discussion unfolds.
- 9. Ask what specific successes and challenges have been experienced.
- 10. Use the space provided for notes, or if preferred, use a computer or separate pages for notes. Be sure to label any separate notes per the information noted at the top of this page.
- 11. Once the discussion is completed for the core component, ask the group to select a rank: 1, 2, 3, 4. Work to encourage the group to agree on a rank; however, if agreement is not possible note the multiple ranks.
- 12. When working with the group on the rank, be sure to convey that the rank is not binding in any way. The rank does not function like a baseline indicator or any type of metric. Instead, the rank is a way for the evaluation team (and in turn USAID) to better understand various challenges and successes across family planning projects, and gain insight into how indicators could be better standardized across projects.

#### What to do after the Small Group Session

- 13. After the meeting, review the notes and establish what rank you as the assessment team would give in terms of the extent the project is implementing the core component. Your rank might be the same and might be different from the small group. Either way is ok, and remember, the rank is not a binding metric that the project is accountable to track.
- 14. Follow the protocols that will be established in terms of saving the audio recording, organizing the notes, contributing to the analysis of the session, and alerting the larger evaluation team of any challenges of follow up that is needed.

Support mobile outreach servi contraceptives and permanent		a wide range of c	contraceptives, including	long-acting reversible
Core Component (context)	Yes	HOW IS THE C	ORE COMPONENT MON	ITORED?
· · · · · · · · · · · · · · · · · · ·	Partially No	Indicator	Report (textually	) Other (specify)
[Does the project] ensure consideration of cultural, ec and social factors and need relation to client base?				
Possible Probing Questions: 7 and if at the service delivery leve Does the project follow nation Is data being collected that he Do health facilities have the ne	el there is readiness to in al guidelines or standard Ips to assess if contextu	nplement the core Is in designing and al factors create b	component. I determining locations for arriers for clients to access	mobile outreach services? s mobile outreach services?
Use this space for notes about				
Ask about successes, challen	ges, now cnallenges ar	e aααresseα, and	a summarize nere	
Ask the small group how they extent the project is implemen component			ting, review the notes and lementing the core compo	
Rank =		Rank =		
1 Limited The core component is being implemented partially and/or in limited ways.	2 Emerging Plans are in place to implement and monitor the core component.	been and is be	are no indicators to	4 Foundational The core component has always been and is being implemented fully, with indicators to track.

Support mobile outreach service on traceptives and permaner		a wide range of contrac	ceptives, including long	g-acting reversible
Core Component (engage cor	nmunity) Yes	HOW IS THE CORE C		RED?
	No Partially	Indicator	Report (textually)	Other (specify)
[Does the project] coordinat community leaders as part staff to the specific needs, 2 establishing a plan to raise for the service, and commu the relevant details to poter clients?	of aligning awareness nicating			
Possible Probing Questions: and if at the service delivery lev What approaches are used to What information is collected	el there is readiness to in o engage the community	nplement the core compo and who is involved in th	nent. is effort?	
involved in this effort? Use this space for notes about	It the ves-partially-no di	iscussion, monitoring	and probing questions	
Ask about successes, challer	nges, how challenges ar	e addressed, and sumr	narize here	
Ask the small group how they extent the project is impleme component			eview the notes and rank ling the core component	the extent the
Rank =		Rank =		
1 Limited The core component is being implemented partially and/or in limited ways.	2 Emerging Plans are in place to implement and monitor the core component.	3 Advancing The core component been and is being im fully, but there are no track.	has always The o plemented alway nindicators to imple	ndational core component has ys been and is being emented fully, with ators to track.

Support mobile outreach service contraceptives and permanent me		a wide range of contrac	eptives, including long	-acting reversible
Core Component (equipment, sup	Yes	HOW IS THE CORE C	OMPONENT MONITOR	ED?
	Partially No	Indicator	Report (textually)	Other (specify)
[Does the project] ensure the necessary equipment and suppl are in place and used appropria provide family planning services well as integrated services, inclu preparedness for any emergence needs?	lies tely to s as uding			
Possible Probing Questions: Thes		• •		nt the core component
<ul> <li>and if at the service delivery level the</li> <li>What management and supervise</li> <li>How are referrals tracked by the r</li> <li>What planning and staffing is incomplete</li> </ul>	ory systems are in pla mobile outreach team	ce to track the work of the and coordinated with fa	e mobile outreach team? cility-based staff?	
Use this space for notes about the	e yes-partially-no di	scussion, monitoring, a	and probing questions	
Ask about successes, challenges	, now chanenges ar	e addressed, and sumn	narize nere	
Ask the small group how they wor extent the project is implementing component			eview the notes and rank ing the core component	the extent the
Rank =		Rank =		
Limited E The core component is being implemented partially and/or in limited ways	2 Emerging Plans are in place to nplement and nonitor the core omponent.	3 Advancing The core component been and is being imj fully, but there are no track.	has always The concentration of the concentration o	ndational core component has vs been and is being mented fully, with ators to track.

Support mobile outreach servi contraceptives and permanent		a wide range of	contraceptives, includin	g long-acting reversible
Core Component (training)	Yes	HOW IS THE C	ORE COMPONENT MO	NITORED?
	Partially No	Indicator	Report (textual	y) Other (specify)
[Does the project] train servi providers in providing respect including counselling service recognizing instances when for additional care is appropri-	ctful care es and a referral			
Possible Probing Questions: 1 and if at the service delivery leve What oversight and client feed Do standard of care expectation What types of trainings are more	el there is readiness to in dback mechanisms are i ons for mobile services a	nplement the core n place to track sa align to the same	component. atisfaction with the service standards for facility-base	es provided? ed care?
Use this space for notes about	t the yes-partially-no d	iscussion, monii	oring, and probing ques	stions
Ask about successes, challen	ges, how challenges al	re addressed, an	d summarize here	
Ask the small group how they extent the project is implemen component			eting, review the notes an olementing the core comp	
Rank =		Rank =		
1 Limited The core component is being implemented partially and/or in limited ways.	2 Emerging Plans are in place to implement and monitor the core component.	been and is b	ponent has always eing implemented are no indicators to	4 Foundational The core component has always been and is being implemented fully, with indicators to track.

Support mobile outreach servi contraceptives and permanent		a wide range of contrac	eptives, including long	-acting reversible
Core Component (follow-up ca	Yes	HOW IS THE CORE O		ED?
	Partially No	Indicator	Report (textually)	Other (specify)
[Does the project] have proc place for discussing the important follow up care with their clier helping clients understand h access follow-up care?	ortance of nts and			
Possible Probing Questions: 7				nt the core component
<ul> <li>and if at the service delivery leve</li> <li>How common is it that mobile</li> <li>Are most clients open to the id</li> <li>What process does the mobile seeks follow-up care?</li> </ul>	outreach clients need fo dea of seeking follow up	llow-up care? care?		n turn, track if the client
Ask about successes, challen	ges, how challenges ar	e addressed, and sumr	narize here	
Ask the small group how they extent the project is implemen component			eview the notes and rank ing the core component	the extent the
Rank =		Rank =		
1 Limited The core component is being implemented partially and/or in limited ways.	2 Emerging Plans are in place to implement and monitor the core component.	3 Advancing The core component been and is being im fully, but there are no track.	has always The o olemented alway indicators to imple	ndational core component has /s been and is being mented fully, with ators to track.

Support mobile outreach servi contraceptives and permanent		a wide range of contrac	eptives, including long	-acting reversible
Core Component (data)	Yes	HOW IS THE CORE O	OMPONENT MONITOR	ED?
	Partially No	Indicator	Report (textually)	Other (specify)
6 [Does the project] follow a p collecting and recording rele and inputting that informatio relevant national, sub-nation project repositories to ensur- up?	evant data n into the nal, and/or			
Possible Probing Questions:				nt the core component
<ul> <li>and if at the service delivery level</li> <li>Do mobile outreach teams red</li> <li>Are data collected by the mob what data?</li> <li>Who uses the data that mobile programming adjustments?</li> <li>Use this space for notes about</li> </ul>	cord data while in their m ile outreach team that do e outreach teams collect	obile location, or do they o not get entered in a nat , and is the data sufficien	wait until they return to t ional, sub-national, or pro t and helpful in drawing l	oject repository? If so,
Ask about successes, challen	ges, now challenges ar	e addressed, and sumr	narize here	
Ask the small group how they extent the project is implement component			eview the notes and rank ing the core component	the extent the
Rank =		Rank =		
1 Limited The core component is being implemented partially and/or in limited ways.	2 Emerging Plans are in place to implement and monitor the core component.	3 Advancing The core component been and is being im fully, but there are no track.	has always The o plemented alway indicators to imple	ndational core component has vs been and is being emented fully, with ators to track.

#### **IPPFP Core Component Checklist Tool**

Immediate postpartum family planning (IPPFP): Offer contraceptive counseling and services as part of care provided during childbirth at health facilities<sup>1</sup>

Date of the small group discussion

Assessment team (name, role)

Small group discussion participants (name, title)

#### Core Components for the HIP

- 1. Ensures consistent availability of essential supplies, equipment (i.e., medical instruments), and methods appropriate per local demand and preferences
- 2. Monitors, reports, and assesses on counseling, offering, and uptake of methods for postpartum clients
- 3. Trains providers for IPPFP on counseling and service provision per local guidance
- 4. Engages health facility leadership and staff to promote the practice
- 5. Ensures staff availability for FP services and products prior to discharge
- 6. Assures that national service delivery guidelines are readily available and widely disseminated
- 7. Communicates the role of service providers as outlined in national service delivery guidelines

#### **Core Component Ranks**

1	2	3	4
LIMITED	EMERGING	ADVANCING	FOUNDATIONAL
The core component is being implemented partially and/or in limited ways.	Plans are in place to implement and monitor the core component.	The core component has always been and is being implemented fully, but there are no indicators to track.	The core component has always been and is being implemented fully, with indicators to track.

<sup>&</sup>lt;sup>1</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

#### Instructions for the Small Group Session

- 1. The purpose and approach for completing the checklist will have been explained ahead of time, and they will have received the core components and the ranks for reference.
- 2. At least two people will work together to conduct the assessment (for example, one person to ask the questions and facilitate discussion and a second person to take notes)
- 3. With permission of the small group, the meeting will be recorded to enable verification and enhancement of the notes.
- 4. The small group is likely to be 3–6 people comprised of project staff with technical expertise in relation to the HIP, with the possible inclusion of an M&E focused staff member.
- 5. For each component, begin with a yes-no question: Does your team [insert core component]?
- 6. If yes or partially yes, ask follow-up questions about how implementation of the core component is monitored. Are there specific indicators? Is the monitoring through quarterly reports and presented more in textual form? Is there another way that implementation of the core component is monitored?
- 7. If no, ask follow-up questions about why the team does not implement the core component. Was it implemented in the past and something changed? Does the project believe the core component is not necessary? Is implementing the core component not feasible?
- 8. Ask the probing questions, and possibly other probing questions based on how the discussion unfolds.
- 9. Ask what specific successes and challenges have been experienced.
- 10. Use the space provided for notes, or if preferred, use a computer or separate pages for notes. Be sure to label any separate notes per the information noted at the top of this page.
- 11. Once the discussion is completed for the core component, ask the group to select a rank: 1, 2, 3, 4. Work to encourage the group to agree on a rank; however, if agreement is not possible note the multiple ranks.
- 12. When working with the group on the rank, be sure to convey that the rank is not binding in any way. The rank does not function like a baseline indicator or any type of metric. Instead, the rank is a way for the evaluation team (and in turn USAID) to better understand various challenges and successes across family planning projects, and gain insight into how indicators could be better standardized across projects.

#### What to do after the Small Group Session

- 13. After the meeting, review the notes and establish what rank you as the assessment team would give in terms of the extent the project is implementing the core component. Your rank might be the same and might be different from the small group. Either way is ok, and remember, the rank is not a binding metric that the project is accountable to track.
- 14. Follow the protocols that will be established in terms of saving the audio recording, organizing the notes, contributing to the analysis of the session, and alerting the larger evaluation team of any challenges of follow up that is needed.

Immediate postpartum family during childbirth at health fac		r contraceptive counse	ling and service	s as part	of care provided
Core Component (supplies, ed	Yes	HOW IS THE CORE CO	OMPONENT MOI	NITORED	)?
,	No	Indicator	Report (textua	illy)	Other (specify)
[Does the project] ensure con availability of essential supplie 1 equipment (i.e., medical instru- and methods appropriate per demand and preferences?	es, uments),				
<b>Possible Probing Questions:</b> and if at the service delivery leve				nplement	t the core component
<ul> <li>Is there a monitoring report (v report? How frequently and for</li> </ul>		ase) of supplies, equipme	nt, and methods a	and who	accesses and uses this
<ul> <li>Are facilities are appropriately</li> </ul>	<pre> / equipped with supplies </pre>	, equipment, and method	ls to meet local de	emands f	or family planning?
Are there systems in place to understand what local demand and preferences are and act accordingly?					
Use this space for notes about	t the yes-partially-no c	liscussion, monitoring,	and probing que	estions	
Ask about successes, challen	ges, how challenges a	re addressed, and sum	marize here		
Ask the small group how they extent the project is implemen component		After the meeting, rev implementing the cor		d rank the	e extent the project is
Rank =		Rank =			
1 Limited The core component is being	2 Emerging Plans are in place to	3 Advancing The core component h			ational e component has been and is being
<i>implemented partially and/or in limited ways.</i>	implement and monitor the core component.	and is being implement there are no indicators		impleme	ented fully, with rs to track.

<sup>&</sup>lt;sup>2</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

Core Component (uptake of m	Yes		HOW IS THE CORE COMPONENT MONITORED?			
	Partially No	Indicator	Report (textual	ly) Other (specify)		
[Does the project] monitor, rep assess on counseling, offering uptake of methods for postpar clients?	g, and					
ossible Probing Questions: The service delivery level and if at the service delivery level				plement the core compon		
Is there a monitoring report (v frequently and for what purpo		base) of relevant indi	cators and who accesse	s and uses the report? Ho		
Are facilities regularly docume	enting relevant indicate	ors through registers	or other means?			
To what extent are indicators	aligned to the specific	activity and approact	h defined as the HIP?			
se this space for notes abou	t the yes-partially-no	discussion, monito	oring, and probing que	stions		
sk about successes, challen	ges, how challenges	are addressed, and	summarize here			
Ask the small group how they extent the project is implement component			ng, review the notes and ne core component	rank the extent the projec		
extent the project is implement				rank the extent the projec		
extent the project is implement component		implementing th	ne core component	rank the extent the project 4 Foundational The core component has		

<sup>&</sup>lt;sup>3</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

Immediate postpartum family	nlanning (IPBER): Offer	r contracentivo cou	uncoling and convice	o oo nort o	f care provided
during childbirth at health fac		r contraceptive cou	insening and services	s as part o	or care provided
Core Component (counseling	, service) Yes	HOW IS THE COR	E COMPONENT MO	NITORED?	,
	No	Indicator	Report (textua	lly) C	Other (specify)
[Does the project] train provid 3 IPPFP on counseling and set provision per local guidance?	rvice				
<b>Possible Probing Questions:</b> and if at the service delivery lev				nplement ti	he core component
Does facility management us	se and refer to a national i	training curriculum fo	or IPPFP counseling a	nd service	provision?
How motivated are providers	to seek training opportur	nities around IPPFP	counseling and servic	e provision	1?
• What is the process for provi	ders to screen postpartur	m mothers for unmet	need for family plann	ing?	
Use this space for notes about successes, challer				estions	
Ask the small group how they extent the project is impleme component	y would rank the nting the core		, review the notes and core component	d rank the	extent the project is
Rank =		Rank =			
1 Limited	2 Emerging	3 Advancing		4 Foundati	
The core component is being implemented partially and/or in limited ways.	Plans are in place to implement and monitor the core component.			always be	component has een and is being ited fully, with to track.

<sup>&</sup>lt;sup>4</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

Core Component (engage faci	ility) Yes	HOW IS THE CORE COMPON	ENT MONITOR	RED?
	No Partially	Indicator Repo	rt (textually)	Other (specify)
[Does the project] engage hea leadership and staff to promot practice?	•			
Possible Probing Questions: T and if at the service delivery leve	•	help understand if policies are in p nplement the core component.	place to implem	ent the core compone
How commonly do health faci	ility managers use and r	efer to national procedures on ho	w to promote IF	PPFP and at what inte
To what extent does health fa	acility leadership promote	e IPPFP at their health facility?		
Do health facility managers a	nd leaders have data av	ailable to promote IPPFP and un	derstand how to	o effectively use the d
Ask about successes, challen	nges, how challenges a	re addressed, and summarize l	here	
Ask the small group how they extent the project is implement component	/ would rank the	After the meeting, review the implementing the core compo	notes and rank	the extent the projec
Ask the small group how they extent the project is implement component Rank =	/ would rank the nting the core	After the meeting, review the implementing the core compo Rank =	notes and rank	the extent the projec
Ask the small group how they extent the project is implement	/ would rank the	After the meeting, review the implementing the core compo	notes and rank onent	t the extent the projec

<sup>&</sup>lt;sup>5</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

Immediate postpartum family during childbirth at health fac		<sup>-</sup> P): Offei	r contraceptive counsel	ing and service	s as par	t of care provided
Core Component (staff availa	hility)	es	HOW IS THE CORE CO	OMPONENT MO	NITORE	D?
	P	artially lo	Indicator	Report (textua	illy)	Other (specify)
[Does the project] ensure st 5 availability for FP services a prior to discharge?						
<b>Possible Probing Questions:</b> and if at the service delivery lev	•			•	nplemer	t the core component
Do the managers at facilities     national-level policy?	use and refer to	o procedu	res outlining provider time	e and capacity?	And are	the procedures part of a
Are providers consistently av	ailable to provid	le family p	planning services and cou	unseling to postp	artum m	others?
• What do health facility manag	gers do when th	ey face s	taff availability challenges	s?		
Use this space for notes about	It the yes-parti	ally-no d	iscussion, monitoring,	and probing qu	estions	
Ask about successes, challer	nges, how chall	lenges al	re addressed, and sumr	marize here		
Ask the small group how they extent the project is implement component		;	After the meeting, rev implementing the core		d rank tr	ne extent the project is
Rank =			Rank =			
1	2		3		4	
Limited	2 Emerging		3 Advancing			ational
The core component is being implemented partially and/or in limited ways.	Plans are in pl implement and the core comp	d monitor	The core component h and is being implemen there are no indicators	ted fully, but	always impler	re component has been and is being nented fully, with ors to track.

<sup>&</sup>lt;sup>6</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

	cilities <sup>7</sup> Yes		RE COMPONENT MOI		
Core Component (guidelines)	Partially				
	No	Indicator	Report (textua	ally) Other (spe	cify)
[Does the project] assure tha	it national				
6 service delivery guidelines ar	re readily				
available and widely dissemine	nated?				
<b>Possible Probing Questions:</b> and if at the service delivery lev				mplement the core co	mponent
<ul> <li>Does health facility managen document a national-level po</li> </ul>			nt on how IPPFP is imp	lemented at facilities	? And is the
To what extent are providers	able and ready to scree	n postpartum mothe	ers for unmet need for f	family planning?	
<ul> <li>What are the specific national</li> </ul>	al service delivery guidelii	nes that are used a	t health facilities?		
Use this space for notes about	ut the ves-partially-no d	liscussion monito	pring and probing que	estions	
A - 1 1			·		
Ask about successes, challer	nges, now challenges a	re addressed, and	summarize nere		
Ask the small group how they extent the project is impleme component			ng, review the notes an ne core component	d rank the extent the	project is
				d rank the extent the	project is
extent the project is impleme component		implementing th		d rank the extent the 4 Foundational	project is
extent the project is impleme component Rank = 1	nting the core	implementing th Rank = 3 Advancing The core composition		4	nt has

<sup>&</sup>lt;sup>7</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

Core Component (role of prov	ders) Yes	HOW IS THE CORE COMPONENT MONITORED?		
	Partially No	Indicator	Report (textual	lly) Other (specify)
[Does the project] communica of service providers as outline national service delivery guid	ed in			
Possible Probing Questions: and if at the service delivery leve	,	, ,	,	plement the core compor
Do health facility managers u IPPFP? Does the document a	•		ning specific roles of pr	oviders in implementing
Are the different roles of prov	iders relating to IPPFP o	lear among provide	rs and health facility ma	anagement?
What procedures do health fa	acility managers follow if	there is confusion a	bout the different roles	of providers?
Ask about successes, challen	iges, how challenges a	re addressed, and	summarize here	
Ask the small group how they extent the project is implement component			ig, review the notes and le core component	I rank the extent the proje
Rank =		Rank =		
l .imited	2 Emerging	3 Advancing		4 Foundational
The core component is being implemented partially and/or in limited ways.	Plans are in place to implement and monitor the core component.		nent has always been emented fully, but cators to track.	The core component has always been and is being implemented fully, with indicators to track.

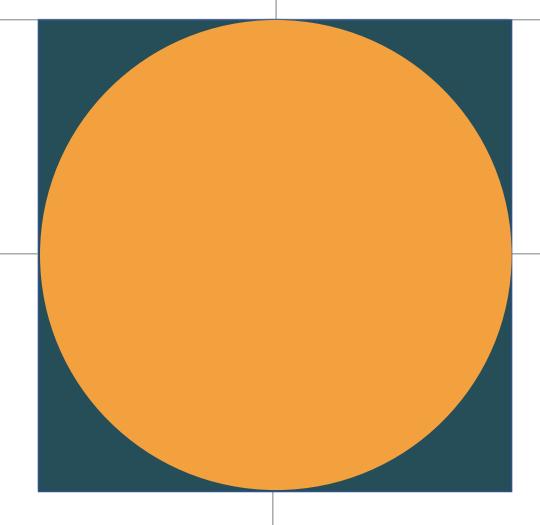
<sup>&</sup>lt;sup>8</sup> After the protocol and data collection tools for this assessment were developed, the HIPs initiative revised the definition for the immediate postpartum family planning (IPPFP) HIP, as follows: Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility. In this report, the previous definition is presented because this is the definition that was used across all data collection activities.

#### **Data for Impact**

University of North Carolina at Chapel Hill 123 West Franklin Street, Suite 330 Chapel Hill, NC 27516 USA

Phone: 919-445-6949

D4I@unc.edu http://www.data4impactproject.org



This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. TL-23-107 D4I

