Identifying PMA questions for potential access indicators
DRAFT to discuss and solicit inputs (Version 2. 4/14/2020)

This mapping is currently based on the 6-domain framework since it comprehensively summarizes multiple, well-known frameworks. Also, these domains can fit to any new framework(s).

6 domains & 3 pillars

	Individual access	Individual agency?	Partner/community norm?
Psychosocial*	X	X	X
Cognitive*	X		
Geographic	X		
Service quality	X		
Administrative accommodation	X		
Affordability	X		

Potential PMA data sources for 6 domains

	FQ	SDP**	CEI	GPS
Psychosocial* (individual & partner/community)	X			
Cognitive*	X			
Geographic				Cluster & SDP
Service quality	X	X	X	
Administrative accommodation		X		
Affordability	X	X	X	

*Two domains contributing to "demand for FP (i.e., want to delay or stop pregnancy – plus intention to use??)"
**SDP data can be presented at the SDP level or linked population level - depending on indicators.

List of <u>all potential</u> indicators, questions from PMA questionnaire, and note: by domain

- Psycosocial domain – to be discussed further.
- Background color reflects data sources, noted above table
- Proposed next steps:
  (1) Continue identify/assess potential candidate indicators in each domain.
  (2) Continue descriptive data analysis: overall level and by background characteristics.
  (3) complete the psycosocial domain.

Potential indicators in Shiny app are noted with a bullet point in the second column.

Domain	Potential indicator	Questions	– Note
Psychosocial	• Among current users, % who would say using contraception is mainly her own or joint decision with husband/partner	(Among current users) 308. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together? ◯ Mainly respondent ◯ Mainly husband/partner ◯ Joint decision ◯ Other ◯ No response	– DHS question (i.e., widely available)
Psychosocial	• Among current NON users, % who would say NOT using contraception is mainly her own or joint decision with husband/partner	(Among current NON users, who are NOT pregnant) 323b. Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together? ◯ Mainly respondent ◯ Mainly husband/partner ◯ Joint decision ◯ Other ◯ No response	– DHS question (i.e., widely available)
Psychosocial		(Among all women) 501. If I use family planning, my husband/partner may seek another sexual partner. ◯ Strongly disagree (1) ◯ 2 ◯ 3 ◯ 4 ◯ Strongly agree (5)	– Existence of choice (motivational autonomy) for family planning
Psychosocial		502. If I use family planning, I may have trouble getting pregnant the next time I want to.	– Existence of choice (motivational autonomy) for family planning
Psychosocial		503a. There could be conflict in my relationship/marriage if I use family planning. (among women currently NOT in union) 503b. There will be conflict in my relationship/marriage if I use family planning. (among women currently in union)	– Existence of choice (motivational autonomy) for family planning

Domain	Potential indicator	Questions	– Note
Psychosocial		504. If I use family planning, my children may not be born normal.	– Existence of choice (motivational autonomy) for family planning
Psychosocial		505. If I use family planning, my body may experience side effects that will disrupt my relations with my husband/partner.	– Existence of choice (motivational autonomy) for family planning
Psychosocial	• Among all women, % who strongly agree that she can decide to switch a method	WGE_2. I can decide to switch from one family planning method to another if I want to.	– Exercise of choice (self-efficacy, negotiation) for family planning
Psychosocial	• Among all women, % who strongly agree that she can tell provider what is important when selecting a method	WGE_3. I feel confident telling my provider what is important for me when selecting a family planning method.	– Exercise of choice (self-efficacy, negotiation) for family planning
Psychosocial		WGE_4a. I want to complete my education before I have a child. WGE_4b. I wanted to complete my education before I had a child.	– Existence of choice (motivational autonomy) for pregnancy
Psychosocial		WGE_5. If I rest between pregnancies, I can take better care of my family.	– Existence of choice (motivational autonomy) for pregnancy
Psychosocial	• Among all women, % who strongly agree that she can decide when to start having children	WGE_6a. I can decide when I want to **start having children**. (among those with no birth) WGE_6b. I could decide when I wanted to **start having children**. (among those with ever birth)	– Exercise of choice (self-efficacy, negotiation) for pregnancy
Psychosocial	• Among all women, % who strongly agree that she can discuss with husband/partner when to start having children	WGE_7. I feel confident discussing with my husband/partner when to **start having children**. (among those with no birth) WGE_8. I can decide when to **have another child**. (among those with ever birth)	– Exercise of choice (self-efficacy, negotiation) for pregnancy
Psychosocial	• Among all women, % who strongly agree that she can negotiate with husband/partner when to stop having children	WGE_9a. I will be able to negotiate with my husband/partner when to **stop having children**. (among those with no birth) WGE_9b. I can negotiate with my husband/partner when to **stop having children**. (among those with ever birth)	– Exercise of choice (self-efficacy, negotiation) for pregnancy
Psychosocial		WGE_10. If I refuse sex with my husband/partner, he may stop supporting me.	– Existence of choice (motivational autonomy) for sex

Domain	Potential indicator	Questions	– Note
Psychosocial		WGE_11. If I refuse sex with my husband/partner, he may force me to have sex.	– Existence of choice (motivational autonomy) for sex
Psychosocial		WGE_12. If I refuse sex with my husband/partner, he may physically hurt me.	– Existence of choice (motivational autonomy) for sex
Psychosocial		WGE_13. If I show my husband/partner that I want to have sex, he may consider me promiscuous.	– Existence of choice (motivational autonomy) for sex
Psychosocial		WGE_14. I am confident I can tell my husband/partner when I want to have sex.	– Exercise of choice (self-efficacy, negotiation) for sex
Psychosocial		WGE_15. I am able to decide when to have sex.	– Exercise of choice (self-efficacy, negotiation) for sex
Psychosocial		WGE_16. If I do not want to have sex, I can tell my husband/partner.	– Exercise of choice (self-efficacy, negotiation) for sex
Psychosocial		WGE_17. If I do not want to have sex, I am capable of avoiding it with my husband/partner.	– Exercise of choice (self-efficacy, negotiation) for sex
Psychosocial		328. Now, we would now like to know about **your personal opinions** about these issues. Do you strongly agree, agree, disagree, strongly disagree with the following statements? 4 = Strongly agree 3 = Agree 2 = Disagree 1 = Strongly disagree -99 = No response 328a. Adolescents who use family planning are promiscuous. 328b. Family planning is only for women who are married. 328c. Family planning is only for women who don't want any more children. 328d. People who use family planning have a better quality of life.	–
Psychosocial		327. People have different opinions about family planning. **In your community, would you say**	–

Domain	Potential indicator	Questions	– Note
		most people, some people or few people have the following opinions about family planning: 1 = Most 2 = Some 3 = Few -99 = No Response 327a. Adolescents who use family planning are promiscuous. 327b. Family planning is only for women who are married. 327c. Family planning is only for women who don't want any more children. 327d. People who use family planning have a better quality of life.	
Cognitive	• Among all women, % who ever heard of 5 or more methods • Among all women, % who ever heard of 7 or more methods • Among all women, % who ever heard of 10 or more methods • Among all women, % who ever heard of all of the following 5 methods: IUD, implant, injectables, pills, and male condom • Among all women, % who ever heard of all of the following 6 methods: IUD, implant, injectables, pills, male condom, and EC	301 series	– Simply the number or a specific set of methods (e.g., top X most common in the country, combination of range of methods including EC)? – Awareness. Not knowledge – Could include negative or incorrect information about the method
Geographic	% women whose distance between center of her cluster and the linked primary public facility is less than X km	n/a	– See below
Geographic	% women whose distance between center of her cluster and the linked primary public facility is less than Y km	n/a	– See below
Administrative	% women who has 1+ linked SDPs that offer FP service on X or more days per week % SDPs that offer FP service on X or more days per week	Do you usually offer family planning services / products? How many days in a week are family planning services / products offered / sold here?	– Pretty weak indicator. Benchmark is FP provision on all week days? i.e., 5 days? – This one may be better to measure at the SDP level, since intervention will be at the facility level.

Domain	Potential indicator	Questions	– Note
Affordability	% women who has 1+ linked SDPs that do not charge for X methods	401c Are clients charged for obtaining any of the following methods at this facility?	– Number of free methods?
Affordability	% women who has 1+ linked SDPs that do not charge any fee for FP	404 Do family planning clients need to pay any fees in order to be seen by a provider in this facility even if they do not obtain a method of contraception?	–
Affordability	% women who has 1+ linked SDPs that do not charge for X methods AND do not charge any other fee	401c 404	–
Affordability	• Among all women, % who have health insurance	331. Do you have any health insurance or are you a member of a mutual health organization?	– Health insurance may or may cover only certain services or, if FP is covered, only certain components of FP services.
Affordability	Among all women, % who have health insurance AND used it in the past year	331 LCL_302. Have you used your insurance to pay for family planning services in the past year?	– Use indicator. Need to think more. Country specific…
Affordability	Among FP clients, % who paid any money	213. Did you pay any money for any of the family planning services you received or were provided today? LCL_202. Was any of the money you paid today for family planning covered by insurance or some other health scheme?	– Selection bias from care seeking – Useful, only if there's a program for free FP services and methods and commodities. – Paying any money, should/could be disaggregated between actually receiving methods vs. receiving only prescription? – "any of the money you paid": Is this out of pocket expense? Or if the money will be reimbursed?
Service quality: input	• Among all women, % who has 1 or more linked SDPs that have all of the 5 methods – currently and without stock-out in the last 3 months • Among all women, % who has 1 or more linked SDPs that are currently ready to provide all of the 5 methods (methods, equipment, and trained personnel) • Among all women, % who has 1 or more linked SDPs that are currently ready to provide all of the 5 methods (methods, equipment, and trained personnel) and without stock-out in the last three months		– **Combination of service quality and geographic (or technically health systems administrative) access – how would that fit in the framework?** – Denominator can be restricted to a subset of SDPs – e.g., public lower level facilities. – Different set of essential methods possible – **EA-SDP linked analysis, thus the linkage quality is critical. But, problematic in some cases. Asses the linkage quality.**

Domain	Potential indicator	Questions	– Note
	Note: The five methods are: IUD, implant, injectables, pills, and male condom.		
Service quality: process technical	• Among current users (except LAM), % who were told about side effect	312a. When you obtained your ${current_method_label}, were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?	–
Service quality: process technical	• Among current users (except LAM), % who were told about side effect AND what to do	312b. Were you told what to do if you experienced side effects or problems?	–
Service quality: process technical	• Among current users (except LAM), % who were told about other methods	313. At that time, were you told by the family planning provider about methods of family planning other than the ${current_method_label} that you could use?	–
Service quality: process technical	• Among current users (except LAM), % who were told about switching	313a. At that time, were you told that you could switch to a different method in the future?	–
Service quality: process technical	• Among current users (except LAM), % who were told about THREE (MII)	312a, 312b, 313	–
Service quality: process technical	• Among current users (except LAM), % who were told about all FOUR	312a, 312b, 313, 313a	– Likely revised MII?
Service quality: process technical	Among current implant users, % …		– Small number of observations likely…
Service quality: outcome	• Among FP clients, % who received initially wanted method	209. During your visit today, did you obtain the method of family planning you wanted?	– Potential conflict between clinical vs. experiential quality. i.e., it will include cases where women wanted methods that are clinically less optimal or not recommended. – Still opportunity to check usefulness of this question (in both FQ and CEI)
Service quality: outcome	Among FP clients, % who received non-initially wanted method because of clinical reasons* (AND decision by the client**)	211. Why didn't you obtain the method you wanted? ◯ Provider recommended a different method ◯ Not eligible for method 212. Who made the final decision about what method you got today? ◯ Respondent alone ◯ Provider	– Potential validity problem – ◯ **Provider recommended a different method:** this can mask readiness problems, unless the provider explained honestly. – ◯ **Not eligible for method**: is this clinical eligibility? Or cultural/administrative eligibility – e.g., long acting methods for adolescents?

Domain	Potential indicator	Questions	– Note
		◯ Respondent and provider ◯ Respondent and partner	– Decision making – does it reflect quality as long as respondent is part of decision making? More on the experiential quality, but not necessarily clinical quality? Probably better to drop the decision part.
Service quality: outcome	Among FP clients, % who received initially wanted method or received another method because of clinical reasons* (AND decision by the client**)	209 211 212	– Comments from above two indicators apply here.
Service quality: process	Among FP clients who received pills or injectables, % who were told about method-specific information on adherence and method failure	214. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher? 215. Did the provider tell you that if you are more than one month late for your shot, your chances of becoming pregnant are higher?	– Relevant/important only in countries where pills or injectables are popular.
Service quality: process - technical	• Among FP clients who received a method/prescription, % whose provider discussed method-specific information – all four items.	216. During your visit today, for the method you were prescribed or given, did the provider: a. Explain how to use the method? b. Talk about possible side effects? c. Tell you what to do if you have problems? d. Tell you when to return for follow-up?	–
Service quality: process - technical	• Among FP clients who received a method/prescription, % whose provider did general FP counseling –all four items.	217. During your visit today, did the provider: a. Tell you about contraceptive methods other than the method you were given or prescribed? b. Talk about the methods that protect against HIV/AIDs and STIs? c. Ask about your family planning method preference? d. Tell you that you could switch to a different method in the future?	–
Service quality: process - technical	• Among FP clients, % who were told about advantages and disadvantages with a method	221. During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?	– Is this about the method she adopted? Or on any method? => YES, according to the training manual
Service quality: process - technical	• Among FP clients who received a method/prescription, % whose provider		

Domain	Potential indicator	Questions	– Note
	did general FP counseling –all four items plus pros and cons.		
Service quality: experiential	• Among FP clients, % who received clear communications – all three items	218. How clear was the family planning information you received today? 219. Did the provider allow you to ask questions? 220. Did the provider answer all your questions in a way you understood?	–
Service quality: experiential	Among FP clients, % who waited less than X minutes.	300. How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	– Experiential quality, but potentially not much courtesy bias. – What is reasonable/acceptable cutoff, that can be used across all countries? – Preliminary analysis from Kenya shows waiting time is universally short (or reported so)
Service quality: experiential	• Among FP clients, % whose provider/staff treated her politely or very politely • Among FP clients, % whose provider/staff treated her very politely	301. During this visit did the provider and other staff treat you very politely, politely, neither politely nor impolitely, impolitely, or very impolitely? ◯ Very politely ◯ Politely	– Experiential quality, thus likely courtesy bias.
Service quality: experiential	• Among FP clients, % who were satisfied or very satisfied • Among FP clients, % who were very satisfied	302. Overall, how satisfied are you with the family planning services you received at this establishment today? Would you say very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied? ◯ Very satisfied ◯ Satisfied	– Experiential quality, thus likely courtesy bias.
Service quality: experiential	• Among FP clients, % who would refer relative or friend to the facility	303. Would you refer your relative or friend to this facility?	– Experiential quality, thus likely courtesy bias.
Service quality: experiential	• Among FP clients, % who would return to the facility	304. Would you return to this facility?	– Experiential quality, thus likely courtesy bias.
Service quality: experiential	• Among FP clients, % who would refer relative/friend AND return		–

Note for all indicators in the geographic domain:

- CEI has some travel information, but it is only among the clients. Thus, it can't be used for pop-level geographic access indicators.

- Straight line distance may not reflect travel time (and, thus, for example, it may indicate qualitatively different things between urban vs. rural).
    - A related clarification question: how were REs trained on a distance question in CEI? "Is this the closest facility to your residence?" Based on travel time or rough distance??
- Cut-off of X km is arbitrary – is there an acceptable distance that can be used across countries? FYI, there's no WHO guidelines/benchmark on distance.
- For transparency, please consider publish/release distance variables – either as a standalone file or as part of HHQFQ files, **IF** this becomes a standard indicator.
- Strictly speaking, this is a community level indicator (because of no GPS at the HH level), but the HH-level GPS data will likely average to the cluster-level distance anyway (and, thus, it should be okay).
- A question: would PMA consider including '**un-displaced cluster-level distance to the index SDP**'?? Thinking aloud here. probably not, because:
    - With published SDP GPS data (is this the current practice?), such information can reveal the cluster.
    - Also when aggregated for an indicator, theoretically, there should not be substantial differences between displaced vs. un-displaced distance.
    - But, can a randomly constructed value can be used for basis to calculate an indicator? Any such examples?