Identifying PMA questions for potential access indicators
DRAFT to discuss and solicit inputs (Version 1. 2/25/2020)

Main question:

- Most access frameworks start from those who have demand for the service (e.g., pregnant women, children with fever). The higher access, the better coverage among those with demand.
- For FP, a complicating factor is that demand is also function of some of the access elements (e.g., psycosocial, cognitive – especially healthy timing and spacing of pregnancy). To what extent and how the effective access address that? The whiteboard schematic is an example where demand generation is part of the framework and, to some extent because of that inclusion, the framework can be unclear/confusing.
- What are latest thoughts on the framework? Should we consider ways to separate demand from access? And, then think about ways to weave empowerment (by the way, is this a better term than agency or self-efficacy?) and social norm through demand and access??

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) rather easily.

6 domains & 3 pillars

	Individual access	Individual agency?	Partner/community norm?
Psycosocial*	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
Psycosocial* (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
- Clarification questions about the survey questionnaire/guidelines are highlighted in blue.
- Proposed next steps:
  (1) Identify a list of good candidate indicators in each domain.
  (2) Conduct data analysis: overall level and by background characteristics.
  (3) complete the psycosocial domain.

Domain	Potential indicator	Questions	- Note
Psycosocial			-
Cognitive	% women who ever heard of X or more methods % women who ever heard of all of the following methods: A, B, C, D, & E	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
	% women whose distance between center of her cluster and the linked primary public facility is less than Y km	n/a	- See below
Service quality	% women who has 1+ linked SDPs that offer all of the X essential methods		- **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 the case of Kenya in about 10-15% of**

Domain	Potential indicator	Questions	- Note
			EAs. See detailed note for the linked analysis.
	% women who has 1+ linked SDPs that currently has all of the X essential methods		-
	% women who has 1+ linked SDPs that are ready* to provide all of the X essential methods (*Equipment, trained staff, and current availability for IUD and implants; current availability for the rest methods)		-
	% women who has 1+ linked SDPs that has not had stock out for each of the X essential methods in the past three months		-
	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?	-
	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?	-
	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?	-
	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?	-
	Among current users (except LAM), % who were told about THREE (MII)	312a, 312b, 313	-
	Among current users (except LAM), % who were told about all FOUR	312a, 312b, 313, 313a	- Likely revised MII?
	Among current implant users, %		-
			-

Domain	Potential indicator	Questions	- Note
			-
	Among FP clients (i.e., among those whose main reason was for FP, not among all who received FP information), % who were counseled on X or more methods.	LCL_201. Which methods were you counselled on during this visit today?	- Is TWO or more methods sufficient? Check distribution by background characteristics. Used the median among the better off as a benchmark? - A side note from providers perspective: If a woman has been using a method, which is "clinically appropriate", and she only wants refill/continuation, providers would not necessarily talk about other methods…
	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)
	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 ◯ Respondent and provider ◯ Respondent and partner	- 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? - 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.
	Among FP clients, % who received initially wanted method or received another	209 211 212	- Comments from above two indicators apply here.

Domain	Potential indicator	Questions	- Note
	method because of clinical reasons* (AND decision by the client**)		
	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.
	Among FP clients who received a method/prescription, % whose provider discussed method-specific information – individually and all four.	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?	-
	Among FP clients who received a method/prescription, % whose provider did general FP counseling – individually and all four.	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?	-
	Among FP clients, % who received clear information.	218. How clear was the family planning information you received today?	-
	Among FP clients, % who were allowed to ask question.	219. Did the provider allow you to ask questions?	-

Domain	Potential indicator	Questions	- Note
	Among FP clients, % who were allowed to ask question AND whose questions were answered (in a way that she understood).	220. Did the provider answer all your questions in a way you understood?	
	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??
	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?
	Among FP clients, % whose provider/staff treated her politely or 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.
	Among FP clients, % who were satisfied or 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.
	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.
	Among FP clients, % who would return to the facility	304. Would you return to this facility?	- Experiential quality, thus likely courtesy bias.
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?
	% 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?	-
	% women who has 1+ linked SDPs that do not charge for X methods AND do not charge any other fee	401c 404	-
	Among 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.
	Among 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.
	Among FP clients, % who has insurance	LCL_101. Do you have any health insurance or are you a member of a mutual health organization? LCL_102. What type of health insurance do you have?	- Selection bias from care seeking - Useful, only if there's a program/insurance to cover FP.
	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?

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?