



PROTOTYPE ASSESSMENT TOOLS FOR POSTABORTION CARE (PAC) SERVICES

ENABLING ENVIRONMENT FOR PAC: POLICY ASSESSMENT TOOL

Intended Audience: Persons working to develop or update policies should include representation from central level ministry of health administrators (particularly with medical, midwifery, and nursing backgrounds); regional, district, and local health administrators; senior-level health providers; clinical providers (physician, clinical officer, midwife, nurse); and service supervisors.

Instructions: Review current reproductive health policies and answer the questions below. For each “no” answer, the members of the working group will need to discuss and draft policy statements to support PAC services based on evidence and on the country setting.

Data sources: National/regional/local policies (population, health, family planning, etc.), strategic plans, costed implementation plans, budgets, Ministry of Health workplans, National List of Essential Medicines, monitoring and evaluation reports, logistics management information system (LMIS) records, advocacy strategies, national contraceptive security policies/regulations, Service Provision Assessments, commodity forecasts, Contraceptive Security Index

Does the PAC Policy	YES	NO
1. Provide general, evidence-based guidelines for services?		
2. Articulate the standard for services?		
a. Mandate quality assessment for services, internal to health facilities or otherwise?		
b. Mandate regular updates of the curricula and materials used to train PAC providers?		
3. Articulate a commitment to ensure access for all women?		
a. Articulate who is eligible for the services?		
b. Ensure that there are no legal barriers prohibiting access to PAC services or access to the full range of contraceptives, including access through national or other health insurance schemes		
c. Ensure that there are no unnecessary medical or administrative restrictions on the use of PAC services (e.g., age or marital status, parental or spousal consent requirements)		
4. Tell health managers and providers which services should be available?		

Does the PAC Policy	YES	NO
5. Include contraceptive security measures?		
a. Ensure that there are no legal barriers prohibiting the importation of PAC equipment, supplies or commodities		
b. Ensure that the contraceptives offered are up to date with the World Health Organization's most recent Model List of Essential Medicines?		
c. Support a national LMIS to collect and report data?		
d. Specify that commodity forecasts take place every three years and be updated annually?		
6. Specify how often and under what conditions services are provided?		
7. Articulate where the services are to be delivered?		
a. Articulate guidelines for community engagement?		
b. Identify the "priority groups"?		
c. Identify specific gender norms, practices, power imbalances and other social norms (e.g., early marriage/childbearing, religious beliefs) affecting PAC use?		
d. Recognize men as key partners for interventions to promote PAC?		
e. Ensure that there are no legal barriers prohibiting the marketing of PAC services?		
8. Articulate a strategy/timeline or time frame to address unmet need?		
9. Articulate which related health departments should interface with PAC services?		
10. Identify which cadre of health personnel delivers specific components of PAC services?		
11. Articulate expanded practices of clinical officers, midwives, and nurses for PAC service delivery?		
12. Require budgetary allocations for services within the overall health budget?		
a. Include a dedicated line item for PAC?		
b. Include PAC services in national health insurance schemes?		
13. Ensure cooperation and support from ministries other than health (Education, Social and Women's Affairs, Youth, Finance)?		

SUPPLY OF PAC SERVICES: SERVICE DELIVERY GUIDELINES ASSESSMENT TOOL

Intended Audience: Persons working to develop or update service delivery guidelines should include representatives from central-level ministry of health administrators (particularly with medical, midwifery, and nursing backgrounds); regional, district, and local health administrators; senior-level health care providers; clinical providers (physician, clinical officer, midwife, nurse); and service supervisors. Representatives from housekeeping, pharmacy, central supplies, and departments to which clients may be referred should also be involved.

Instructions: Review current guidelines for reproductive health and/or emergency obstetric care service delivery and answer the questions below. For each “no” answer, the members of the working group will need to discuss, adapt their own guidelines based on the recommended samples, or draft guidelines based on evidence and country setting.

Data Sources: Service delivery guidelines and protocols, supervision guidelines, quality assessment/quality improvement guidelines and tools, human resource policies, health facility management guidelines, Service Provision Assessments, national/regional/local policies, professional association policies, job aids/counseling tools, screening assessment criteria for integration, guidelines on integration or inventory of services

Do the PAC Service Delivery Guidelines:	YES	NO
1. Identify the cadre of health personnel and their specific tasks for the provision of PAC service within the three components? <ul style="list-style-type: none"> a. Emergency treatment b. Family planning counseling and service delivery (If countries plan to provide sexually transmitted infection [STI] evaluation and HIV counseling and/or referral for testing, this also needs to be included.) c. Community empowerment through community awareness and mobilization 		
2. Articulate what is necessary for staff to be properly equipped to provide quality services?		
a. At facilities, are contraceptive products and PAC-related medical instruments and supplies consistently available in adequate quantities, along with basic amenities (e.g., basic level of cleanliness, protection of waiting area from rain/sunlight, functioning client latrine, clean water, electricity, adequate lighting), with a separate space that ensures client privacy and confidentiality?		
b. Do facilities have systems in place for the storage and repair/replacement of equipment and the reordering of supplies and commodities?		
c. Do facilities have external signs advertising the availability of services and printed PAC materials for clients (e.g., wall charts, flip charts, pamphlets) that reflect local languages, customs, and literacy levels and that address the target population?		

Do the PAC Service Delivery Guidelines:	YES	NO
<p>3. Articulate the standard for services?</p> <ul style="list-style-type: none"> • Provide steps for the performance of PAC-related procedures to the approved standard? • Initial assessment • Client-provider interaction and counseling • Stabilization, management, or transfer of the client • Preparation of the client for management of presenting signs and symptoms , including administration of analgesia and/or anxiolytics and emotional support • Performance of uterine evacuation • Postprocedure monitoring • Postabortion contraceptive counseling and method provision • Postabortion referral, when indicated • Infection prevention practices • Documentation of service provided 		
<p>4. Provide steps for the management of complications related to incomplete abortion?</p> <ul style="list-style-type: none"> • Severe bleeding • Sepsis • Shock • Uterine perforation • Air embolism • Postabortion syndrome • Fainting • Ectopic pregnancy • Technical difficulties with manual vacuum aspiration 		
<p>5. Provide standards for management and supervision of PAC services?</p> <ul style="list-style-type: none"> • Staff performance standards • Equipment and supplies standards • Essential drug standards • Logistics/commodity management • Analysis of data for decision making and quality improvement • PAC procedural standards, including client transfer to higher level facility • Infection prevention standards • Standards for referral mechanism to reproductive health and/or other health services • Standards for client flow and space layout 		

**SUPPLY OF PAC SERVICES:
TRAINING CURRICULA ASSESSMENT TOOL**

Intended Audience: The personnel working to develop or update the reproductive health training curriculum to ensure safe and quality PAC services should include a senior-level health provider as a technical advisor, clinical providers/preceptors (physicians, clinical officers, midwives, or nurses), reproductive health trainers, and service supervisors.

Instructions: Review your current reproductive health training curricula and answer the questions below. For each “no” answer, the members of the working group will need to discuss and adapt the current curricula based on recommended training examples, evidence, and on the country setting.

Data Sources: Training curricula, professional association policies, national/regional/local policies

Do the PAC Training Curricula:	Yes	No
1. Identify the audience?		
2. Reflect current international standards and identify a strategy for regular updates to these standards?		
3. Articulate the posttraining functions (PTFs)?		
4. Articulate criteria for selecting a clinical training site? or Provide guidance for preparing a clinical site to support training?		
5. Articulate the goal and objectives of the training, consistent with the PTFs?		
6. Articulate learning objectives in the three domains of learning?		
7. Use participatory learning activities appropriately matched to the domain of learning?		
8. Use learning evaluation methods matched to the domains of learning?		
9. Include assessment tools for knowledge, attitude, and skills? a. Tests with answer keys? b. Performance checklists?		
10. Articulate a post-training follow-up plan?		
11. Articulate criteria of successful completion of training (knowledge, attitude, and skills)?		
12. Articulate the skills and need for family planning counseling and method provision for a range of short-acting, long-acting and permanent FP methods?		
13. Emphasize quality client-provider interaction with all types of PAC clients, including married/unmarried women and youth?		
14. The training guidelines emphasize the need for client privacy when receiving services, confidentiality of services provided, and informed consent?		

**DEMAND FOR PAC SERVICES:
CLIENT-PROVIDER COMMUNICATION ASSESSMENT TOOL**

Intended Audience: The working group should include behavior change communication specialists, content experts such as physicians, nurses, and midwives, and graphic designers, when possible.

Instructions: Establish a working group to identify and create an inventory of existing client-provider materials related to PAC. Review existing materials and answer the questions below. For each “no” answer, consider adapting the existing material, using materials from the set provided in the PAC Global Resources Guide, or adapting the PAC Global Resources materials. (Adapting materials can be faster and less costly than developing new ones.)

Pretest adaptations with the intended audience and incorporate changes in the materials. Some materials may require extensive changes to ensure audience comprehension and acceptability. Others may be appropriate to use without any changes. The intended audiences will best determine the level of changes required.

Data Sources: Client-provider materials (including brochures, posters, information cards or handouts, etc.) advocacy or community outreach/behavior change communication strategy documents, advocacy coalition records

Answer the following questions about the communication materials:	Yes	No
Quality of Content		
1. Is the information accurate, up-to-date, and evidence-based?		
Quality of Messages		
2. Is the material audience-specific?		
3. Does it have a clear message?		
4. Does it communicate a benefit important to the audience?		
5. Does it have a call to action?		
6. Is it free of bias and assumptions?		
7. Has it been pretested with the intended audience?		
Comprehension		
8. Are ideas presented in logical order?		
9. Is the reading level appropriate?		
10. Are the language and word choice appropriate?		
11. Are unfamiliar words or concepts defined?		
12. Are sentences short?		
13. Are abbreviations avoided?		

Answer the following questions about the communication materials:	Yes	No
Layout and Graphic Design		
14. Does the material command attention?		
15. Are illustrations used to emphasize, explain, or summarize?		
16. Are illustrations realistic rather than abstract?		
17. Is the font easy to read?		
18. Is there ample “white space”? (White space is the area of the material that does not have text or graphics. The proper use of white space can make information easier to find.)		
Overall Strategy		
19. Has an advocacy/communication or outreach strategy been developed and implemented (at the national, regional, and/or local level)?		
a. Is there a committee to plan and coordinate activities?		
b. Does the strategy emphasize partnership to advance goals (with other NGOs, religious leaders, individual champions, etc.)?		
c. Are advocacy objectives and expected outcomes clearly defined, realistic, achievable, and measurable?		
d. Was evidence gathered from a situational analysis/environmental scan?		
e. Were priority groups targeted, including youth and married/unmarried?		
f. Does the project include a monitoring and evaluation plan?		