

IS YOUR COUNTRY READY TO OFFER POST-ABORTION FAMILY PLANNING?



High Impact Practice (HIP): Proactively offer voluntary contraceptive counseling and services at the same time and location where women receive facility-based post-abortion care.

Purpose of this Checklist Exercise: Review the program or health system elements necessary to implement this HIP according to global evidence, determine which elements are already set up in your country and which might need more attention, and identify next steps for implementation if relevant in your country.

QUESTIONS	YES	PARTIAL	NO	DON'T KNOW	COMMENTS
LEGAL/POLICY ENVIRONMENT					
1. Is abortion legal in your country in the case of rape, incest, or to save the life of a woman?					
2. Does your country have existing guidelines for providers on post-abortion care (PAC)?					
3. Does your national training curriculum include pre-service and in-service training on PAC?					
4. Do national training curricula on PAC include a component on post-abortion family planning counseling/service provision?					
5. Are nurses and midwives authorized to provide PAC?					
6. Generally, do policymakers understand that PAC - emergency treatment of complications from spontaneous or induced abortion - is legal in all countries, and different from comprehensive abortion services?					
FACILITY-LEVEL PREPAREDNESS					
7. Do facilities offer the broadest range of contraceptive methods possible where PAC is offered?					
8. Do your facilities, including rooms where PAC is offered, stock long-acting reversible contraceptives (LARCs): intrauterine devices; implants?					
9. Do your facilities including rooms where PAC is offered, stock short-acting methods: injectables; progestin-only pills; combined oral contraceptives?					

The High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by global experts against evidence of replicability, scalability, sustainability, and cost-effectiveness. HIP Core Conveners are USAID, UNFPA, WHO/IBP, IPPF, and FP2020. The three HIPs addressed in this workshop session do not represent an exhaustive set of best practice interventions for PFP and PAFP, but are meant as a useful starting point for priority setting and exchange.

QUESTIONS	YES	PARTIAL	NO	DON'T KNOW	COMMENTS
FACILITY-LEVEL PREPAREDNESS					
10. Do your facilities, including rooms where PAC is offered, stock barrier methods: e.g., male condoms; female condoms?					
11. Are providers trained to counsel women on family planning after a client undergoes spontaneous/induced abortion?					
12. Do providers have specialized training on youth-friendly PAC?					
13. Specifically, are nurses and midwives trained to offer post-abortion family planning - including LARCs?					
14. Generally, do providers offer PAC services without stigmatizing the client?					
15. Is post-abortion contraception free, or bundled with the cost of post-abortion treatment?					
COMMUNITY-LEVEL					
16. Are community health workers trained to counsel women about family planning as an important part of PAC?					
17. Are partners, husbands, or other support persons permitted to be part of counseling sessions, if the woman so chooses?					
MONITORING AND EVALUATION					
Suggested Indicators: - Percentage of post-abortion clients who were counseled on family planning (disaggregated by age group, <20 years vs. ≥ 20 years). - Percentage of post-abortion clients who leave the facility with a modern contraceptive (disaggregated by type of method and age group, <20 years vs. ≥ 20 years)					
18. Do you collect the above data? Do you use it for tracking purposes?					
SUMMARY: What is the greatest challenge to providing post-abortion family planning in your country?					
COMMENTS					