MEASURING ADHERENCE TO RIGHTS BASED FAMILY PLANNING (RBFP) PRINCIPLES AT THE SERVICE DELIVERY LEVEL IN UGANDA

Lynn Bakamjian

IBP Session on “Implementing and Monitoring Approaches in SRH Programs”

January 28th 2016
Principles behind the RBFP Index

- Adheres to globally-agreed Human Rights and Empowerment Principles for Family Planning
- Aligns with the conceptual framework for voluntary RBFP
- Enhances facility-based tools e.g. quality improvement
- Accounts for wider institutional and contextual factors that may create coercive or barriers to rights
Evidence gap on applying rights to FP Programming

- Scant evidence on implementation and impact of RBFP has led to:
  - Study to measure individual facilities’ level of integration and implementation of RBFP (RBFP Index)
  - Long term goal, develop a RBFP self-assessment tool
Study Aims

- To validate a RBFP index, including emerging RBA metrics
- To study whether implementing a RBA modification to FP service delivery in facilities has an effect on FP and rights outcomes;
- To explore and understand clients’ subjective experiences with services in RBFP intervention facilities versus control facilities;
- To test RBFP index in multiple settings and assessing potential for scale-up.
RBFP Index Tools

- Facility Audit
- Client-Provider Clinical Observations
- Provider Interviews
- Client-Exit Interviews (Continuing and New Users)
RBFP Index Indicators

- 29 indicators designed to cover five areas of service delivery from VRBF FP Framework
- Questions from RBFP Index tools are aligned with each of these indicators
- Each of the indicators was previously mapped to determine which rights or rights principle(s) they align with
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>NUMBER OF AFFILIATED INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. High quality patient-client interactions—information and counseling</td>
<td>11 Indicators</td>
</tr>
<tr>
<td>B. Training, Supervision and Performance Improvement</td>
<td>6 Indicators</td>
</tr>
<tr>
<td>C. Equitable Service Access</td>
<td>6 Indicators</td>
</tr>
<tr>
<td>D. Method Mix, supply, equipment and infrastructure</td>
<td>3 Indicators</td>
</tr>
<tr>
<td>E. Monitoring and Accountability Systems</td>
<td>3 Indicators</td>
</tr>
</tbody>
</table>
Advantages of this Approach

- Can be used more widely, by any organization use it
- Provides a facility-specific assessment for continuous quality improvement
- Builds on accepted facility-based tools
THANK YOU

The Evidence Project is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-13-00087. The contents of this presentation are the sole responsibility of the Evidence Project and Population Council and do not necessarily reflect the views of USAID or the United States Government.

The Evidence Project seeks to expand access to high quality family planning/reproductive health services worldwide through implementation science, including the strategic generation, translation, and use of new and existing evidence. The project is led by the Population Council in partnership with the INDEPTH Network, the International Planned Parenthood Federation, PATH, and the Population Reference Bureau.