

# DEVELOPMENT AND VALIDATION OF AN INDEX TO ASSESS A RIGHTS-BASED APPROACH TO FAMILY PLANNING SERVICE DELIVERY

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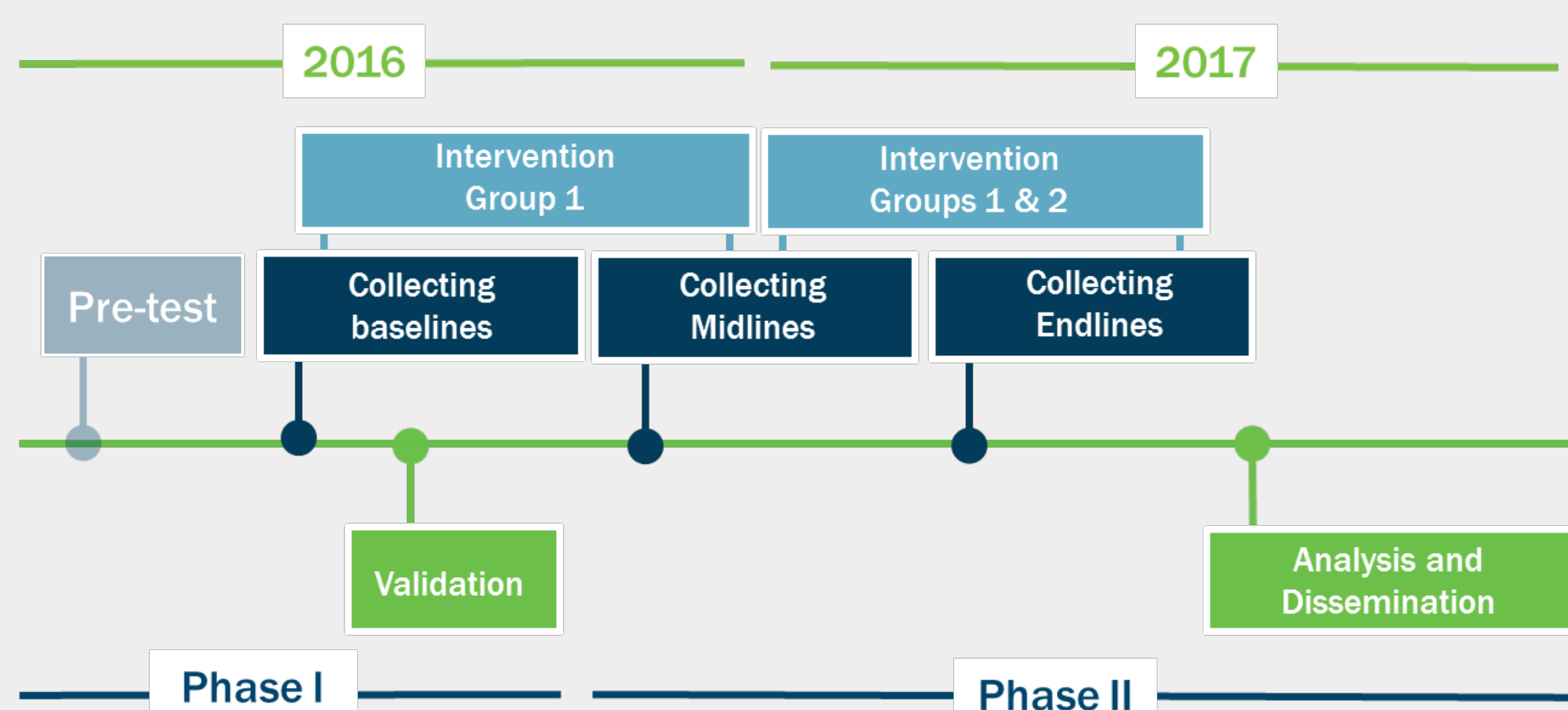
## BACKGROUND

Human rights need to be upheld at the policy, service delivery, community and individual levels [1], however, given that clients interact with family planning programs most directly at the point of care, the service delivery level offers a useful starting point. The human rights of clients and providers manifest in many ways at the service delivery level—among other issues, limitations on types of contraception offered can lead to lack of informed choice, disrespectful treatment by health workers can lead to discrimination against clients, and lack of physical and logistical infrastructure can lead to supplies not being available for both the provider and client.

In order to address the need for indicators and tools for RBFP, the Evidence Project has partnered with global experts on human rights and family planning, the International Planned Parenthood Federation’s Sustainable Network Project (SIFPO/IPPF) and with colleagues at Reproductive Health Uganda (RHU) to develop and validate the Rights-Based Family Planning (RBFP) Service Delivery Index in Uganda. <sup>1</sup> The 24-month, mixed-method study has two phases, with a timeline shown in Figure 1.



**FIGURE 1**  
TIMELINE FOR RBFP SERVICE DELIVERY STUDY



<sup>1</sup>The Evidence Project is also collaborating on the RBFP Service Delivery Index with the Palladium Group, who are using the index in a study in Nigeria

## VALIDATION METHODS

### Phase I: Formative Research and Validation of RBFP Service Delivery Level Index

The first phase of this research will be a formative phase consisting of two parts. First, focus group discussions with women and men in communities will elicit women’s and men’s attitudes and practices around family planning (FP), their experiences with services and their understanding of rights and rights principles. Second, Phase I consists of the validation of a set of four instruments (described below) implemented in five facilities to distill core components into the RBFP Service Delivery Index.

### Phase II: Stepped Wedge Facility-based Study using the RBFP Service Delivery Index

The second phase will use the RBFP Service Delivery Index to implement a stepped wedge facility-based study to measure the degree to which individual facilities are implementing a rights-based approach to family planning service delivery and to examine the utility of the RBFP Service Delivery Index in measuring improvements in programs and in family planning outcomes based on interventions to improve rights-based programming.

**TABLE 1**  
NUMBER OF QUESTIONS MAPPED TO RBFP INDICATORS, BY RFP INSTRUMENT

KEY:	Provider Interview	Facility Audit	Client Exit Interview	Client Provider Observation	Total
<b>Section A: High Quality Patient-Client Interactions—Information and counselling</b>					
A-1 Provider demonstrates good counseling skills*	5	0	12	3	20
A-2 Clients information is kept confidential*	0	0	2	1	3
A-3 Provider and staff treat client with respect/courtesy*	0	0	8	1	9
A-4 Provider mentions and offers referral to other relevant health issues†	0	0	6	2	8
A-5 Client is actively engaged in discussion/consultation with provider and selection of method †	0	0	5	2	7
A-6 Facility offers privacy for all elements of service delivery †	0	4	2	1	7
A-7 Clients experience free choice	0	0	8	3	11
A-8 Clients experience full choice	0	0	4	3	7
A-9 Clients experience informed choice	0	1	6	2	9
A-10 Provider bias is minimized	14	3	0	2	19
A-11 Clients and staff have access to education and communication materials about rights and have an understanding of rights.	11	10	5	1	27
<b>Section B: Training, Supervision and Performance Improvement</b>					
B-1 Facility has an established supervisory system that includes providers responsibilities for protecting, respecting and fulfilling clients’ human rights, has rewards for protecting clients’ human rights and has consequences for compromising clients’ human rights.*	17	15	0	0	32
B-2 Facility has received a supervisory visit in past X months*	4	1	0	0	5
B-3 Facility has service delivery guidelines* based on international standards that explicitly cite the role of providers in respecting, protecting and fulfilling clients’ human rights	21	6	0	0	27
B-4 Providers have adequate knowledge and skills to provide quality, rights-based services to clients	0	4	0	3	7
B-5 Providers and other staff have adequate support to ensure rights-based services in their jobs	9	5	1	2	17
B-6 There are no policies, plans or operational guidelines that operate at the facility level that compromise clients’ human rights	0	14	0	0	14
<b>Section C: Equitable Service Access</b>					
C-1 Facility has ability to track characteristics of its clients and to provide services to these populations	1	3	0	0	4
C-2 Facility has established referral and follow-up system	2	5	2	0	9
C-3 Facilities offer a range of integrated medical services, along with offering FP information and counseling at non-FP services	0	3	0	1	4
C-4 Facility offers life-cycle segmented services for FP counseling and provision	1	3	0	0	4
C-5 Clients experience easy access to facilities and services, including geographic, financial and social accessibility and convenience	0	21	20	0	41
C-6 Facilities provide refer for removal of implants and IUDs on demand	6	1	0	0	7

**TABLE 2**  
NUMBER OF QUESTIONS MAPPED TO RIGHT OR RIGHTS PRINCIPLE, BY RBFP INSTRUMENT

RBFP Indicator	Provider Interview	Facility Audit	Client Exit Interview-New Users	Client Provider Observation	Total
Acceptability	0	6	10	2	18
Accessibility	2	22	15	1	40
Availability	19	26	15	7	67
Quality	49	24	13	11	97
Accountability	32	46	12	0	90
Agency/ Autonomy/ Empowerment	14	1	12	6	33
Equity	1	2	36	0	39
Informed Choice	14	12	18	16	60
Non-discrimination	17	16	42	1	76
Participation	5	9	1	2	17
Privacy and Confidentiality	0	7	3	3	13

### DEVELOPMENT OF THE RBFP SERVICE DELIVERY INDEX INSTRUMENTS

Using the five components described in the service delivery level from “Voluntary Family Planning Programs that Respect, Protect and Fulfill Human Rights: A Conceptual Framework” [1], we defined 29 indicators at the service delivery level that reflect RBFP programs. These five areas include:

- High Quality Patient-Client Interactions-information and counselling
- Training, supervision and performance improvement
- Equitable service access
- Method mix, supply, equipment and infrastructure
- Monitoring and accountability

The structure of these 29 indicators, and the instruments developed to measure them, drew from the Quick Investigation of Quality (QIQ) [2]. The 29 indicators were used to direct the development of four data collection instruments: 1) a facility audit, 2) client exit interviews for new and continuing family planning users, 3) provider interviews, and 4) client-provider observations.

The questions in these instruments were taken from existing surveys where possible, including the Demographic Health Survey’s Service Provision Assessments [3], COPE tools [4], and the Situational Analysis approach [5]. Where there was little to no representation of one of the 29 indicators in existing surveys, we worked with experts to develop new questions. Most existing instruments focused on quality of care, based on the Bruce QOC Framework [6], which is one component of a rights-based approach.

Each question in the four data collection instruments was mapped to the 29 indicators (Table 1) and to one or more right or rights principle (Table 2). The 11 rights and rights principles were drawn from FP2020 [7] and WHO [8].

### VALIDATION OF RBFP SERVICE DELIVERY INDEX INSTRUMENTS

Multiple analytic methods will be used to determine the content validity of the RBFP Service Delivery Index, including factor analysis, principal components analysis and/or cluster analysis. During the validation process, all of the questions (overall and by instrument) related to each right/rights principle and to each indicator will be examined to assess how they group together. For example, all of the questions that have been mapped to the right “Availability” will be analyzed together. Through this process, key questions that get at each right/rights principle or indicator will be identified, allowing a reduction of the RBFP Service Delivery Level Index instruments to key, validated components that can be more easily used for program monitoring purposes.

In the long term, the full RBFP Service Delivery Index may be able to be modified to provide the basis for a feasible and acceptable self-assessment methodology and RBFP monitoring tool for facilities.

## REFERENCES

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## FOR MORE INFORMATION

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