MEASURING RIGHTS-BASED FAMILY PLANNING SERVICE DELIVERY: EVIDENCE FROM HEALTH FACILITIES IN UGANDA

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Why do we need to focus on operationalizing RBFP approaches?

- FP2020 goal – 120 million additional FP users – shed spotlight on need for rights-based FP

- No single and consistent definition of a rights-based approach

- Scant evidence about the effect of rights-based FP

- Need validated tools for measuring rights-based FP
Rights-based Family Planning

Moving from numbers to people

Rights-based family planning turns the focus to the rights of individuals and couples:

- to decide freely and responsibly the number and spacing of children...
- with quality SRH information and services to do so...
- without facing discrimination or inequality.

Global and national goals

120 million additional FP users
% increase in CPR

Which helps meet
RIGHTS AND EMPOWERMENT PRINCIPLES AND FAMILY PLANNING PROGRAMMING

"Business as Usual"
- Availability
- Accessibility
- Acceptability

Added Focus
- Quality
- Informed choice and decision making and voluntarism
- Privacy, confidentiality
- Equity and Non-discrimination
- Agency, autonomy and Empowerment
- Participation
- Accountability
Principles behind the RBFP Measurement Tool

- Adheres to globally-agreed Human Rights Principles for FP
- Aligns with the service delivery level of the Voluntary Rights-based FP conceptual framework*
- Accounts for wider institutional and contextual factors that may create barriers to rights
- Builds on existing facility-based tools

RBFP Study in Uganda 2016

- 20 facilities in 13 districts

- Data collection
  - 20 Facility Audits
  - 37 Provider Interviews
  - 116 Client Interview
  - 115 Observations
  - 8 FGD
Each of the questions has been mapped to one or more rights or rights principle(s) from the WHO and/or FP2020 that they align with:

<table>
<thead>
<tr>
<th>Rights Construct</th>
<th>Facility Audit</th>
<th>Provider Interview</th>
<th>Client Exit Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptability</td>
<td>1</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Accessibility</td>
<td>23</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Accountability</td>
<td>31</td>
<td>31</td>
<td>8</td>
</tr>
<tr>
<td>Agency/Autonomy/Empowerment</td>
<td>7</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Availability</td>
<td>29</td>
<td>24</td>
<td>7</td>
</tr>
<tr>
<td>Equity and Non-Discrimination</td>
<td>7</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Informed Choice</td>
<td>1</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Participation</td>
<td>9</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Privacy and Confidentiality</td>
<td>6</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Quality</td>
<td>26</td>
<td>57</td>
<td>17</td>
</tr>
</tbody>
</table>
Agency & Empowerment

Facility Managers, Providers and Clients state that they know what client rights are and can name at least 1, 3, or 5 client rights.

Bar 1: Do you know what client rights are?
Bar 2: Can you give me an example of client rights? – can name at least 1 unprompted
Bar 3: Can you give me an example of client rights? – can name at least 3 unprompted
Bar 4: Can you give me an example of client rights? – can name at least 5 unprompted
Accountability

Providers and Clients would take action (report or intervene) if they observed the following scenarios:

- If a provider slapped a client during a consultation, 97% of providers would take action, with 41% of clients also reporting.
- If a provider gave a client a procedure or FP method without their consent, 92% of providers would take action, with 38% of clients also reporting.
- If a provider or someone from the facility denied a client access to FP services when others were receiving services, 95% of providers would take action, with 56% of clients also reporting.
### Privacy and Confidentiality

Facility Managers and Clients report privacy and confidentiality maintained during client FP consultation.

<table>
<thead>
<tr>
<th>Facility Audit (n=20)</th>
<th>Client Exit Interviews (n=116)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>85%</td>
</tr>
<tr>
<td>This space offers auditory AND visual privacy</td>
<td>54%</td>
</tr>
<tr>
<td>Clients felt that they had enough privacy with provider</td>
<td>53%</td>
</tr>
<tr>
<td>No one besides the provider came into the consultation room</td>
<td></td>
</tr>
</tbody>
</table>

- There is a separate area where the client is seen for their consultation.
- This space offers auditory AND visual privacy.
- Clients felt that they had enough privacy with provider.
- No one besides the provider came into the consultation room.
Acceptability - Counseling

- **Explain how to use the contraceptive method?**
  - Provider Interviews – Are the following Essential/Optional? (n=37, %) 97
  - Client Exit Interviews – Did the provider: (n=116, %) 69

- **Explain possible side effects of contraceptive methods?**
  - Provider Interviews – Are the following Essential/Optional? (n=37, %) 100
  - Client Exit Interviews – Did the provider: (n=116, %) 55

- **Discuss previous use of contraceptive methods?**
  - Provider Interviews – Are the following Essential/Optional? (n=37, %) 89
  - Client Exit Interviews – Did the provider: (n=116, %) 73
Quality
If there is no medical reason to do so, is there a minimum age below which you (provider) will not prescribe the following FP methods?

<table>
<thead>
<tr>
<th>FP Method</th>
<th>Yes</th>
<th>Ave Minimum Age</th>
<th>Minimum Age Range (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progestin-only injectables</td>
<td>22%</td>
<td>16</td>
<td>12 – 20</td>
</tr>
<tr>
<td>Combined hormonal injectables</td>
<td>19%</td>
<td>17</td>
<td>12 – 22</td>
</tr>
<tr>
<td>Progestin-only/28 pills</td>
<td>14%</td>
<td>15</td>
<td>12 – 18</td>
</tr>
<tr>
<td>Combined hormonal /21+8 pills</td>
<td>16%</td>
<td>15</td>
<td>12 – 18</td>
</tr>
<tr>
<td>Condoms</td>
<td>19%</td>
<td>15</td>
<td>10 – 18</td>
</tr>
<tr>
<td>IUD</td>
<td>24%</td>
<td>21</td>
<td>13 – 35</td>
</tr>
<tr>
<td>Implants</td>
<td>24%</td>
<td>19</td>
<td>14 – 35</td>
</tr>
<tr>
<td>Moon beads (SDM)</td>
<td>5%</td>
<td>17</td>
<td>15 – 18</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>14%</td>
<td>17</td>
<td>13 – 20</td>
</tr>
<tr>
<td>Permanent methods</td>
<td>57%</td>
<td>35</td>
<td>18 – 48</td>
</tr>
</tbody>
</table>
Summary of Findings

- No one has very high knowledge of client rights
- Facility Managers, Providers and Clients have different assessments of RBFP adherence
- Questions on client satisfaction not providing accurate understanding of whether clients are receiving positive experiences
- Clients reported being treated with support and dignity, but latent measurements suggest there were issues with provider bias and technical competence
Summary of Findings

• Clients had a high tolerance for poor services and care
• Clients are largely unaware of or are unwilling to participate in mechanisms that provide redress or remedy
• Need for standardized routine training across staff members
  – Technical updates to meet international medical standards
  – RBFP training
Next Steps

• Completing analysis of the data
• National Dissemination meeting in Uganda in late November, 2017
• Revising the questionnaires based on experience using them in Uganda (the Evidence Project) and Nigeria (the Palladium Group)
• Publishing the questionnaires and users guide (mid-2018)