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Proposed Indicators to Measure Adherence to and Effects of Rights-Based Family Planning

RESOURCE GUIDE

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USAID
FROM THE AMERICAN PEOPLE



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The Evidence Project uses implementation science—the strategic generation, translation, and use of evidence—to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, Management Sciences for Health, PATH, Population Reference Bureau, and a University Research Network.

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Introduction

The 2012 London Summit on Family Planning established the goal of expanding access to family planning programs by 120 million additional women and girls by 2020. This ambitious goal calls attention to the need for family planning information and services to be delivered in ways that are voluntary and respect human rights. While human rights have been codified and affirmed in declarations, conventions, and treaties endorsed by governments and the international community (United Nations 1968; UNFPA 2014), the focus on operationalizing rights in family planning programs, however, is in an early stage of development. There is no single definition of a human rights-based approach in family planning; yet a number of resources have been developed to guide programming (Kumar and Hardee 2015). Rights and rights principles specifically related to family planning identified from these resources include: 1) acceptability, 2) accessibility, 3) accountability 4) agency/autonomy 5) availability, 6) empowerment, 7) equity, 8) informed choice, 9) informed decisionmaking, 10) non-discrimination, 11) participation, 12) privacy and confidentiality, and 13) quality (FP2020 2014; WHO 2014).

But with the recent emergence of global numeric benchmarks for family planning programs, there is the risk that the focus will move away from these rights and rights principles. Monitoring systems are not in place to reliably track the implementation of rights-based approaches and rights omissions and violations, in part because we do not know which metrics accurately measure adherence to and effects of rights-based approaches to family planning. Without reliable and validated measurements, rights are under threat of being left out of global agendas.

Many global groups are currently working on defining and conceptualizing measurement methods for a rights-based approach to family planning programs, such as the WHO Advisory Group on Strengthening Family Planning's Normative Standards for Monitoring, Evaluation and Accountability; FP2020; and Performance, Monitoring and Accountability 2020. The Evidence Project has taken the lead on compiling indicators or measurements of human rights and family planning proposed by these global groups. These metrics have been compiled in the following table that is being used as a resource in helping Uganda operationalize the rights language in its Family Planning Costed Implementation Plan (FP CIP).

Use of the Indicator Table in Uganda

The Evidence Project, together with IPPF's Sustainable Networks Project (SIFPO2), are taking part in a groundbreaking process in Uganda spearheaded by the Ministry of Health (MOH) and Reproductive Health Uganda (RHU) to develop an action plan for a rights-based approach to family planning in support of the MOH's FP CIP. The country's FP CIP (2015-2020), developed to reflect its FP2020 goals, explicitly pledges to protect and fulfill human rights in the provision of family planning services (Uganda FP CIP 2014). The Uganda FP CIP repeatedly states its dedication to ensuring that family planning services are provided according to human rights and quality of care standards. The introduction explicitly states the country's commitment to provide rights-based family planning information and services to improve the health and well-being of the population (Uganda FP CIP 2014, pp. 1).

“On the one hand, these human rights issues are intrinsic to a life of dignity and well-being, thus meriting the government’s protection. On the other hand, the non-fulfillment of these rights bears an important cost on the country’s economic and social development for current and future generations.” (pp. 1)

Uganda has taken on the challenge of closing the gap between what is written and how services and programs are delivered. During two high-level workshops in 2015, co-hosted by the Uganda Ministry of Health and RHU, stakeholders identified four priority human rights issues to address in an action plan that is being drafted by a task force which emerged from the workshops.

To facilitate this process, the Evidence Project undertook a mapping of potential rights indicators or areas of measurement of human rights and family planning based on recommendations from global stakeholders. The resulting table shows for each proposed indicator or measurement, which of the 13 rights or rights principles (mentioned above) the metric measures, the source of the metric, and under what thematic area it could be found in a FP CIP. The table was used with Ugandan stakeholders to help them identify key metrics to include in the project monitoring plan for the Uganda FP CIP. Thus the table is an important resource in helping countries or organizations move from rights principles embodied in planning documents to monitoring adherence to and the effects of rights-based approaches to family planning.

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Proposed Indicators of Human Rights and Family Planning

PROPOSED INDICATOR/ AREA OF MEASUREMENT	ACCEPTABILITY	ACCESSIBILITY	ACCOUNTABILITY	AGENCY/ AUTONOMY	AVAILABILITY	EMPOWERMENT	EQUITY	INFORMED CHOICE	INFORMED DECISIONMAKING	NON- DISCRIMINATION	PARTICIPATION	PRIVACY AND CONFIDENTIALITY	QUALITY	NOTES	SOURCES
DEMAND CREATION															
Contact of non-users with family planning providers ¹											✓			See WHO, 2014 for definition of numerator and denominator.	<ul style="list-style-type: none"> WHO
Individual (women) awareness of rights and confidence in ability to exercise their rights: <ul style="list-style-type: none"> Freely decide whether, when, how many children to have To quality FP services and information Non-discrimination 				✓		✓								Requires operationalization to become measurable indicator. Could be developed as an index measure.	<ul style="list-style-type: none"> FP2020 R&E group
Mean score on informed choice index ¹				✓			✓			✓			✓	Informed choice index includes questions to current users of modern contraception about whether they were informed about side effects, what to do if side effects are experienced, and if they were informed of other methods. Some measures include the number of women informed of the permanence of sterilization. The index measures FP2020 core indicators 11 and 15.	<ul style="list-style-type: none"> FP2020 R&E group WHO Guttmacher Institute MEASURE Evaluation PRH FP/RH Indicator Database
Number/percent of schools offering comprehensive sex education ⁵	✓					✓		✓	✓						<ul style="list-style-type: none"> Guttmacher MEASURE Evaluation PRH FP/RH Indicator Database

PROPOSED INDICATOR/ AREA OF MEASUREMENT	ACCEPTABILITY	ACCESSIBILITY	ACCOUNTABILITY	AGENCY/ AUTONOMY	AVAILABILITY	EMPOWERMENT	EQUITY	INFORMED CHOICE	INFORMED DECISIONMAKING	NON- DISCRIMINATION	PARTICIPATION	PRIVACY AND CONFIDENTIALITY	QUALITY	NOTES	SOURCES
Percent of women who make family planning decisions alone or jointly with their husbands ^{1,3}				✓											<ul style="list-style-type: none"> FP2020 R&E group Track20 MEASURE Evaluation PRH FP/RH Indicator Database
Ratio of the percentage of demand satisfied by a modern method in the poorest wealth quintile (Q1) to the percentage in the wealthiest quintile (Q5) –Q1:Q5 ¹		✓					✓			✓				Can be measured using CPR and unmet need. Data requires disaggregation by wealth quintiles.	<ul style="list-style-type: none"> WHO FP2020 R&E group
SERVICE DELIVERY AND ACCESS															
Availability of sites equipped to provide easy access for removal of implants and IUDs, including the services and supplies to support women's ability to easily switch between methods if they chose					✓								✓	Requires operationalization to become measurable indicator; some or part of this measure could be enumerated using standard service delivery statistics	<ul style="list-style-type: none"> WHO
Contraceptive user satisfaction with services	✓													See WHO, 2014 for definition of numerator and denominator	<ul style="list-style-type: none"> WHO
Extent to which FP is integrated into post-partum, post-abortion, and HIV/AIDS services (e.g., through referral, within same facility, fully integrated within same visit).					✓									See MEASURE Evaluation PRH FP/RH Indicator Database for relevant indicators	<ul style="list-style-type: none"> FP2020 R&E group MEASURE Evaluation PRH FP/RH Indicator Database
Extent to which programs are meeting the needs of marginalized and special groups, including women in conflict/disaster settings ³							✓			✓				Requires population based survey that identifies both user and non-user characteristics	<ul style="list-style-type: none"> FP2020 R&E group
Facilities meeting quality of care standards													✓	See WHO, 2014 for definition of numerator and denominator	<ul style="list-style-type: none"> WHO

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Indicator reflective of disrespect/abuse in access to contraceptive information and services	✓												✓	Requires operationalization to become measurable indicator.	<ul style="list-style-type: none"> Guttmacher Institute
Number of contraceptive service delivery points					✓									Disaggregate by key areas ⁴ to measure RBA	<ul style="list-style-type: none"> WHO FP2020 R&E group PMA2020 Core Indicator
Percent of facilities reliably offering a range of methods, encompassing 4 categories of contraceptive methods: short term; long acting reversible; permanent; and emergency contraception ²					✓									Disaggregate by key areas ⁴ to measure RBA	<ul style="list-style-type: none"> FP2020 R&E group Guttmacher Institute
Perceptions of services/ program (satisfaction, respect and trust)													✓	Requires operationalization to become measurable indicator	<ul style="list-style-type: none"> FP2020 R&E group
Programs/Facilities seeking and utilizing service user feedback in some form ^{2,3}			✓											Can be measured by indicator "Client Feedback System is Institutionalized"	<ul style="list-style-type: none"> FP2020 R&E group PMA2020 Core Indicator
CONTRACEPTIVE SECURITY															
Existence of a government budget line item for the procurement of contraceptives ⁵					✓										<ul style="list-style-type: none"> MEASURE Evaluation PRH FP/RH Indicator Database
Percent of facilities that experienced a stockout at any point during a given time period					✓									Uganda HMIS uses similar indicator with Depo Provera as a "tracer" drug	<ul style="list-style-type: none"> FP2020 R&E group MEASURE Evaluation PRH FP/RH Indicator Database Uganda HMIS

PROPOSED INDICATOR/ AREA OF MEASUREMENT	ACCEPTABILITY	ACCESSIBILITY	ACCOUNTABILITY	AGENCY/ AUTONOMY	AVAILABILITY	EMPOWERMENT	EQUITY	INFORMED CHOICE	INFORMED DECISIONMAKING	NON- DISCRIMINATION	PARTICIPATION	PRIVACY AND CONFIDENTIALITY	QUALITY	NOTES	SOURCES	
FINANCING																
Annual expenditure on FP from government domestic budget			✓													▪ Track20
The financial management system produces accurate, timely information			✓													▪ MEASURE Evaluation PRH FP/RH Indicator Database
POLICY AND ENABLING ENVIRONMENT																
Does the community provide an enabling environment for women to exercise their FP choices				✓		✓								Requires operationalization to become measurable indicator		▪ FP2020 R&E group
Whether SRH rights are integrated into law and policy (i.e., access to contraceptive services without spousal or parental/guardian authorization/notification and without age limitation)	✓	✓	✓		✓								✓	Requires operationalization to become measurable indicator		▪ Guttmacher Institute
STEWARDSHIP, MANAGEMENT, AND ACCOUNTABILITY																
A system for quality assurance has been institutionalized			✓										✓			▪ WHO
Extent to which accountability mechanisms are in place to identify and provide remedies for rights violations			✓											Requires operationalization to become measurable indicator		▪ FP2020 R&E group ▪ Guttmacher Institute

PROPOSED INDICATOR/ AREA OF MEASUREMENT	ACCEPTABILITY	ACCESSIBILITY	ACCOUNTABILITY	AGENCY/ AUTONOMY	AVAILABILITY	EMPOWERMENT	EQUITY	INFORMED CHOICE	INFORMED DECISIONMAKING	NON- DISCRIMINATION	PARTICIPATION	PRIVACY AND CONFIDENTIALITY	QUALITY	NOTES	SOURCES
CROSS-CUTTING															
Adolescent Birth Rate ¹	✓	✓			✓					✓				Can be disaggregated by relevant categories.	<ul style="list-style-type: none"> Guttmacher PMA2020 Track20 MEASURE Evaluation PRH FP/RH Indicator Database
Contraceptive discontinuation due to lack of access ¹		✓												Can be measured through the indicators “Contraception Discontinuation Rate” when disaggregated by “Reason for discontinuation”	<ul style="list-style-type: none"> WHO FP2020 R&E group
Contraceptive method mix ^{1,2}	✓				✓								✓		<ul style="list-style-type: none"> WHO Track20
Contraceptive prevalence rate (CPR) ^{1,2}		✓			✓					✓					<ul style="list-style-type: none"> WHO Track20
Unmet need for family planning ^{1,2}		✓			✓					✓				Disaggregate by key areas ⁴ to measure RBA	<ul style="list-style-type: none"> FP2020 R&E group
Extent to which country adopts/follows/utilizes WHO medical eligibility criteria, including for adolescents													✓	Requires operationalization to become measurable indicator	<ul style="list-style-type: none"> FP2020 R&E group
Among women who want to space or limit, what are reasons for non-use of family planning services and non-use of contraception (divided by those that discontinued vs. those that never used)					✓									Non-Use of contraception can be captured through the following indicators: <ul style="list-style-type: none"> Discontinuation (disaggregated by spacing or limiting and reason) Unmet need (disaggregated by spacing and limiting and reason) 	<ul style="list-style-type: none"> WHO FP2020 R&E group

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