

Terms of Reference

Quality of care in abortion: Client satisfaction as an indicator of quality

1. Background

The International Planned Parenthood Federation (IPPF) is a global Federation of 142 Member Associations (MAs) working in 153 countries to provide sexual and reproductive health services and advocate for sexual rights. Since 2008, IPPF has managed the Global Comprehensive Abortion Care Initiative (GCACI), a programme that promotes and facilitates the provision of high-quality abortion and contraceptive services in 121 clinics across 14 IPPF MAs. In conjunction, IPPF is implementing a programme designed to address abortion stigma with a focus on how abortion stigma affects young people, recognising that this poses a major barrier for access to safe abortion services.

In its 2016 – 2022 Strategic Framework, IPPF renewed its commitment to providing quality integrated sexual and reproductive health services. More specifically, through GCACI IPPF is focusing efforts on ensuring quality in abortion care through continual monitoring, measurement and evidence based improvements. In 2017, IPPF intends to develop this work further by designing and implementing a tool to accurately capture clients' perceptions of the quality of abortion care received at IPPF MA clinics.

Quality of care has in the past been measured predominately through clinical and quantitative indicators, often driven by service providers' view of quality. While client satisfaction surveys are implemented at the clinic level, assessing client satisfaction in abortion care poses unique challenges that may not impact other types of service delivery. These challenges include: a) clients are often limited in their choice of where to access such services; b) in settings where abortion is legally restricted receiving any abortion service can be a huge relief for a client, influencing her perception of the quality of the service provided, and c) the internalization of abortion stigma may lead women to believe they do not deserve quality abortion care. Because of these factors, clients are more likely to expect and accept poor treatment and quality of care.

2. Purpose of the consultancy

Through this consultancy, IPPF aims to develop a tool to assess client feedback as a relevant and accurate indicator of quality of care in abortion service delivery. The consultant will undertake qualitative research to inform the development of the tool, and design a tool which can be implemented in a variety of low resource settings.

3. Scope of Services to be provided:

Task 1. Undertake a desk review of existing literature, research, and methodologies of quality of care in abortion, including IPPF resources, external resources, and with a focus on client perceptions of quality of care. Identify models that can be used to inform the development of a tool for use by IPPF Member Associations.

Task 2. Design a qualitative research methodology (with input and agreement from IPPF CO and ROs) and develop a research plan to collect data on how women perceive quality of care in abortion provision and considering how abortion stigma can impact the perception of quality.

Task 3. Conduct research in two countries in partnership with GCACI implementing Member Associations to assess client perception of quality of care in abortion service provision. The

research should include focus group discussions and/or interviews with women who have received abortion-related care, and include a cohort of young women under the age of 25.

Task 4. Analyse the findings of the country research and produce a brief report summarising the results. Triangulate the results with data from other existing research and use this to inform the development of a client satisfaction survey tool.

Task 5. Design and finalise a simple client feedback tool, including recommendations for how and by whom it should be administered. The tool should be designed for use by Member Associations to assess a client's experience of quality of care following an abortion service at a MA clinic.

4. Key Deliverables

Key deliverable 1: A qualitative research methodology and guidance that can be used to conduct research to assess clients' perception of what make a quality abortion service.

Key deliverable 2: A short report summarizing the results of the in-country research. The report should include the following sections: 1. Introduction; 2. Methodology; 3. Results; 4. Discussion of results; and 5. Conclusions and recommendations. The report should also include the transcripts from focus groups discussions and interviews.

Key deliverable 3: A tool with key indicators for implementation by Member Association to assess clients' experience of quality of care following an abortion service at a MA clinic. The tool should be simple, easy to implement, and include:

- a) A core set of questions which are applicable and can be easily implemented in a range of different settings.
- b) Additional suggested questions which can be adapted based on need and the local environment.
- c) Guidance for the implementation of the tool and analysis and use of the results.

5. Delivery timetable

Desk review and research to be undertaken in May and June. First draft of report and client assessment tool to be submitted to IPPF by 30th June. Final report and client assessment tool to be submitted by 14th July. All work will be complete over a total of 25 days.

- a) Desk review and research preparation (2 days): Review of relevant background documents on IPPF's abortion programme (GCACI and Abortion Stigma) and existing quality of care framework and tools. Desk review of existing literature, research, and methodologies on quality of abortion care.
- b) Research preparation (4 days): Develop research methodology including focus group discussion and/or interview guide in consultation and agreement with IPPF and finalise. Liaise with Member Associations to prepare for in country research.
- c) In-country research (10 days): Qualitative research undertaken in two countries (5 days each) in partnership with IPPF Member Associations.
- d) Research analysis and report development (5 days): Analysis of research results and development of report of qualitative research.
- e) Presentation of initial results to IPPF and key findings to indicate the key areas to be covered in the tool (0.5 days)
- f) Tool development (3 days)

- g) Report back to IPPF CO (0.5 days): Final report of the process and presentation and discussion at IPPF CO.

6. Consultant requirements

- Significant knowledge and understanding of issues relating to abortion programming, service provision and quality of care;
- Significant experience of developing and conducting research using qualitative methodologies;
- Demonstrated ability in developing monitoring and evaluation frameworks and tools;
- Sensitivity to different cultural and religious contexts;
- Demonstrated ability in developing organizational policy and procedure;
- Ability to present complex information in a systematic and accessible way;
- Excellent writing and communication skills;
- Fluency in Swahili, Urdu or Hindi desirable;
- Commitment to a woman's right to choose and access safe abortion;
- Commitment to ensuring confidentiality of the information provided, gathered, or generated as part of this consultancy.

6. Key IPPF focal point

Rebecca Wilkins, Programme Adviser, GCACI, IPPF Central Office
rwilkins@ippf.org

7. Applications

Please send applications including daily rate and at least one sample of comparable previous work to Rebecca Wilkins (rwilkins@ippf.org) by 5pm GMT on Friday 14th April 2017. Queries by email regarding this TOR are welcome.