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Identifying Inequities in Family Planning Programs at National and Subnational Levels:

A New, Replicable Approach



Presenters



Kaja
Jurczynska

Palladium



Kevin
Ward

Palladium



Shiza
Farid

Avenir Health



Lyubov
Teplitskaya

Palladium

HP+'s *Approach for Diagnosing Inequity in Family Planning Programs* was developed by Kaja Jurczynska, Kevin Ward, Lyubov Teplitskaya, Shiza Farid, and Kristin Bietsch.

Agenda

1. Inequity in Health, Healthcare, and Family Planning
2. HP+'s *Approach for Diagnosing Inequity in Family Planning Programs*
3. Potential Uses of the *Approach* and its Results
4. Uganda Results: Is Family Planning Reaching the Most Disadvantaged?
5. Closing
6. Q&A

Inequity in Health, Healthcare, and Family Planning

*“[Inequity] refers to differences which are **unnecessary** and **avoidable** but, in addition, are also considered **unfair and unjust.**”*

Whitehead, 1992

Inequity in Health and Healthcare

- **Inequity:** differences between subgroups that are avoidable, unfair, and unjust¹
- **Inequality:** differences between subgroups; often arise from natural biological variation¹
- Distinctions are not always clear or explicit
- Originate from the right to the highest attainable standard of health²

Equity in Health

Everyone has a fair opportunity to reach their health potential, regardless of wealth, education, sex, age, race or ethnic group, residence, disability, other status, or social group²

Equity in Healthcare

Right extends to four interrelated and essential elements of healthcare that shape outcomes: availability, accessibility, acceptability, and quality²

Inequity in Family Planning Information, Services, and Supplies

- The right to health includes family planning information, services, and supplies¹
- Equal use \neq equity, necessarily²

*“Individuals have the ability to access **quality, comprehensive contraceptive information and services** free from discrimination, coercion, and violence. **Quality, accessibility, and availability** of contraceptive information and services should not vary by non-medically indicated characteristics.”*

FP2020 Rights & Empowerment Working Group

HIP | FAMILY
PLANNING
HIGH IMPACT
PRACTICES

Discussion Paper on Equity for the HIP Partnership



Karen Hardee
Erika Houghtaling
Sara Stratton
Ian Askew
Chandra-Mouli Venkatraman
Baker Maggwa
Rodolpho Gomez Ponce de Leon
Shawn Malarcher

June 2019

AAAQ in Family Planning

Availability	Adequate number and distribution of trained providers and facilities offering (and having in-stock) full range of services and broad choice of methods
Accessibility	Family planning information, services, and commodities are available within safe geographic and physical reach of all
	Commodities and services are provided at no cost or such that individuals are not disproportionately financially burdened
	Everyone can access evidence-based family planning information consistent with need, taking into consideration age, language ability, disability, and other status
Acceptability	Family planning information, services, and commodities are respectful of culture and sensitive to gender, age, disability, sexual diversity, and life-cycle
Quality	Family planning information, services, and commodities are of good quality; they are evidence-based, scientifically and medically appropriate, and up-to-date



AAAQ in Family Planning: Accessibility

Identifying Inequities in Family Planning

- **Limitations** to existing approaches:
 - Too focused on economic dimensions
 - Too focused on program outcomes rather than essential elements of care
 - Too focused on the national level
 - Not easily replicable



HP+'s Approach for Diagnosing Inequity in Family Planning Programs

What Is the *Approach for Diagnosing Inequity in Family Planning Programs?*

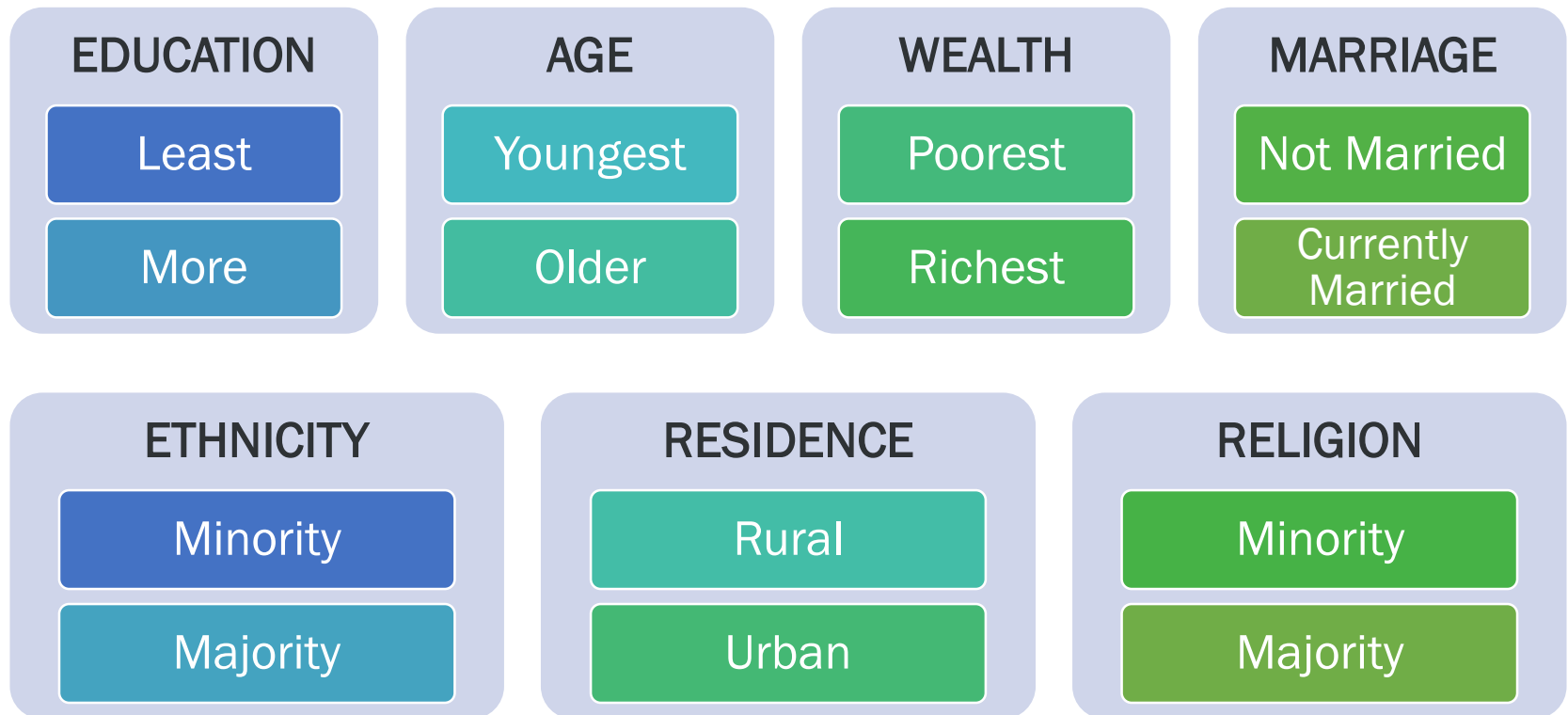
- A method for **identifying inequities** in family planning:
 - For a diverse set of commonly disadvantaged subgroups
 - For various components of family planning
 - At the national level and across/within subnational regions
- Considers **who** is experiencing inequity, for **what component** of family planning, and **where**
- Intended for those **making decisions** about family planning programs, particularly at subnational levels
- **Replicable** in any country with a Demographic Health Survey

Methodology Overview

- **Analytical approach:** inequity assessed using multivariate logistic regression analysis
- **Independent variables:** seven commonly marginalized groups of women
- **Dependent variables:** essential care elements (AAAQ) and demand satisfied for modern methods—together referred to as components
- Inequity defined as an unfavorable statistically significant result of p-value $<.05$ level (95 percent or higher confidence level)

Methodology: Disadvantaged Subgroups

Equitable experience assessed for **seven commonly disadvantaged** groups of women compared to their counterparts:



Methodology: Family Planning Components

Equity is identified across **five family planning components**:

	Component	Measure
Essential Care	Accessibility (information)	Exposed to any form of family planning mass media
	Accessibility (services)	Told of family planning by provider at facility or community health worker
	Acceptability	Not using family planning due to opposition
	Quality	Informed of method side effects, what to do if side effects occur, and other available methods
Outcome	Use	Demand for family planning satisfied with modern methods

Generating Findings, Interpretation, and Replicability

- Generate and review **results at three levels**:
 - National level – overview of inequities
 - Subnational 1 – distribution of inequities across subnational units
 - Subnational 2 – profile of inequity within subnational units
- No significant inequity **does not necessarily mean** no inequity
- Limitations
- **Guidelines and code for replication** forthcoming



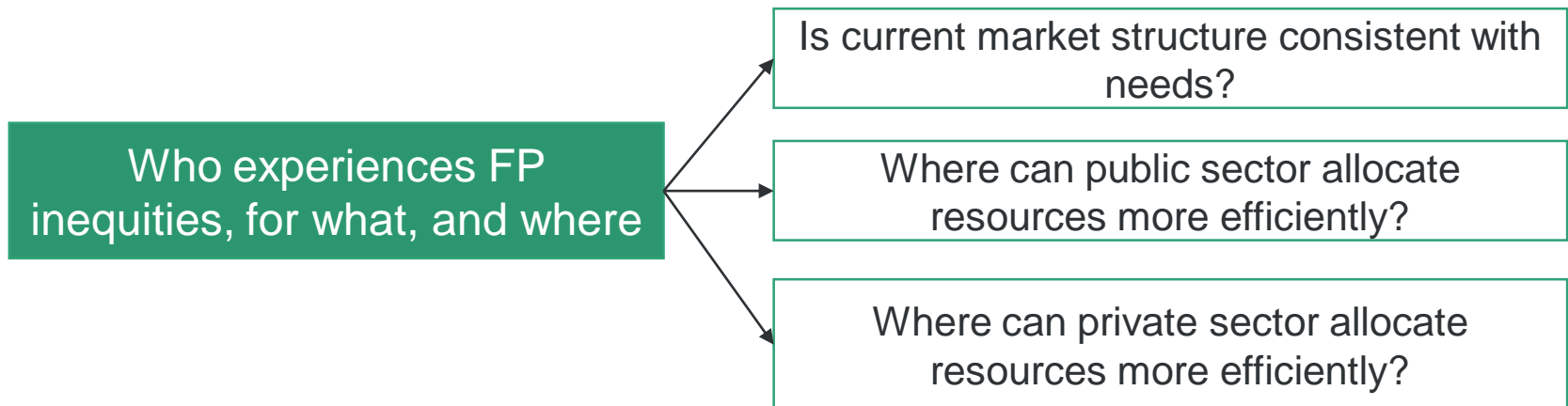
How Can the *Approach* Be Used?

How Can the Approach Be Used?

- **Policy perspective:** evidence for post-FP2020 commitments and those within Costed Implementation Plans (CIPs)
- **Funding perspective:** prioritization of limited funds across program activities and geographies (improving allocative efficiency)
- **Programmatic perspective:** evidence to better tailor and direct family planning program activities, particularly at subnational levels (e.g., Annual Operating Plans, CIPs)

Increasing Private Sector Engagement

- Equips public and private sectors with **more information** to better **coordinate** efforts and **specialize** – a complement to market segmentation analyses
 - Bolster understanding of needs – who, what, and where
- This could improve comparative advantage in service provision, strengthen public and private sector targeting—marketing that speaks to certain clients—and create opportunities for commercial private sector entry or growth








Supporting Advocacy and Accountability Efforts

Make the case for investing in overlooked subgroups

Make the case for investing in under-resourced, inequity-dense regions

Hold decision makers accountable for their commitments and goals

Comparison to Other Tools

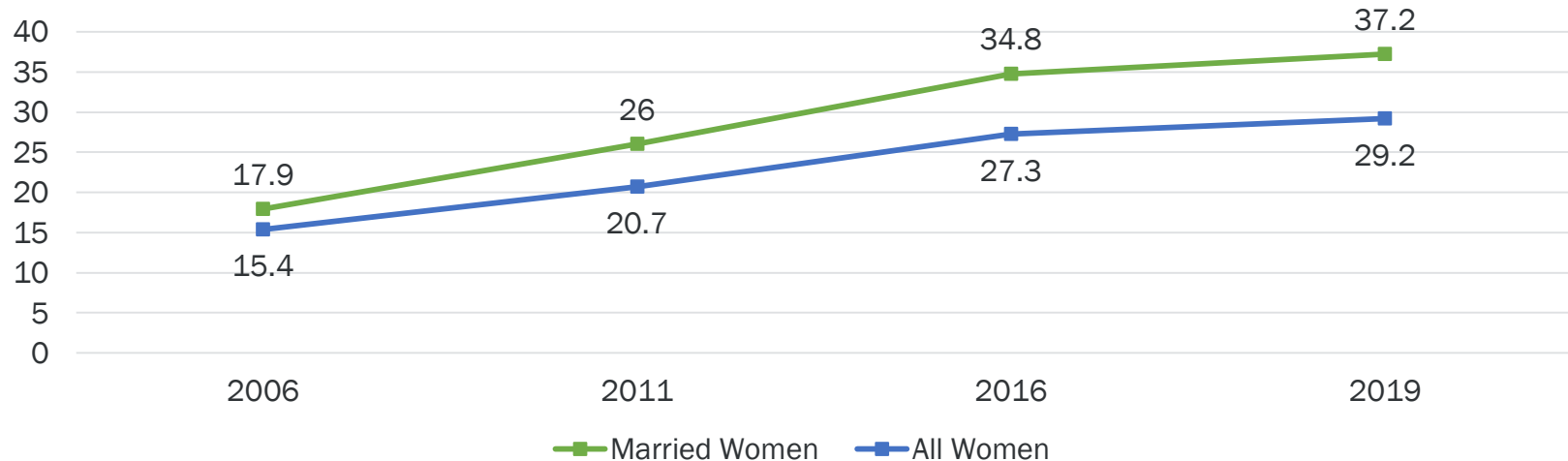
	Tool/Approach	Purpose
	Private Sector Counts FP Market Analyzer	Explores contraceptive source data for subgroups to design programs/policies and illuminate roles of public and private sector in FP Explores implications of changes to method and/or source mix
	TMA Projection Tool	Estimates financial implications of commercial FP sector scale-up; e.g. cost savings, and additional users reached
	Modern Contraceptive Use/Need Explorer	Assesses modern contraceptive use and need by subgroup
	Approach for Diagnosing FP Inequity	Identifies and diagnoses inequities in FP uptake, quality, access to information and services, and acceptability across subgroups and subregions
	Health Equity Assessment Toolkit (HEAT)	Assesses RMNCH inequalities, including modern contraceptive use and need by subgroup over time

**Uganda Results:
Is Family Planning
Reaching the Most
Disadvantaged?**



Family Planning in Uganda

Trends in Modern Contraceptive Use



- Political will: the Family Planning-CIP 2015-2020
- Several equity-sensitive pledges:
 - Demand creation that is responsive to youth needs
 - Increased access for rural communities
- Not on track to meet its commitments by the end of 2020

Family Planning in Uganda

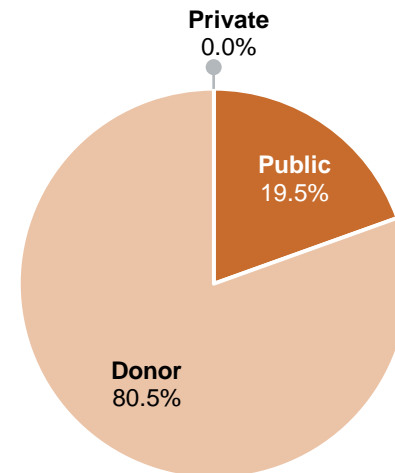
How many modern method users received their last method from a private source?



% of Women 60-79 40-59 20-39 0-19

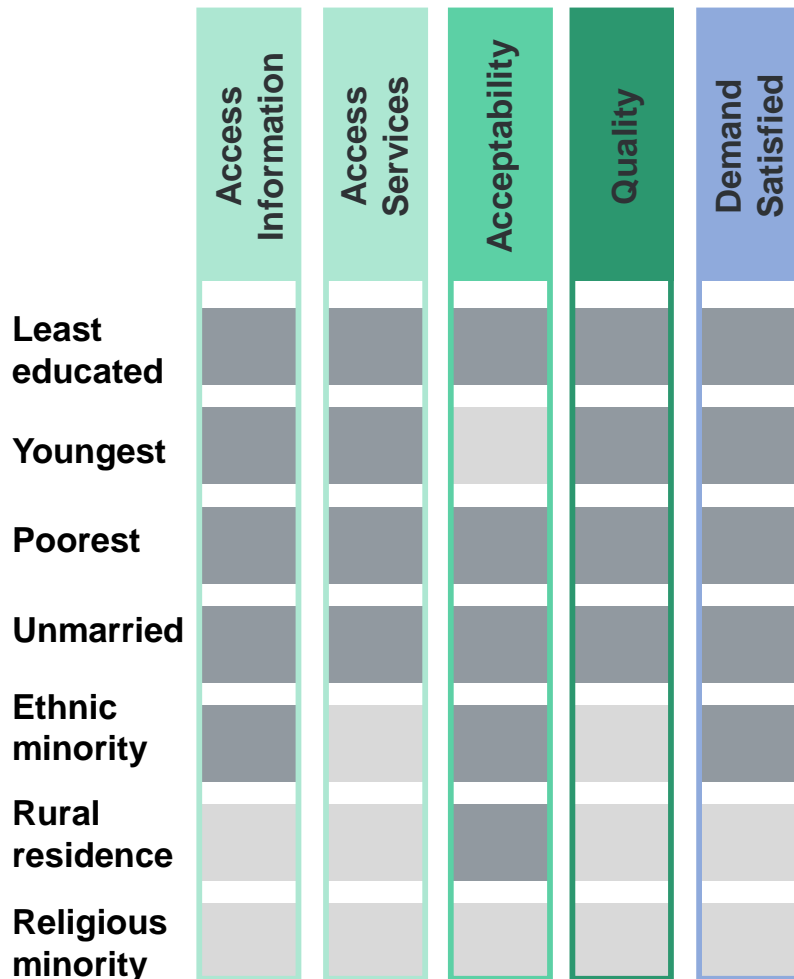
Though 39% of users reported receiving their last method from a private source, these services are rarely privately funded

Total spending on family planning



National-Level Findings

Who experiences inequity?

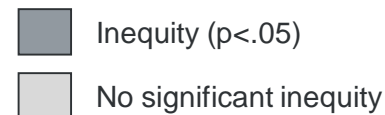


- Some women are disadvantaged in every family planning component

The **least educated**, the **poorest**, and **unmarried women** experience highly inequitable conditions

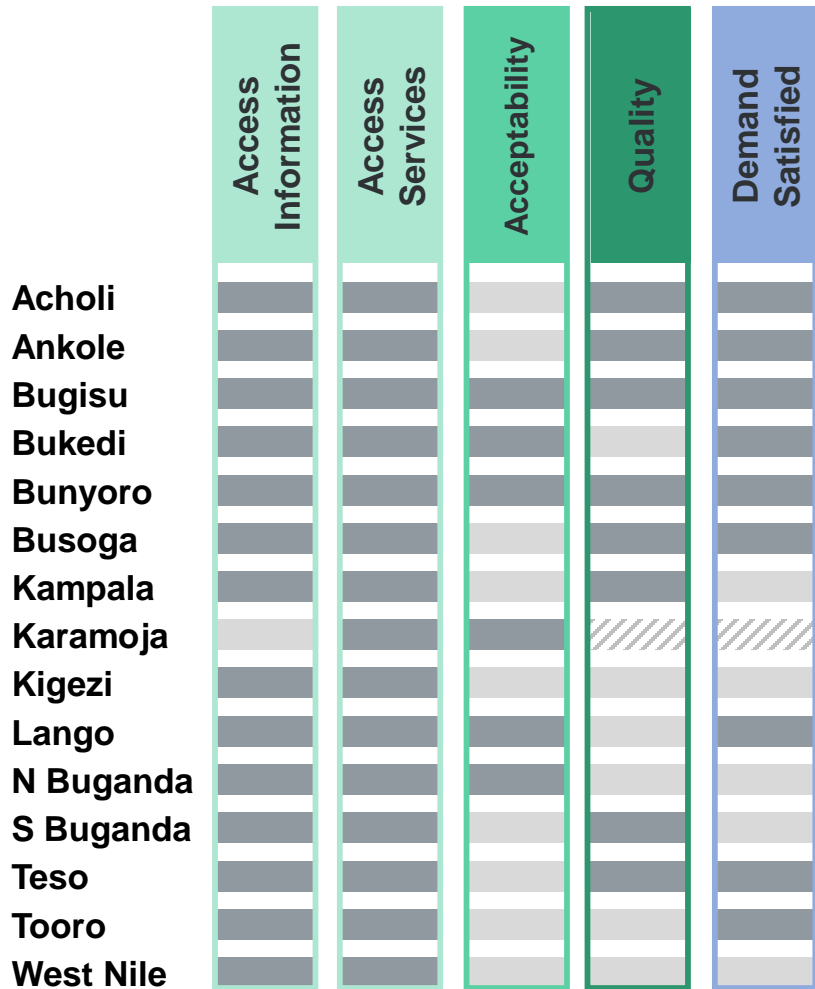
- Three components of family planning in which inequities are most common

Largest number of underserved are disadvantaged in access to **mass media**, **opposition to use**, and in **satisfying demand**



Subnational Findings (1)

Where are inequities found?




- Inequity is pervasive, found in every subregion


In Bugisu and Bunyoro, underserved women experience inequity in **every family planning component**

- Nearly every subregion struggles to provide equitable access to information and services

In each subregion, at least **two of seven disadvantaged subgroups** on average experience inequity

 Inequity ($p < .05$)

 No significant inequity

 Insufficient sample size

Subnational Findings (2)

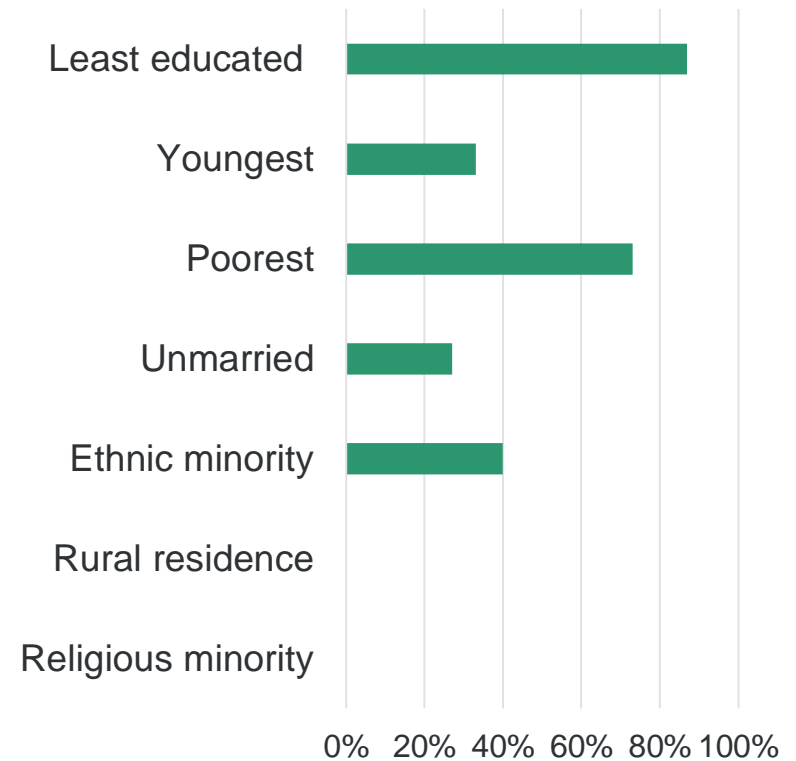
Where are women less likely to have been exposed to family planning mass media?



No. of subgroups experiencing significant inequity



Percent of subregions in which subgroups are disadvantaged



Subnational Findings (3)

Where are women less likely to have their demand for family planning satisfied with modern methods?

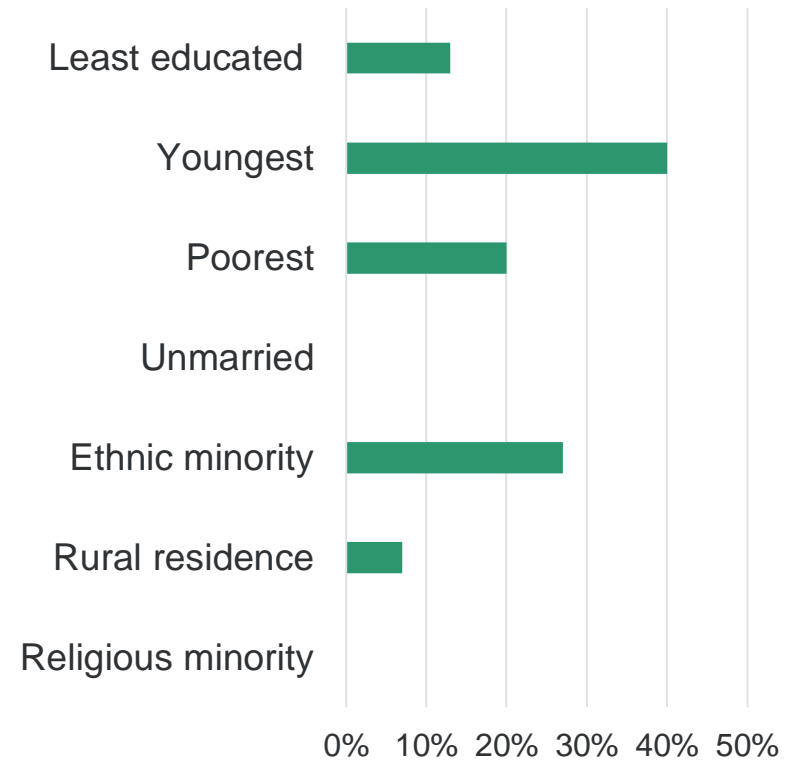


No. of subgroups experiencing significant inequity

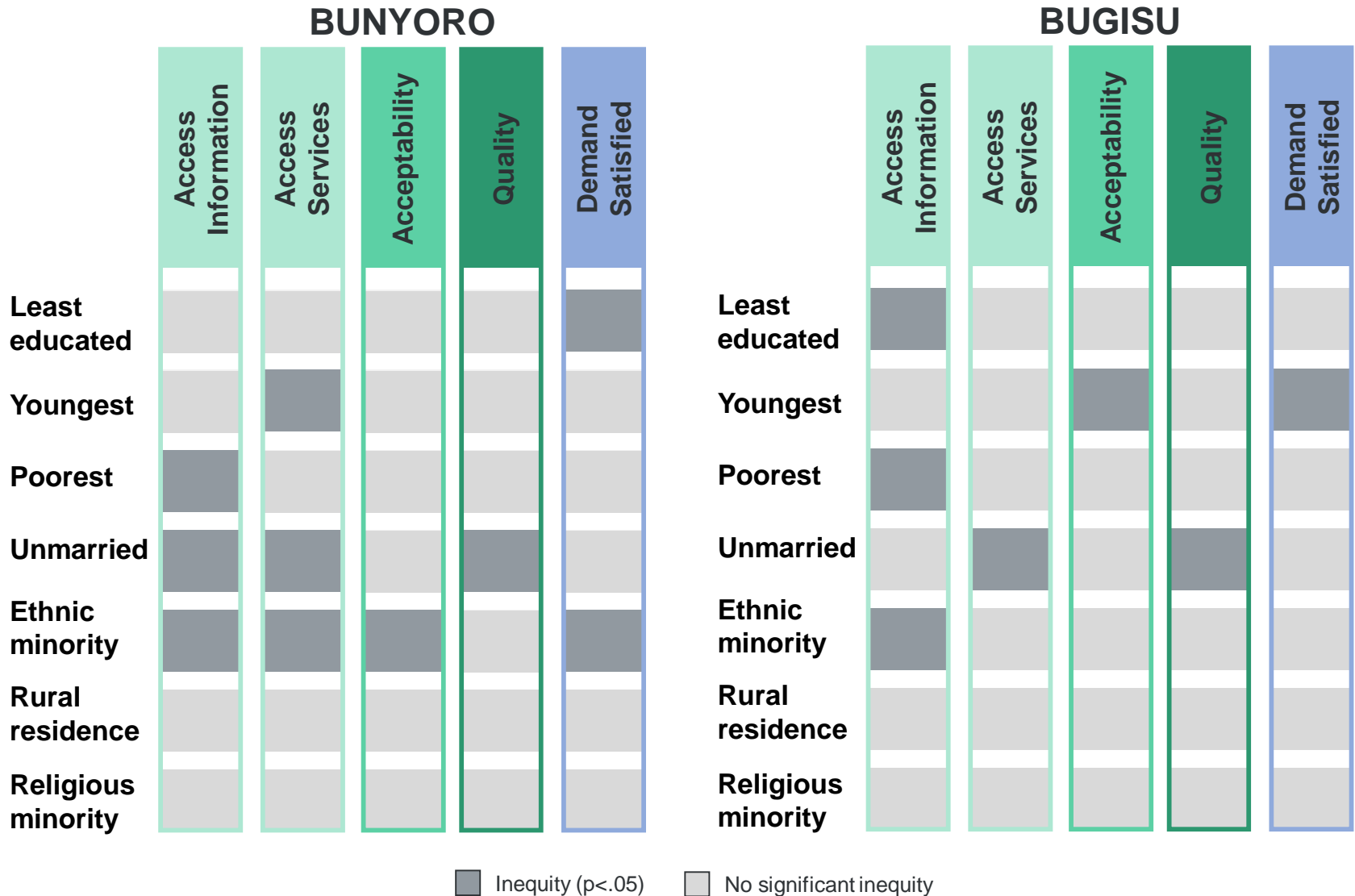


Insufficient sample size in Karamoja

Percent of subregions in which subgroups are disadvantaged



Within Subregion Findings: Bunyoro and Bugisu



Uganda Conclusions

- **Inequities are pervasive**, found across a broad spectrum of women, touching all family planning components, across all subregions
- Uganda case study indicates:
 - The **least educated, poorest, and unmarried** women require support across all FP components
 - The greatest challenges to achieving equity exist in **accessibility**
- Many results – equity-sensitive interventions must be designed based on the **unique needs of each subregion**, and should not be generalized
- **Multisectoral approaches are needed** to address education outcomes and poverty

Closing

- **Systematic** identification of inequity
 - What component of family planning programming
 - Which subgroups of women
 - Where they live
- **Evidence-based** programming and decision-making
 - Directing services and prioritising resources; public-private competitive advantage
 - Motivating action and promoting accountability

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Q&A

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Better Policy for Better Health



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policyinfo@thepalladiumgroup.com



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