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

A New, Replicable Approach
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] 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 unjust\(^1\)

- **Inequality**: differences between subgroups; often arise from natural biological variation\(^1\)

- Distinctions are not always clear or explicit

- Originate from the right to the highest attainable standard of health\(^2\)

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**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 group\(^2\)*

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**Equity in Healthcare**

*Right extends to four interrelated and essential elements of healthcare that shape outcomes: availability, accessibility, acceptability, and quality\(^2\)*

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(1) Whitehead, 1992. (2) UN Committee on Economic, Social and Cultural Rights (UNCESCR), 1966; UNCESCR, 2000; WHO Equity Microsite
Inequity in Family Planning Information, Services, and Supplies

• The right to health includes family planning information, services, and supplies\(^1\)

• Equal use ≠ equity, necessarily\(^2\)

“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

(1) UNCESCR, 2016; (2) Hardee et al., 2019
## AAAQ in Family Planning

<table>
<thead>
<tr>
<th>Availability</th>
<th>Adequate number and distribution of trained providers and facilities offering (and having in-stock) full range of services and broad choice of methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility</td>
<td>Family planning information, services, and commodities are available within safe geographic and physical reach of all. Commodity 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.</td>
</tr>
<tr>
<td>Acceptability</td>
<td>Family planning information, services, and commodities are respectful of culture and sensitive to gender, age, disability, sexual diversity, and life-cycle</td>
</tr>
<tr>
<td>Quality</td>
<td>Family planning information, services, and commodities are of good quality; they are evidence-based, scientifically and medically appropriate, and up-to-date</td>
</tr>
</tbody>
</table>

Sources: UNCESCR, 2016; Hardee et al., 2013
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:
  
  o For a diverse set of commonly disadvantaged subgroups
  
  o For various components of family planning
  
  o 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:

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>AGE</th>
<th>WEALTH</th>
<th>MARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least</td>
<td>Youngest</td>
<td>Poorest</td>
<td>Not Married</td>
</tr>
<tr>
<td>More</td>
<td>Older</td>
<td>Richest</td>
<td>Currently Married</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>RESIDENCE</th>
<th>RELIGION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority</td>
<td>Rural</td>
<td>Minority</td>
</tr>
<tr>
<td>Majority</td>
<td>Urban</td>
<td>Majority</td>
</tr>
</tbody>
</table>
Equity is identified across five family planning components:

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

• Generate and review results at three levels:
  o National level – overview of inequities
  o Subnational 1 – distribution of inequities across subnational units
  o 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

Who experiences FP inequities, for what, and where

- Is current market structure consistent with needs?
- Where can public sector allocate resources more efficiently?
- Where can private sector allocate resources more efficiently?
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

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

Data sources: Uganda Bureau of Statistics (UBOS) and ICF International, 2018; Track20, 2020
Family Planning in Uganda

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Private</td>
<td>0.0%</td>
</tr>
<tr>
<td>Public</td>
<td>19.5%</td>
</tr>
<tr>
<td>Donor</td>
<td>80.5%</td>
</tr>
</tbody>
</table>

Total spending on family planning

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

## National-Level Findings

### Who experiences inequity?

<table>
<thead>
<tr>
<th>Least educated</th>
<th>Youngest</th>
<th>Poorest</th>
<th>Unmarried</th>
<th>Ethnic minority</th>
<th>Rural residence</th>
<th>Religious minority</th>
</tr>
</thead>
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- 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**

![Diagram showing inequity levels](chart.png)

- Inequity (p<.05)
- No significant inequity
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

**Legend:**
- 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?

Percent of subregions in which subgroups are disadvantaged

- Least educated
- Youngest
- Poorest
- Unmarried
- Ethnic minority
- Rural residence
- Religious minority

No. of subgroups experiencing significant inequity

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

0% 20% 40% 60% 80% 100%
Subnational Findings (3)

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

Percent of subregions in which subgroups are disadvantaged

- Least educated
- Youngest
- Poorest
- Unmarried
- Ethnic minority
- Rural residence
- Religious minority

No. of subgroups experiencing significant inequity

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Insufficient sample size in Karamoja
Within Subregion Findings: Bunyoro and Bugisu

- **Access Information**
- **Access Services**
- **Acceptability**
- **Quality**
- **Demand Satisfied**

**BUNYORO**
- Least educated
- Youngest
- Poorest
- Unmarried
- Ethnic minority
- Rural residence
- Religious minority

**BUGISU**
- Least educated
- Youngest
- Poorest
- Unmarried
- Ethnic minority
- Rural residence
- Religious minority

Inequity (%<0.05) vs. No significant inequity
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
  o What component of family planning programming
  o Which subgroups of women
  o Where they live

• **Evidence-based** programming and decision-making
  o Directing services and prioritising resources; public-private competitive advantage
  o Motivating action and promoting accountability


UNCESCR. 2016. General Comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights.

UBOS and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.


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