

Equity Strategic Planning Guide:

Creating equitable access to high-quality family planning information and services

November 9, 2021



Petrus Steyn, WHO Moderator

Dr Petrus Steyn is an Obstetrician / Gynaecologist and Scientist in the Department of Sexual and Reproductive Health and Research at World Health Organization (WHO) where he is the point person for several research projects in the Contraceptive and Fertility Care team. He has more than 20 years' experience in Family Planning/Contraception and Reproductive Health.



Today's Agenda

Opening and Welcome

Petrus Steyn

USAID Remarks

Rhobbinah Ssempebwa

Setting the Stage: Equity Discussion Paper

Sara Stratton

Equity Strategic Planning Guide overview & tool overview

Jill M. Peterson

Country Perspective: Uganda

Dinah Nakiganda

Questions & Answers

Petrus Steyn

Closing

Petrus Steyn



Before we Begin



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What are the High Impact Practices (HIPs)?



Evidence-based
family planning
practices



Vetted by experts
against specific
criteria



Documented in
an easy-to-use
format

HIP | FAMILY
PLANNING
HIGH IMPACT
PRACTICES

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HIP Categories

HIP briefs are grouped into three primary categories:

Enabling Environment

Address systemic barriers that affect an individual's ability to access family planning information & services.

Service Delivery

Improve the availability, accessibility, acceptability, and quality of family planning services.

Social and Behavioral Change

Influence knowledge, beliefs, behaviors, and social norms associated with family planning.

Enhancements

Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.



Equity Strategic Planning Guide: Creating equitable access to high-quality family planning information and services



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Today's Panelists



Rhobbinah Ssempebwa
USAID

Sara Stratton
HIP TAG Member /
Palladium

Jill M. Peterson
FHI 360 / R4S

Dinah Nakiganda
MoH Uganda



Rhobbinah Ssempebwa, USAID

Rhobbinah Ssempebwa is a recognized development and public health professional with over 30 years' experience. She is the Family Health Team Deputy Team Leader at USAID Uganda. She has a Masters degree in FP Program Administration (University of Exeter, UK), a post Graduate Diploma in Primary Health Care Education & Development (University of London, UK), and a Bachelor of Arts Social Work and Social Administration, Makerere University, Uganda.



USAID Remarks



Creating equitable access to high-quality family planning information and services:

A Strategic Planning Guide

This Strategic Planning Guide is intended to guide program managers, planners, and decision makers through a process to identify inequities in family planning and interventions to reduce them. The guide was developed through consultation and deliberation with technical experts in family planning and health equity and builds upon the [discussion paper on equity in family planning](#) developed under the Partnership for High Impact Practices for Family Planning.¹

Equity in family planning does not mean that all groups use contraception—or specific methods of contraception—at the same rates. Rather, equity is realized when all individuals have access to high-quality reproductive health information and contraceptive services, including choice of methods and availability of those methods, that reflect their values and preferences and the context in which they live—regardless of age, sex, disability, race, ethnicity, origin, religion, economic status, or other factors.

"Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. 'Health equity' or 'equity in health' implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential." World Health Organization²

Figure 1. Equality, equity, and justice

Graphic adapted with permission from King County, WA.



Figure 1 depicts an example of equity. In this example, various populations are represented as figures of different sizes. This is not intended to suggest differences in value but rather to show how the assets of different groups are accommodated to a greater or lesser extent by the existing system, as shown by the fence and the boxes. Providing everyone equal support to see over the fence does not result in the same outcome for all spectators. Equity recognizes population groups may require differing

...ers in the existing system. Justice takes an additional step to acknowledge and address the ... remove the barriers, indicated by the removal of the fence.

... program planners, managers, and development partners identify fam... them.

Sara Stratton, HIP TAG Member/Palladium

Sara Stratton is a seasoned public health leader with over 20 years of experience with international and domestic NGOs. Currently she serves as Senior Technical Advisor for FP for Palladium on the Health Policy Plus (HP+) and Nigeria Technical Support Unit projects. Before joining Palladium Group, Sara led IntraHealth International's portfolio of projects in Senegal and Francophone West Africa. She was instrumental in establishing the Ouagadougou Partnership Coordination Unit (OPCU) within IntraHealth's Senegal office in Dakar in 2012 and served as an extended member of the Unit. Ms. Stratton speaks French and German and holds a MPH from the UNC Gillings School of Global Public Health.



Equity in Family Planning Programs: HIP Discussion Paper

Sara Stratton, HIPs TAG Member / Palladium

Why are we talking about equity in family planning programs?

- In the last 20 years, eliminating inequity has been the focus of the MDG, the SDG, and UHC – leaving no one behind.
- Equity is a guiding principle of the High-Impact Practices Partnership and a key element of FP2030
- HIP TAG has asked what are appropriate methods to make claims of increasing equity
 - Differences in the definition and measurement of inequity
 - Many claims that FP programs are reaching underserved or most disadvantaged

HIP TAG wanted to better understand equity and FP programs

Four Questions

1. How is equity defined for health and FP?
2. What are the frameworks for conceptualizing equity?
3. What are the measures relevant to FP programs?
4. What evidence is needed to assess the impact of HIPs on equity?



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

Definitions of Equity: Core elements to consider

What is Health Equity?

The principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.

Striving for the **highest possible standard of health** for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.¹

Three distinguishing features, when combined, turn mere variations or differences in health into a social inequity in health. They are **systematic, socially produced** (and therefore modifiable) and **unfair**.²

1. Braveman, P. 2014. “What Are Health Disparities and Health Equity? We Need to Be Clear.” Public Health Rep. 2014 Jan-Feb; 129(Suppl 2): 5–8.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/>

2. Whitehead, M and G Dahlgren. 2006. Concepts and principles for tackling social inequities in health: Leveling Up Part I. Geneva: World Health Organization

Two Definitions of Equity Recommended (1/2)

WHO's definition of equity

“Equity is the absence of **avoidable, unfair, or remediable differences** among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. ‘Health equity’ or ‘equity in health’ implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.” (WHO, ND)



Two Definitions of Equity Recommended (2/2)

FP2020's Definition - specific to FP

*“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

FAMILY PLANNING 2020: RIGHTS AND EMPOWERMENT PRINCIPLES FOR FAMILY PLANNING

The fundamental right of individuals to decide, freely and for themselves, whether, when, and how many children to have is central to the vision and goals of Family Planning 2020 (FP2020). The international community has agreed that the right to health includes the right to control one's health and body, including sexual and reproductive freedom.¹ However, more remains to be done to ensure that human rights are in fact treated as the cornerstone of any family planning effort: from global initiatives to national programs to community-based projects.

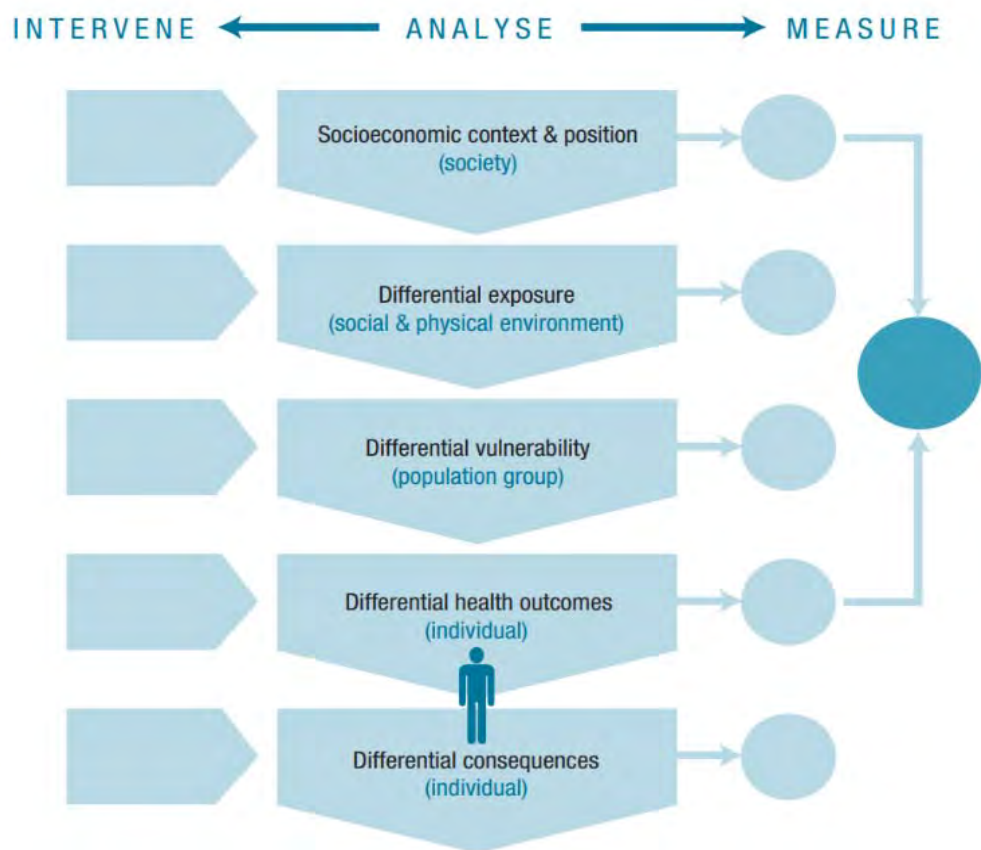
In order to ensure that FP2020 and its mechanisms embody and espouse the ideals grounded in existing rights agreements and frameworks, the Rights and Empowerment Working Group (RE WG) has established a common understanding of rights principles as they relate to ten dimensions of family planning:

- Agency and autonomy
- Availability
- Accessibility
- Acceptability
- Quality
- Empowerment
- Equity and non-discrimination
- Informed choice
- Transparency and accountability
- Voice and participation

The rights principles outlined in this document must be realized in order to reach and sustain goals for meeting contraceptive needs. These rights principles are informed by and build upon existing human rights principles and resources that seek to integrate rights-based approaches specifically for family planning into programming. Ensuring that human rights principles are at the center of family planning policies, programs, measurement and contraceptive markets represents some of our most challenging work. However, as a global initiative, FP2020 recognizes that investing in human rights is critical to growing sustainable, equitable and effective programs with lasting impact.

By securing and fulfilling the rights of an additional 120 million women and girls to access family planning information and services by the year 2020, FP2020 efforts will result in fewer unintended pregnancies, fewer women and girls dying in pregnancy and childbirth, including from unsafe abortions, and fewer infant deaths. Moving this agenda forward will rely on fostering meaningful partnerships among governments, civil society, the private sector and beneficiaries. Rights violations must be brought to light and addressed when they occur. Yet equal attention needs to be paid to empowering and informing clients so they know, understand, claim their rights, and can become pivotal partners in ensuring the realization of rights in future family planning and health development initiatives.

WHO Priority Public Health Conditions Analytical Framework



Interventions to promote equity should be based on analysis of health disparities and their causes³

3. Blas, E. and A.S. Kurup. 2010. Equity, social determinants and public health programmes. Geneva: WHO.

How do we *really* know if FP programs are reaching those who need/want services?

Evidence tells us that:

- Few studies on interventions to improve FP equity
 - Many studies determine if equity achieved by examining economic barriers to contraceptive use.
 - FP equity is different than other health areas – what can FP learn from the others?
- Equitable access to FP \neq all groups use contraception at equal rates
- Equity improves over a long period time
- Need supply and demand side interventions to improve equity
- Need implementation science – what aspects of the intervention improve equity?

Additional thoughts about how we need to rethink this issue for FP

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8477424/>

Expanding equity measurements of family planning beyond wealth status and contraceptive use

Sara Stratton,^a Karen Hardee,^b Erika Houghtaling,^c Shawn Malarcher,^c Ian Askew,^d Maria Carrasco,^e Venkatraman Chandra-Mouli,^d Rodolfo Gomez Ponce de Leon,^e Jennie Greaney,^f Baker Maggwa,^c Donna R McCarraher,^g Jill M Peterson^g & Laura Raney^h

Despite progress, the vision of the International Conference on Population and Development to achieve universal access to sexual and reproductive health services, including contraception, remains unfulfilled. *Transform-*

countries (Afghanistan, Burundi, Cambodia, Kenya, Pakistan, Rwanda and United Republic of Tanzania) between the years 2000 and 2018, as well as many analyses of national surveys. The eight studies, which showed

Moving beyond wealth

How equity is defined is critical to determining where inequities exist, and often shapes programme response. The World Health Organization (WHO) defines

THANK YOU

Jill M. Peterson, FHI 360 / R4S

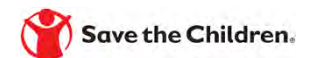
Jill M. Peterson, is a research associate with FHI 360 who has nearly 20 years of experience in research, program evaluation, and monitoring and evaluation (M&E) on a variety of topics including family planning and HIV services. She has a master's in Public Policy from the University of Minnesota and is pursuing a PhD at the University of Iceland.





Equity in Family Planning Strategic Planning Guide

Jill Peterson, R4S, FHI 360
November 9, 2021



HIP briefs define the **practice** and summarize evidence of **impact** and experiential learning from implementing.

Service Delivery

Vouchers
FP & Immunization
Drug Shops and Pharmacies
Social Franchising
Postabortion Family Planning
Social Marketing
Mobile Outreach Services
Community Health Workers
Immediate Postpartum Family Planning

Enabling Environment

Supply Chain Management
Policy
Educating Girls
Lead and Manage
Commitment
Domestic Public Financing

Social and Behavior Change

Adolescent Services
Digital Health for Systems
Community Group Engagement
Digital Health for SBC
Mass Media

Community Health Workers

Service Delivery HIP

What is the proven high-impact practice in family planning service delivery?

Integrate trained, equipped, and supported community health workers (CHWs) into the health system.

Background

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. CHWs are particularly important to reducing inequities in access to services by bringing information, services, and supplies to women and men in the communities where they live and work rather than requiring them to visit health facilities, which may be distant or otherwise inaccessible.

CHWs "provide health education, referral and follow up, case management, and basic preventive health care and home visiting services to specific communities. They provide support and assistance to individuals and families in navigating the health and social services system" (ILO, 2008). The level of education and training, the scope of work, and the employment status of CHWs vary across countries and programs. CHWs are referred to by a wide range of titles such as a "village health worker," "community-based distributor," "community health aide," "community health promoter," "health extension worker," or "lay health advisor."

Integrating CHWs into the health system is one of several **proven** "high-impact practices in family planning" (HIPs) identified by a technical advisory group of international experts. A proven practice has sufficient evidence to recommend widespread implementation as part of a comprehensive family planning strategy, provided that there is monitoring of coverage, quality, and cost as well as implementation research to strengthen impact (HIPs, 2014). For more information about other HIPs, see <http://www.fphighimpactpractices.org/> overview.

Proven Practice



A community health worker in Togo with his lockbox of medication and supplies.

"...CHWs provide a critical link between their communities and the health and social services system."

-Bhutta et al., 2010

High Impact Practice

Background

What is the evidence of impact?

How to do it: Tips from implementation

Priority Research Questions

Indicators to Track Implementation of This High Impact Practice

References

Suggested Citation

Acknowledgements

➤ Strategic Planning Guides

SPGs outline a *process* to identify the most effective and efficient investments to address the challenge and/or address the needs of a population group.



Adolescents



Engaging Men and Boys in Family Planning



Family Planning in Humanitarian Settings



Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access



Creating equitable access to high-quality family planning information and services

Why is equity in family planning important?

- Improves access among all people, regardless of social determinants of health
- Considering inequities helps to reach the hardest to reach or previously overlooked



Creating equitable access to high-quality family planning information and services:

A Strategic Planning Guide

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“Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. ‘Health equity’ or ‘equity in health’ implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.” World Health Organization²

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resources to overcome barriers in the existing system. Justice takes an additional step to acknowledge and address the barriers directly and seeks to remove the barriers, indicated by the removal of the fence.

The following steps are intended to help program planners, managers, and development partners identify family planning inequities and develop interventions to address them.

Step 1: Determine whose needs are not being met.

To begin working toward improved equity in a family planning program, consider all defining characteristics of a population group that may play a critical role in shaping how these groups access family planning.¹ Analyses such as those included in the [Demographic and Health Surveys](#) (DHS), however, typically use wealth quintiles to assess inequities. While living in poverty is a common experience among individuals experiencing worse health outcomes, analysis based on economic status alone may conceal important social and environmental considerations for program design. For example, being an adolescent or unmarried person can limit access to contraception, regardless of wealth. Programs that focus on women, exclusively, may miss opportunities for male engagement. Geographic location may affect a person's ability to get to a facility, as well as which methods and services are available. Table 1 describes three categories of characteristics that may contribute to differential family planning outcomes. Be sure to consider how

August 2021



➤ Equality, Equity, & Justice

- In this figure, people of varying size (represent various populations) stand on boxes to watch a game/match.
- Fences and boxes represent the existing system.
- Providing everyone equal support to see over the fence does not result in the same outcome for all spectators.
- Equity recognizes people may require differing resources to overcome barriers in the existing system.
- Justice takes an additional step to acknowledge and address the barriers directly and seeks to remove them.



➤ Step 1: Determine whose needs are not being met

Table 1. Categories of characteristics potentially related to inequitable family planning outcomes

Economic	Wealth, poverty, income stability, employment, occupation
Social	Age, race, ethnicity, caste, sex assigned at birth, gender identity, sexual orientation, religion, nationality, language, education, disability, social and gender norms
Environmental	Geographic location (urban/rural, distance from health services), humanitarian setting

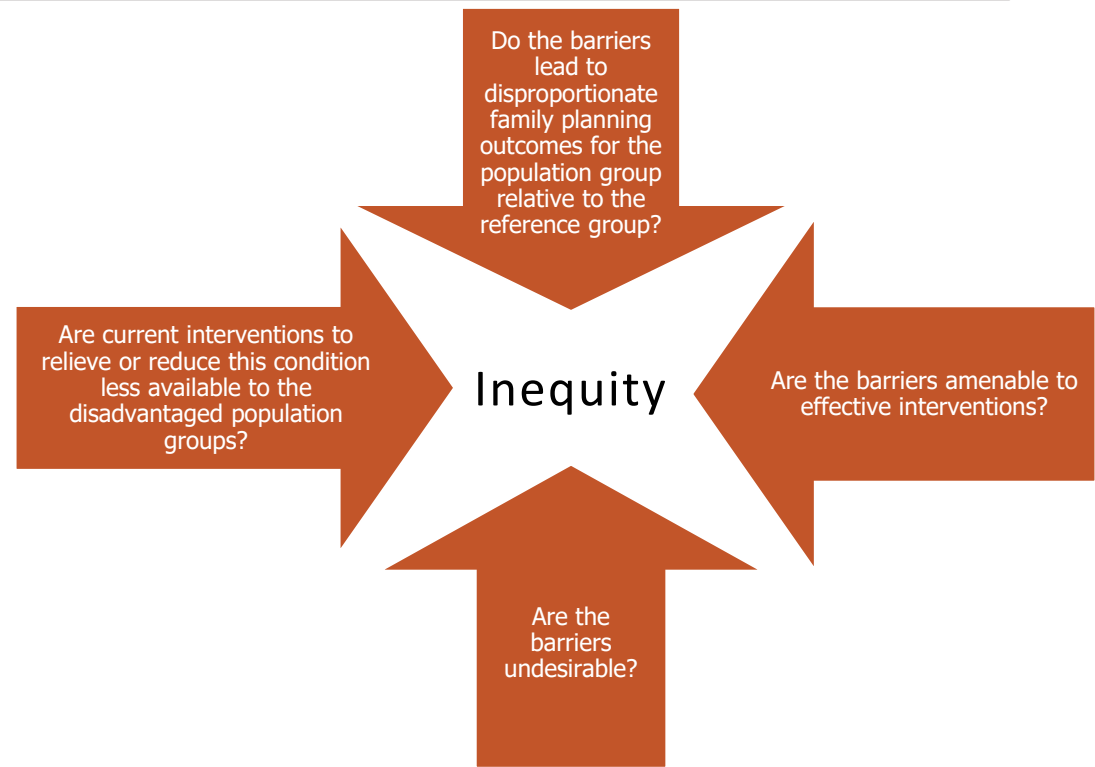
Potential inequity	Measure
Are those who want to delay, space, or limit their next pregnancy using contraception?	Demand satisfied, reasons for non-use
Do people in this group lack contraceptive autonomy?	Unwanted or mistimed pregnancies
Are people in this group at a higher risk of adverse events from a pregnancy, including maternal mortality?	Adolescent pregnancy, short birth spacing, unsafe abortions



➤ Step 2: Determine what barriers individuals from this population group face in accessing high-quality family planning information and services

Links to these helpful tools for defining barriers are found in the SPG:

- [How to Conduct a Root Cause Analysis](#)
- [The Practical Guide to Conducting a Barrier Analysis](#)
- [The Social Ecological Model](#)
- [The Social Norms Exploration Tool \(SNET\)](#)



Gillespie D, Ahmed S, Tsui A, Radloff S. Unwanted fertility among the poor: an inequity? Bull World Health Organ. 2007;85(2):100-107. <https://doi.org/10.2471/blt.06.033829>

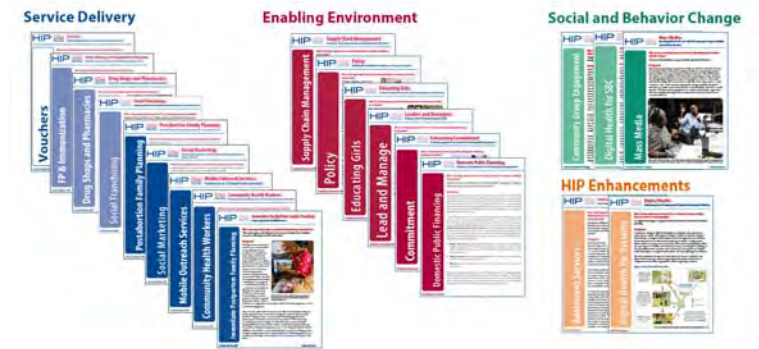
➤ Step 3: Make the family planning program more responsive to the values and preferences of all people



Landscape analysis



Asset-based analysis



Consult the HIPs

➤ Step 4: Monitor implementation

Effective monitoring considerations

Monitoring data should be disaggregated by **age, region, and other factors** to enable analysis of equity and prioritization of equity-related programmatic adjustments.

Gender-based violence and other **potential unintended outcomes of increased family planning** information and use should also be identified and monitored.

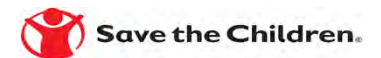
Information from clients should be collected and analyzed to determine if the care received was **free from stigma, discrimination, and bias** based on age, marital status, ethnicity, and other factors.

Quality improvement strategies can be used to address any identified issues.



Research for Scalable Solutions

Thank you!



Dinah Nakiganda-Busiku, Ministry of Health, Uganda

Dr Dinah Nakiganda-Busiku is the Assistant Commissioner for Adolescent and School Health at the Ministry of Health, Uganda. She believes in empowering and supporting adolescents and young people to reach their fullest potential in life and believes that selfcare is one of the ways this can be done. She is a public health specialist from the University of Sydney, Australia and the current Chair of the Uganda National Self care expert group.



Uganda's journey into exploring how to address equity within the national FP program: Experience and perspectives

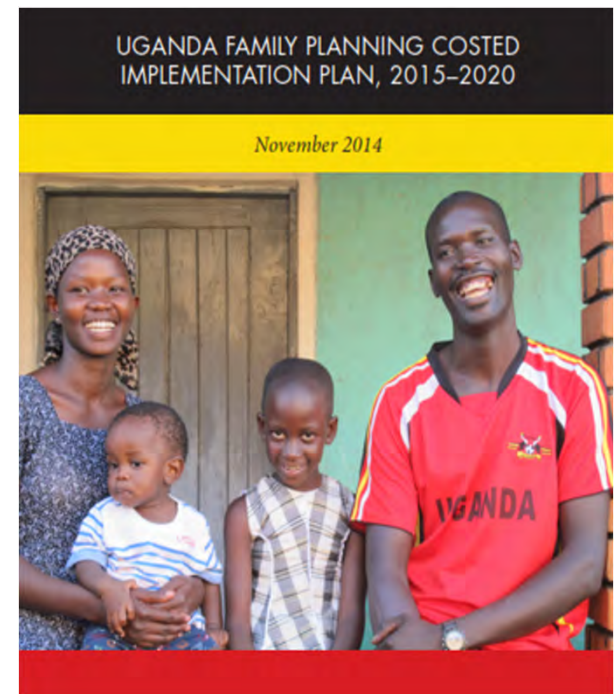
9th November 2021

**Presenter: Dr. Dinah Nakiganda-Busiku
Assistant Commissioner, Adolescent and
School Health, MoH**



Background

- MoH has prioritized addressing inequities in the FP policy & programs - for UHC and SGD3.
- A key strategy for the FP (CIP)-II 2020-2025 & FP-2030 commitments.
- Promotes interventions to reduce inequities in FP service provision—through IPs.
- However, limited evidence on the impact of these interventions in reducing inequities as an outcome.



Uganda's Experience

- Equity analysis conducted by partners including R4S, Makerere University School of Public Health and PMA
- Integrated the evidence into the 2020-2025 CIP and FP-2030 commitments, a research agenda on equity, among other evidence gaps.
- MOH collaborated with key partners to initiate an EQUITY Steering Committee (ESC)
- ESC is a sub-committee of the Family Planning Technical Working Group (FP-TWG)



Areas of Inequity, defined as < 50% with desired outcome

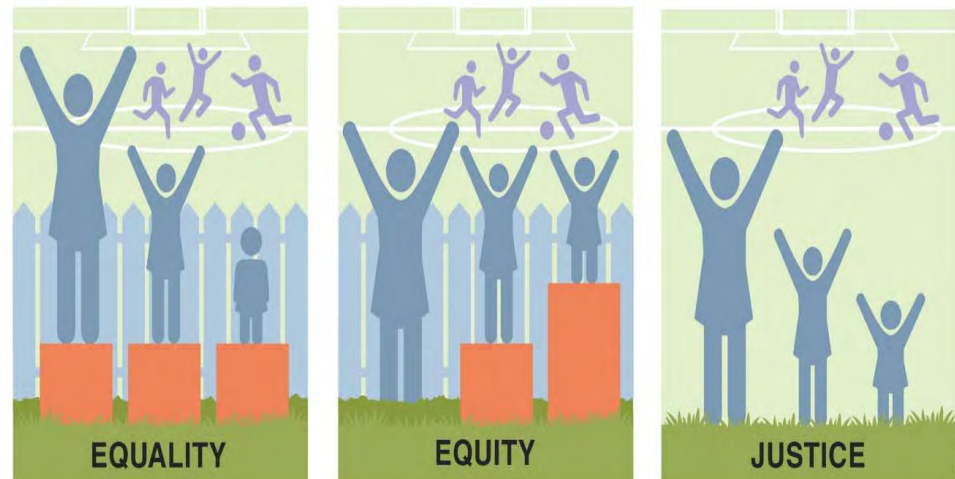
Dimension of Equity		Demand satisfied	Teen Pregnancy	Access to FP Care	Access to FP Msg.
Wealth	Low	≠	=	≠	=
	Middle	=	=	≠	=
	High	=	=	≠	=
Education	None	≠	=	≠	=
	Primary	=	=	≠	=
	Secondary+	=	=	≠	=
Residence	Urban	=	=	≠	=
	Rural	=	=	≠	=
Region	Central	=	=	≠	=
	East	=	=	≠	=
	North	≠	=	≠	=
	West	=	=	≠	=
Age	15-17	≠	=	≠	=
	18-19	≠	=	≠	=
	20-24	=	Not applicable	≠	=
	25-34	=		≠	=
	35-49	=		≠	=

≠ Inequity
= Equity



Purpose of the FP-ESC

- The EQUITY Steering Committee will provide guidance on the development of definitions, measurements and tracking of inequities that can inform potential strategies to address inequities.



The Equity Steering Committee(ESC)

Organization/Institution	Representation
Ministry of Health	Government – Chair (Director Clinical services)
National Population Council	Government
UNFPA	Donor – Co-chair
USAID	Donor
MakSPH-R4S	Academia- Secretariat
Think well, UFPC, Consumers' Organization	Civil Society
Inter-Religious Council	Faith –based
UYAFPAH	Young people
UNAD (Deaf) and UNAB (Blind)	Differently abled /Special needs
IRC-Refugees	Relief Agency

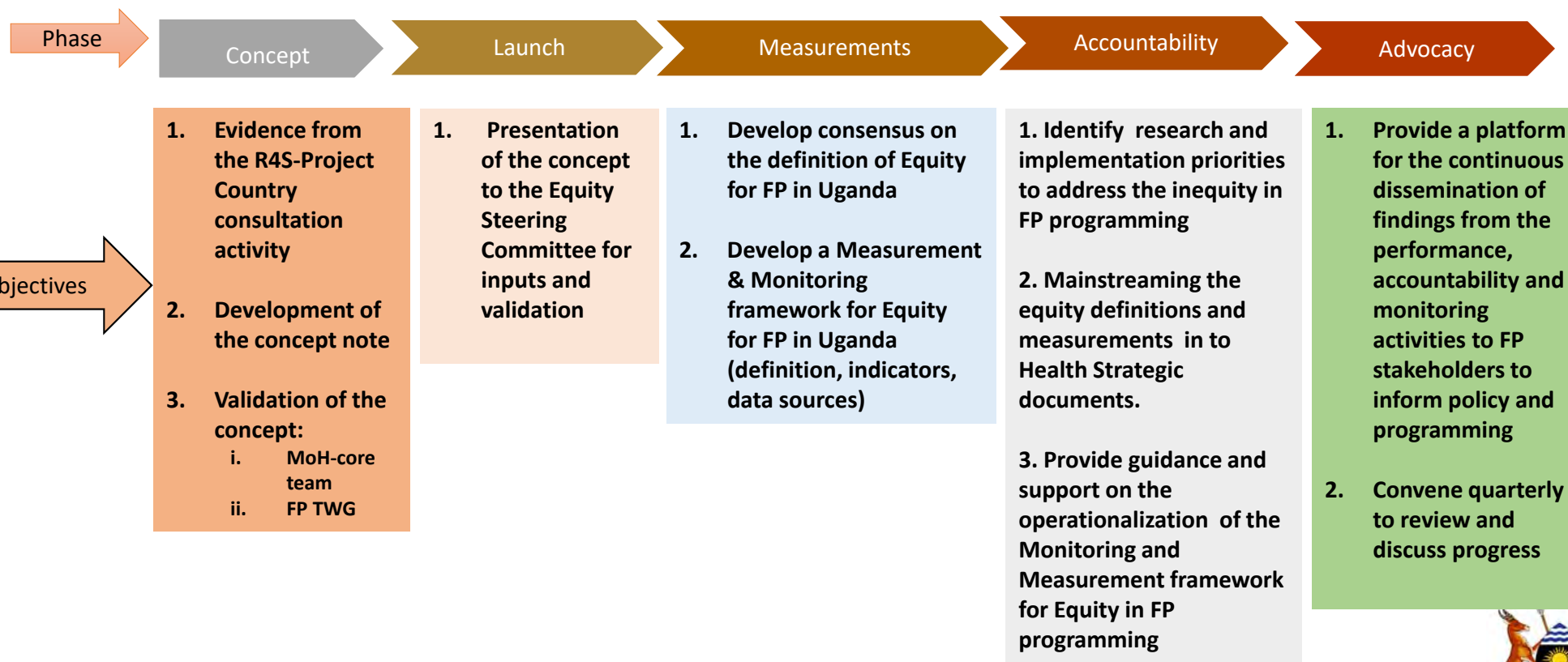


Objectives of the FP-ESC

1. Serve as a **lead advocacy** body for Equity in FP programming in Uganda.
2. Support the **mainstreaming** of Equity definitions and measurements for FP in the health sector strategic documents.
3. Identify **research and implementation science priorities** for Equity in FP programming in Uganda.
4. Provide guidance and support to the **operationalization** of the Measurement and Monitoring framework for Equity in FP programming



Equity Roadmap for the Uganda ESC



Learning from the Equity-SPG: Informed the Uganda ESC road map

➤ Identifying inequities in family planning and interventions to reduce them

Step 1: Determine whose needs are not being met.

Step 2: Determine what barriers individuals from this population group face in accessing high-quality family planning information and services.

Step 3: Make the family planning program more responsive to the values and preferences of all people

Step 4: Monitor implementation.



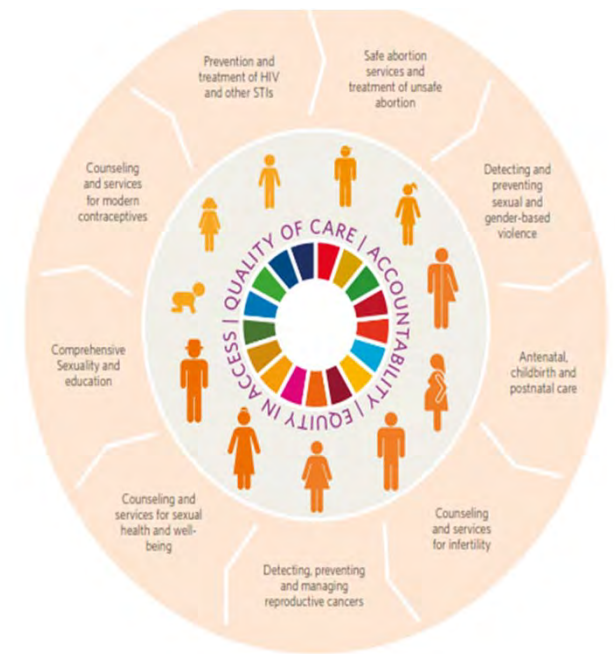
Equity Measurement

1. Develop consensus on the definition of Equity for FP in Uganda
2. Develop a Measurement & Monitoring framework for Equity for FP in Uganda- with clearly defined indicators across:
 - **Economic** –wealth, occupation/employment
 - **Social** –Age, religion, education, marital status, disability, refugee-status/nationality and gender norms
 - **Geography** –Residence/Urban-rural, distance from HFs, humanitarian settings.



Accountability

1. Mainstreaming the equity definitions and measurements in to Health Sector Strategic documents.
2. Support the operationalization of the Monitoring and Measurement framework—data sources, analysis to identify who is left behind and why
3. Identify research and implementation priorities (interventions)
4. Provide guidance on a focused intervention agenda for equity and evaluation of impact



Advocacy

1. Platform for continuous dissemination to inform policy and programming
2. Convene quarterly to review and discuss progress
3. Make FP programming more responsive to the needs and preferences of all population sub-groups, and monitor implementation





Ministry of Health

THANK YOU FOR LISTENING!!!



Ministry of Health

Questions & Answers



Before we close



Presentation and Recording available here:

<https://www.fphighimpactpractices.org/creating-equitable-access-to-high-quality-family-planning-information-and-services-webinar/>



For more information, please visit:

www.fphighimpactpractices.org



www.ibpnetwork.org

<https://www.fhi360.org/projects/research-scalable-solutions-r4s>

THANK YOU

