

An Illustrative Case Study in Measuring Equity in Family Planning

Problem: The country of Genovia has strong taboos against unmarried women using contraception. **Task:** GeNGOia, a nongovernmental organization, wants to work with the Ministry of Health to solve this equity issue, but they have only heard of these taboos anecdotally. To build a case about investing in and addressing this inequity, GeNGOia turns to *Creating equitable access to high-quality family planning information and services: A Strategic Planning Guide*.¹

GeNGOia settles on a standardized definition of health equity from Hardee et al., 2019² and chooses to use a social justice lens for this case (see *Measuring Equity in Family Planning: Considerations from the Literature*).

SPG Step 1: Determine whose needs are not being met.

- The Genovia DHS does not collect reproductive health data from unmarried women; however, a different NGO clinic collects information on marital status.
- GeNGOia does a secondary analysis on this clinic's data and disaggregates by marital status to understand who is accessing contraception. For this, they focus on the indicators of Contraceptive Prevalence Rate (CPR) and Unintended Pregnancy.
 - GeNGOia wants to see if the intersectionality of age and marital status contributes to further inequities in family planning access. They conduct a second analysis with further age-disaggregation among the married and unmarried groups.
 - As suspected, young unmarried women have the lowest CPR but equivalent (if not more) unintended pregnancy compared to other groups.
 - Because simple disaggregation (only separating data by age and marital status) measures absolute disparity, GeNGOia then conducts a regression analysis to assess *relative inequities* between the four groups.
- *Challenges to consider and account for at this step:*
 - Measuring equity can be more complex than simply disaggregating and requires resources to both accomplish and interpret.
 - There is no one-size-fits-all indicator or metric to use to determine family planning equity across groups.

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

- GeNGOia conducts a barrier analysis to contribute to their case. They know qualitative (i.e., interviews with unmarried women) data are helpful in cases where it is not possible to quantify the burdens an individual must overcome to access family planning services.
 - When conducting the barrier analysis, they find that unmarried women incorrectly believe that they are legally unable to use contraception without a husband.

- *Challenges to consider and account for at this step:*
 - Existing data may only be disparity/equality-based and quantifying burdens one overcomes to reach services, while not always necessary, is difficult.

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

- It was a challenge but generating the buy-in of the Ministry of Health was crucial to building greater family planning equity. When all was said and done, GeNGOia built a robust case and the Ministry has decided to prioritize this equity issue. They work to integrate marital status and age equity in national and sub-national family planning programs.
 - They build a routine measurement tool that incorporates rapid feedback loops so service delivery organizations can continuously hold themselves accountable. For this, they develop a digital client-feedback platform so that clients can provide feedback directly to clinics regarding quality of services provided to unmarried women, which service delivery organizations and the Ministry can then use for quality assurance, supervision, and accountability.
 - They initiate a campaign with the Ministry of Health to raise awareness that no spousal permission is needed to use family planning.
 - They establish a Youth Advisory Board within the national Family Planning Technical Working Group to have a specific focus on youth-related issues.
 - After the roll-out of all these initiatives, GeNGOia conducts supervision visits across all implementing facilities to communicate expectations to providers, particularly that spousal permission is not required.
- *Challenges to consider and account for at this step:*
 - This step may take the most energy and resources to be able to implement and generate change.

SPG Step 4: Monitor Implementation.

- Now that the tools are built and buy-in has been generated, GeNGOia has mobilized resources to institute their monitoring structure.
- They continuously revisit the initial analyses in Step 1 and have expanded to other indicators and dimensions, such as Demand Satisfied across geographic regions.
- *Challenges to consider and account for at this step:*
 - Lack of routine approaches to measurement may mean designing and incorporating new approaches within programmatic monitoring strategies.

References

1. High Impact Practices in Family Planning (HIP). Creating equitable access to high-quality family planning information and services: A Strategic Planning Guide. Washington, DC: HIP Partnership; 2021, Aug. Available from: <https://fphighimpactpractices.org/guides/creating-equitable-access-to-high-quality-family-planning-information-and-services/>.
2. Hardee K, Houghtaling E, Stratton S, Askew I, Leon RGPd, Malarcher S. Discussion Paper on Equity for the HIP Partnership. 2019.

December 2021