



**USAID**  
FROM THE AMERICAN PEOPLE

HEALTH POLICY  
INITIATIVE

# Engaging and Empowering the Poor in Family Planning as a Poverty Reduction Strategy

Presenter's Name

Date



Photo credits: ©iStockphoto.com/Britta Kasholm-Tengve/ Bartosz Hadyniak/ Deborah Benbrook

# The EQUITY Approach to Family Planning and Reproductive Health Access

**E**ngaging and empowering the poor

**Q**uantifying the level of inequality in healthcare use and health status

**U**nderstanding the barriers to access

**I**ntegrating equity goals and approaches in policies, plans, & agendas

**T**argeting resources and efforts to the poor

**Y**ielding public-private partnerships for equity

# Why the EQUITY Approach?

Despite poverty reduction initiatives in many developing countries, poverty remains high and inequalities are growing.

**Two  
Underlying  
Reasons:**

Failure to Engage  
the Poor

Lack of Consideration of  
Population Factors



# Why Engage the Poor?

- Poverty is a multidimensional concept—it includes not only meager income and low health status but also voicelessness.
- Policy, program, and implementation decisions affecting the poor should be made with the poor, not for the poor.
- Engagement is empowering.
- Engagement fosters transparency and feedback among parties involved in the dialogue, helping to overcome barriers.
- Ownership can lead to more effective and sustainable development efforts.

# Why Consider Population Growth in Poverty Reduction Efforts?

## The poorest tend to have

- Early pregnancies
- Short birth intervals
- Large families
- High unmet need for family planning

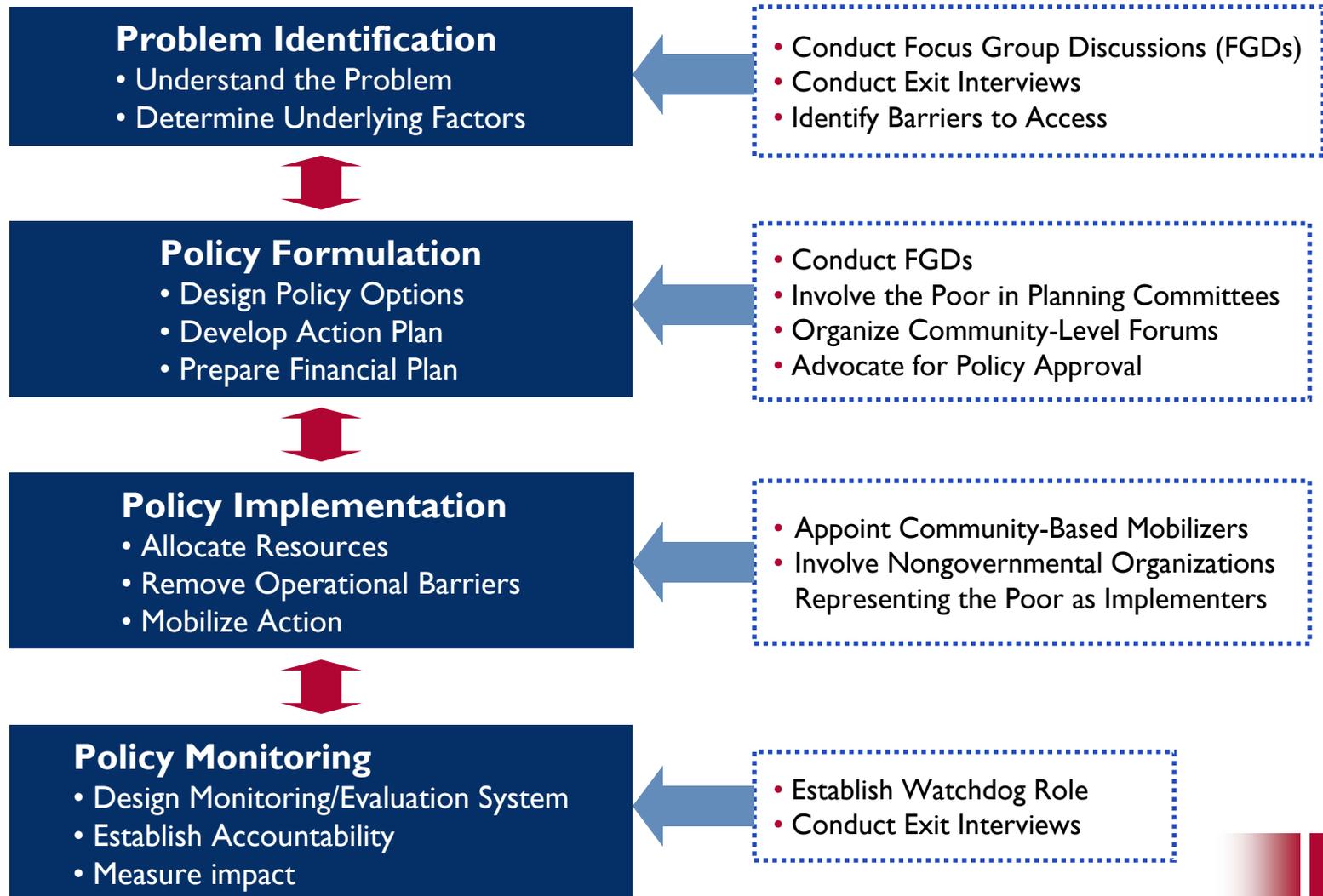


**Health impacts:** Mothers and children are at higher risk for illness or death.

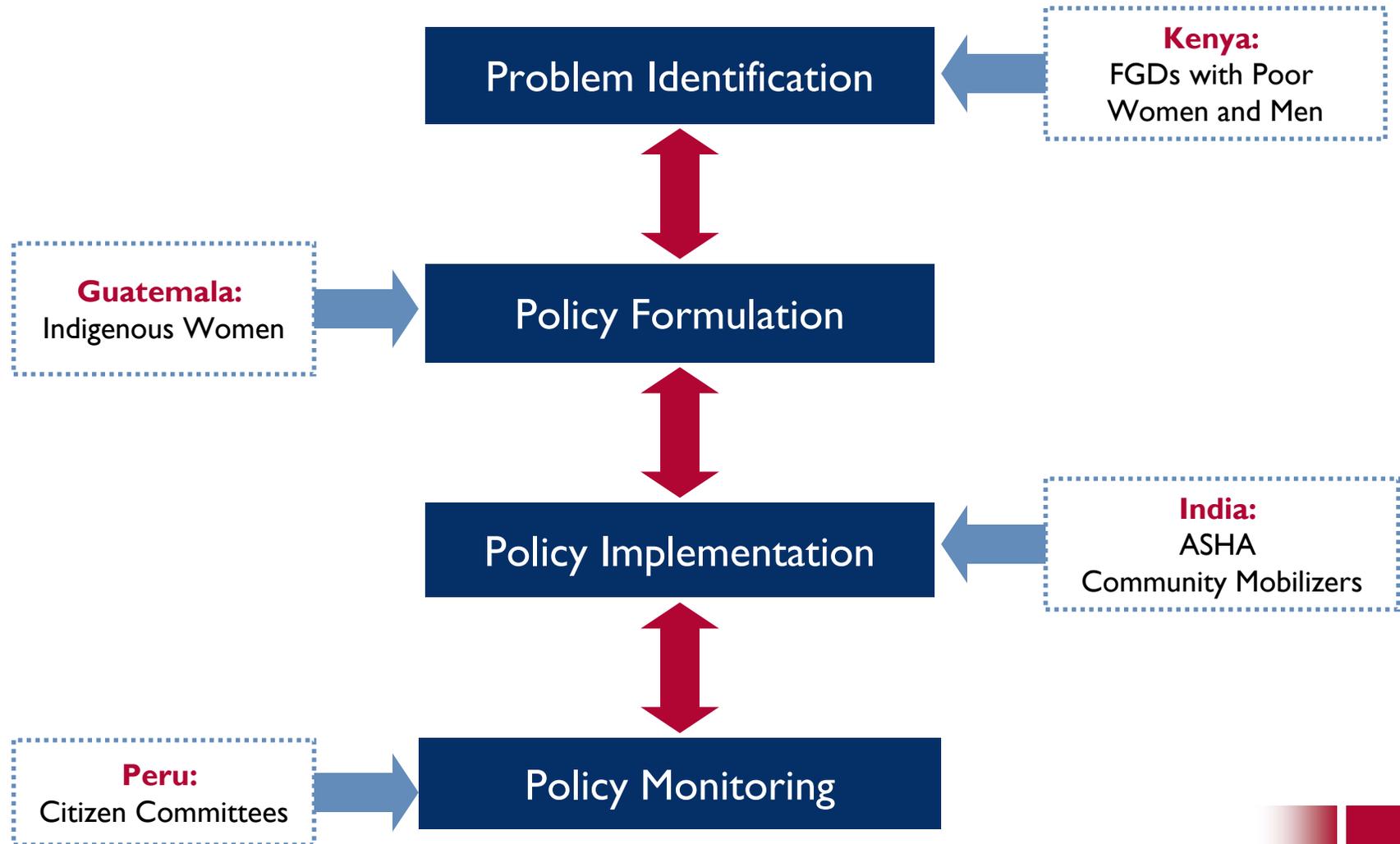
**Education impacts:** Children from large families and young girls who become pregnant early are more likely to attain low educational levels.

**Economic well-being:** The poorest are more likely to live and stay in poverty.

# Engaging the Poor in Policy Formulation and Implementation



# Engaging the Poor in Policy Formulation and Implementation: **Country Case Studies**



# I. Problem Identification: *Kenya*



- **Issue:** High level of inequality in use of family planning services and contraception
- **Engagement:** Organized FGDs with poor women and men to identify barriers, followed by dialogue between the poor and policymakers
- **Outcome:** National Reproductive Health Strategy includes specific interventions to improve access among the poor and reduce inequalities

# Kenya



Women were disinherited after their husbands died.



Women's rights champions held community meetings to inform poor women about their property rights and cases of violations.



Dialogues with provincial- and district-level officials informed them of violations.



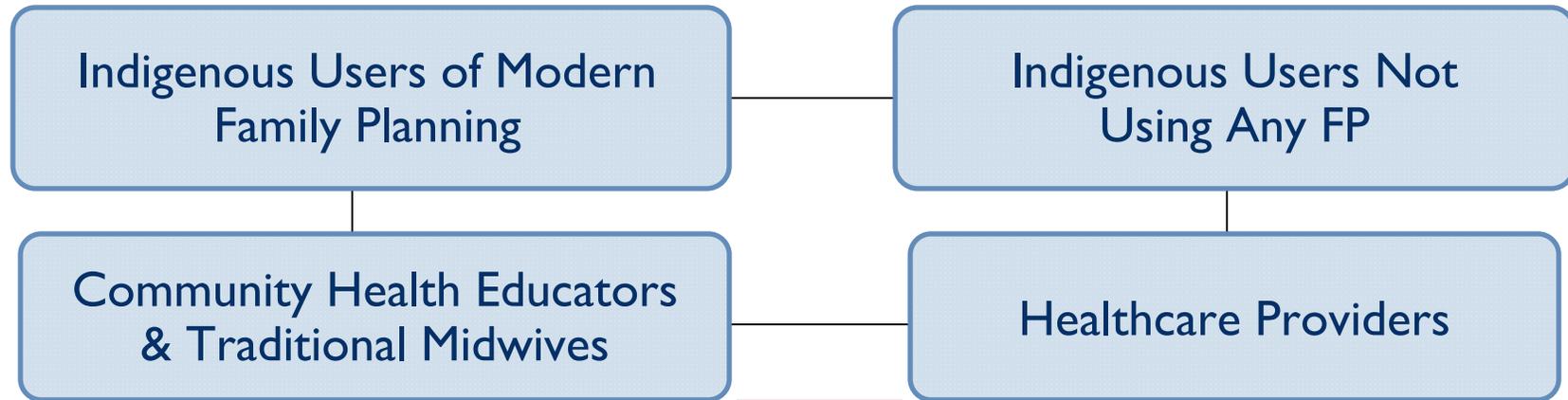
Government officials assured women of their land ownership and inheritance rights and explained the process for documenting and reasserting their legal ownership.

## 2. Policy Formulation: *Guatemala*



- **Issue:** High total fertility rate (TFR) of 6.1 and unmet family planning (FP) need (39%) among indigenous Mayan women
- **Engagement:** Nongovernmental organizations (NGOs) representing indigenous women identified problems/barriers to access, helped design solutions, and advocated for policy change
- **Outcome:** At the national level, informed development of the National FP Strategic Plan and Ministry of Health operational guidelines; at local the level, districts implemented reforms

# Guatemala



Ministry of Public Health and Social Welfare issues and implements operational guidelines to increase FP access among indigenous populations.

Indigenous leaders use information from interviews in advocacy and policy dialogue.

National FP Strategic Plan emphasizes access among indigenous population.

### 3. Policy Implementation: *India*



- **Issue:** Lack of access to and uptake of reproductive and child health services in rural areas
- **Engagement:** Rural women from poor communities to serve as accredited social health activists
  - ASHA Plus in Uttarakhand (adapted national program to have greater flexibility and additional performance incentives)
- **Outcome:** Significant increases in institutional delivery, antenatal care visits, etc.; ASHA Plus to be scaled up statewide

“Earlier, we were only housewives and nonexistent. This work provides us with freedom and opportunity to move out of the house and be heard respectfully by others.”

# India



Healthcare disparities existed among poor, especially rural poor



National Rural Health Mission 2005–2012 approved recruitment of accredited social health activists from village women for health education, FP information, and nonmedical services.



Government, the private sector, and NGOs conducted meetings in remote poor areas where access problems persist.



ASHA Plus planning was then selected through community consensus.



Reproductive and child health performance indicators significantly improved.

## 4. Policy Monitoring: Peru



- **Issue:** Allegations of violation of patients' rights, especially in rural and remote areas
- **Engagement:** Under the National Network for Promotion of Women (RNPM), grassroots organizations—rural women, low-income women, indigenous groups—formed citizen surveillance committees
- **Outcome:** Several results at the local level and expansion of the approach to different regions

# Peruvian Citizen Surveillance Committees Monitor Policy Implementation

Allegations that patient rights in FP/RH were violated.



National women's network (RNPM) mobilized to protect women's contraceptive rights and access to FP/RH services.



Grassroots organizations—rural women, low-income women, and indigenous groups—formed citizen surveillance committees (CSCs).



CSCs (1) monitored provider compliance with national FP/RH norms and (2) solicited feedback from the public and health authorities.



CSC approach adopted in other areas and social development initiatives.

# Conclusion

- Efforts to engage the poor pay off.
- Policies and programs that combine poverty reduction and family planning initiatives, as well as engage the poor, can increase the effectiveness of both initiatives.
- The poor need to be regarded as experts in their own right.
- Policies that involve the poor are better suited to their needs, result in greater ownership, and are more likely to be sustainable.

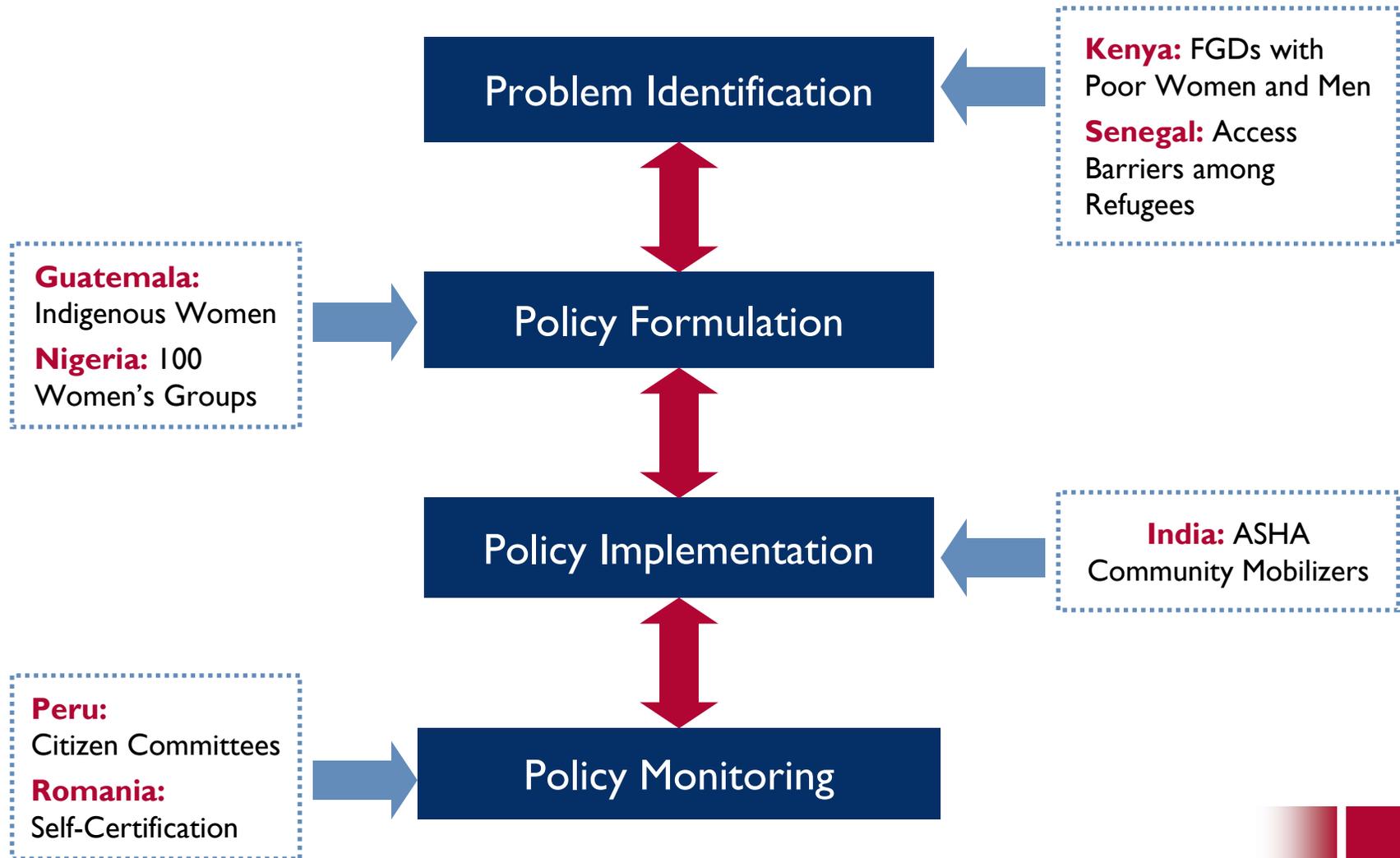


Photo credit:  
©iStockphoto.com/Randy Plett Photographs



Photo credits:  
©iStockphoto.com/Peeter Viisimaa  
©iStockphoto.com/  
Vikram Raghuvanshi Photography

# Engaging the Poor at Every Stage in Policy Formulation and Implementation



# National Decisionmakers Should

- Make efforts to understand the situation of the poor to meet their needs more effectively
- Involve the poor and organizations that represent their interests in setting program priorities
- Involve beneficiaries in all stages of program planning and implementation
- Encourage local leaders to reach out to the poor
- Engage in discussion on the effects of high fertility and rapid population growth on poverty reduction
- Study the costs and benefits of FP/RH and estimated savings in all sectors

# Program Planners and Managers Should

- Consult with the poor to understand their challenges
- Engage the poor in policy formulation, planning, implementation, and monitoring
- Monitor and evaluate the participation of the poor in the process
- Encourage documentation and share examples of successful efforts to engage the poor
- Ensure that poverty reduction programs include FP/RH services

# Organizations That Represent the Poor Should

- Advocate for more civil society engagement
- Set up systems to obtain inputs and feedback from the poor
- Enlist representatives of the poor in advocacy and monitoring of policy implementation
- Collect information on reproductive health of the poor
- Provide information on sources of FP/RH services
- Promote a culture of openness in the organization

# It Can Be Done...

**E**ngaging and empowering the poor

**Q**uantifying the level of inequality in healthcare use and health status

**U**nderstanding the barriers to access

**I**ntegrating equity goals and approaches in policies, plans, & agendas

**T**argeting resources and efforts to the poor

**Y**ielding public-private partnerships for equity



Photo credits:

©iStockphoto.com/Randy Plett Photographs

©iStockphoto.com/Vikram Raghuvanshi Photography

©iStockphoto.com/Bartosz Hadyniak