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Seminar on Policy Approaches to **EQUITY** in Health

Facilitator Guide



September 2010



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- Increasing Access to Family Planning among Indigenous Groups in Guatemala
- Understanding Operational Barriers to Family Planning Services in Conflict-Affected Countries: Experiences from Sierra Leone
- Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers
- Achieving EQUITY for the Poor in Kenya
- Achieving the Millennium Development Goals (MDGs): The Contribution of Fulfilling the Unmet Need for Family Planning
- Family Planning and MDGs: Saving Lives, Saving Resources
- A Multi-tiered Approach to Meeting Family Planning Needs of the Poor in Peru
- Increasing Access to Family Planning among the Poor in Peru: Building on and Strengthening Financing Mechanisms for the Poor
- Vouchers to Improve Access by the Poor to Reproductive Health Services: Design and Early Implementation Experience of a Pilot Voucher Scheme in Agra District, Uttar Pradesh, India



Introduction

Poverty alleviation is a major priority of the international community. The Millennium Development Goals (MDGs) adopted by the international community in 2000 provide a comprehensive approach to poverty reduction; Goal 1 calls for the complete eradication of poverty and hunger. The United States subscribes to the MDGs, and a significant component of the U.S. Foreign Assistance Framework strives to build democratic states that “respond to the needs of their people” and “reduce widespread poverty.” Moreover, eligibility for international development loans and debt relief is increasingly being tied to a country’s demonstrated progress in meeting the needs of its poorest citizens.

The links between poverty alleviation and reproductive health (RH) issues are well known. At the population level, satisfying unmet need for family planning (FP) can limit population growth and reduce the strain on scarce national resources. At the household level, satisfying unmet need for family planning can contribute to improving the health of mothers and their children, and better maternal health has a proven cascading effect on children and families, particularly in terms of improving health and education outcomes for children. Poverty alleviation may also include important efforts to combat the HIV epidemic, which is reversing national development gains in heavily affected countries and bankrupting families through lost wages and high medical costs; in such countries, there is an urgent need to expand access to HIV prevention, treatment, and care as an integral part of poverty alleviation programs.

Poverty has become either explicitly or implicitly a crosscutting issue in almost every RH and population project of USAID. However, USAID personnel working on these projects may not be aware of new tools and approaches to addressing health and population in the context of poverty. The USAID | Health Policy Initiative, Task Order 1, designed this two-day seminar—Policy Approaches to EQUITY in Health—to assist USAID Missions and in-country partners with developing a greater understanding of how to incorporate equity approaches in their country programs, as mandated by USAID/Washington’s new poverty equity guidelines.

The overall aim of this seminar is to share effective approaches and proven methodologies for addressing population and health in the context of poverty and discuss how to incorporate them into relevant programs. Although the intended audience for the seminar is technical staff working in health in USAID and USAID projects, the presentations use concepts and explanations given in concise, non-technical language to allow for greater accessibility and ease of understanding.

The EQUITY Approach

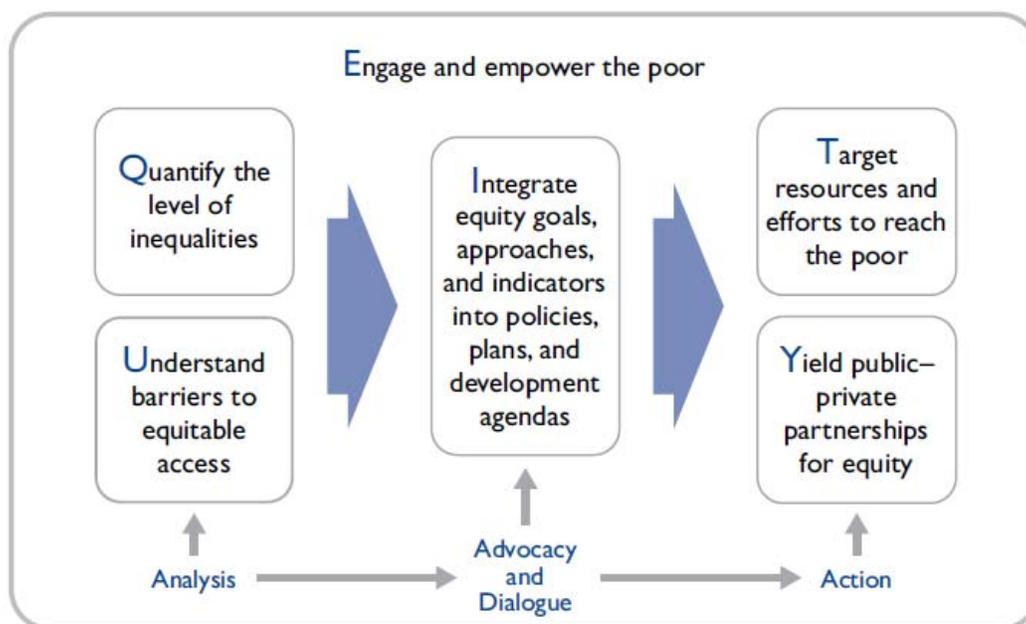
The Health Policy Initiative designed the EQUITY Approach to provide stakeholders with a practical, step-by-step process for ensuring that the voices of the poor are actively engaged in policymaking and that pro-poor strategies are incorporated in policy design and implementation. Drawing on the project’s prior experiences and international best practices, the EQUITY Approach (Figure 1) calls for

- **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, and agendas;
- **T**argeting resources and efforts to the poor; and
- **Y**ielding public-private partnerships for equity.

In this seminar, the EQUITY Approach is applied as a framework for understanding how to incorporate equity considerations into policy dialogue and discussion and strategic planning. Examples of where the Health Policy Initiative implemented the EQUITY Approach are presented to provide an opportunity to understand how the approach might be adapted to different situations.



Figure 1. The EQUITY Framework for Health



Engaging and empowering the poor: The poor should be empowered to become involved in the program decisions that affect their healthcare needs. They are best able to speak to the challenges they face and to provide insights to design appropriate solutions. Thus, the poor have an important role to play in problem identification, advocacy, planning, and monitoring.

Quantifying the level of inequality in healthcare access and health status: Getting the FP/RH needs of the poor on the national policy agenda first requires an understanding of the magnitude and urgency of the issue. Market segmentation analyses based on Demographic and Health Survey (DHS) data and poverty mapping can reveal the level of inequality and help to pinpoint areas of greatest need.

Understanding the barriers to service access and use: Once the level of inequality is known, policymakers must have an understanding of why the inequalities exist in order to devise appropriate responses.

Integrating equity goals into policies, plans, and strategies: Eliminating or reducing poverty requires integrating access to family planning for the poorest groups into national poverty alleviation efforts. To make this happen, specific policies, goals, strategies, resources, and monitoring mechanisms are needed.

Targeting resources and efforts to reach the poor: Implementation efforts, resource allocation mechanisms, and monitoring mechanisms must be targeted to ensure that they reach the poor—so that resources reach their intended beneficiaries.

Yielding public-private partnerships for equity: Meeting the FP/RH needs of the poor requires that countries make the best use of all the available public, private, donor, and nongovernmental organization (NGO) resources. This necessitates a plan to strengthen public-private partnerships with the commercial sector and explore innovative models with NGOs to reach underserved populations.



Seminar Approach

- The seminar is based on the following adult learning principles:
- Learning is self-directed.
- Learning fills an immediate need and is highly participatory.
- Learning is experiential (i.e., participants and the facilitator learn from one another).
- A mutually respectful environment is created between the facilitator and participants.

The participant-centered seminar format uses interactive and experiential activities, including group discussion, skills practice, and personal and group assessment tools. Seminar techniques include the following:

- Presentations—activities conducted by the facilitator to convey information, theories, or principles
- Case Study Scenarios—presentations of real-life situations used for analysis and discussion
- Small Group Discussions—participants sharing experiences and ideas and problem solving together
- Hands-On Application—learning technical skills through hands-on training and practice

It is the facilitator's role to present each session's background material, objectives, and activities as clearly as possible. Effective facilitation also includes the following:

Presenting the Objectives

- Provide a link between previous sessions and the current one to ensure consistency and progression in the learning process.
- Inform participants of what they will be doing during the session to meet the session's objectives. Review the objectives at the end of each session and mention the next topic.

Initiating the Learning Experience

- As appropriate, introduce an activity in which participants experience a situation relevant to the session's objectives.
- Let participants use the experience as a basis for discussion during the next step.
- If you begin a session with a presentation, follow it with a more participatory activity.

Reflecting on the Experience

- Guide discussion of the experience.
- Encourage participants to share their reactions to the experience.
- Engage participants in problem-solving discussions.
- See that they receive feedback on their work from each other and you.

Applying Lessons Learned to Real-Life Situations

- Encourage participants to discuss how the information learned in the activity will be helpful in their own work.
- Discuss problems they might experience in applying or adapting what they have learned to their own or different situations. However, the conversation should not get bogged down in a discussion of potential problems; instead, focus on realistic solutions and adaptations.
- Discuss what participants might do to help overcome difficulties they encounter when applying their new learning.



Providing Closure

- Briefly summarize the activities at the end of each day.
- Refer to the objective(s) and discuss whether and how they were achieved.
- Discuss what else is needed for better retention or further learning in the subject area.
- Provide linkages between the sessions of the day and the rest of the seminar.
- Help participants leave with positive feelings about what they have learned and accomplished.

Seminar Guide

This guide contains (1) an Overview Agenda for a policy seminar on Policy Approaches to EQUITY in Health and (2) a Facilitator Guide that details each session's objectives and presents the methods, activities, and resource materials for each topic covered. The Overview Agenda provides an introduction to all the sessions and lists the presentations, video, and handouts that support seminar learning. The seminar is divided into 10 sessions that include one or more activities.

The Facilitator Guide is intended to be the primary resource for the facilitator. For each session, the Objectives describe what participants will understand at the end of the session. The Methods and Activities section describes each activity, provides options and tips for activities, and suggests complementary resource materials and handouts. The facilitator should read through this entire guide and its accompanying material before selecting which activities to use or adapt for specific country contexts. This will be especially important if the facilitator runs an abbreviated version of this two-day seminar. *Please note the Health Policy Initiative guides and reports in the "Handouts" column. The facilitator can make these and other source material, such as the video on Increasing Equitable Access to Family Planning: Kenya (5.1), available on a Compact Disk (CD).*

This seminar program is designed to be adaptable; the specific topics and length of sessions to be covered can be modified as needed. The facilitator may choose to introduce only one or two of the suggested activities for a particular session, instead of all four activities, depending on the available time and interest of seminar participants. (In the overview of the seminar agenda, suggested times for sessions are incorporated; modifications can be introduced to shorten or lengthen times on different sessions. Sessions 6 and 7 are shown as taking 1.5–3.0 hours, depending on the number of activities included in the presentation of the session.) A preliminary Needs Assessment allows the facilitator to gauge participant experience and understanding of the subject matter of the seminar so that the facilitator may adapt the seminar according to time, resources, and participant needs. This will help the facilitator decide whether to omit sessions or parts of sessions to shorten the seminar. A sample assessment is contained in this seminar package (see "0.1 Sample Needs Assessment.doc"). This can help the facilitator understand what sessions and activities are of interest to participants and so can eliminate sessions that cover concepts already familiar to the participants.

For example, if the facilitator determines that the participants have only one day available and wish to focus more on the quantitative aspects of measuring and evaluating poverty and equity activities, he or she may choose to present Sessions #4 Quantifying the Level of Inequality and #9 Measuring Impact and Informing Scale-Up in their entirety and eliminate some activities from other sessions to present a customized and shortened seminar. This allows participants to concentrate on selected topics in greater depth; the Facilitator Guide provides suggestions on how sessions can be subdivided to give more time for activities and discussion on particular topics. The facilitator should strongly encourage participants to fill out the Needs Assessment so that she/he can design a seminar tailored to participant needs.

Finally, of particular note, the activities within each session are designed so that the facilitator will interact with participants and participants will interact with each other. Pose questions. Encourage discussion, networking, and laughter. Also, schedule breaks for exercise or icebreakers so that people can connect with each other and recharge.



Policy Seminar on Policy Approaches to EQUITY in Health Overview—Seminar Agenda

Session	PowerPoint Presentations and Video	Handouts*
Day I		
<p>Session 1—Welcome, Introductions/Icebreaker, and Overview (1 hour)</p> <ul style="list-style-type: none"> ➤ Activity 1.1: Getting to Know Each Other ➤ Activity 1.2: Review of Objectives and Agenda ➤ Activity 1.3: Definition of Essential Terms and Discussion of Concepts ➤ Activity 1.4: Game on Terms and Concepts 		<p>1.1: Participant List</p> <p>1.2: Policy Approaches to EQUITY in Health: Overview—Seminar Agenda</p> <p>1.3: Glossary of Planning and Finance Concepts and Terms</p> <p>1.4: Matching Terminology Cards</p>
<p>Session 2—USAID Guidance and the Poverty EQUITY Framework (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 2.1: Introduction to Linking Poverty, Health, and Equity Issues ➤ Activity 2.2: Overview of USAID Guidance on Poverty and Equity ➤ Activity 2.3: Overview of the Health Policy Initiative’s Policy EQUITY Framework 	<p>2.2: Poverty and Health Equity within USAID’s Global Health Framework.ppt</p> <p>2.3: Policy Approaches to Achieving Equity in Health: An Overview.ppt</p>	
<p>Session 3—Engaging and Empowering the Poor (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 3.1: Brainstorming on How to Engage the Poor ➤ Activity 3.2: Identification of Benefits to Engaging the Poor 	<p>3.2: Engaging and Empowering the Poor in Family Planning as a Poverty Reduction Strategy.ppt</p>	<ul style="list-style-type: none"> ▪ Guide: Engaging the Poor in Family Planning as a Poverty Reduction Strategy
<p>Session 4—Quantifying the Level of Inequality (in healthcare use and health status) (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 4.1: Review of Methodology on Measuring Poverty and Inequality ➤ Activity 4.2: Quantifying Levels of Inequality 	<p>4.1: Quantifying and Analyzing Health Equity.ppt</p>	<p>4.2: Quantifying the Level of Inequality: Activities on Analysis of Quintiles and DHS Data (2 activities)</p> <ul style="list-style-type: none"> ▪ Report: Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs



<p>Session 5—Understanding the Barriers to Access (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 5.1: Introducing Barriers Faced by the Poor ➤ Activity 5.2: Identifying Barriers to Access ➤ Activity 5.3: Increasing Equitable Access to Family Planning: Kenya ➤ Activity 5.4: Collecting Information and Engaging Stakeholders: Discussion 	<p>5.3: Increasing Equitable Access to Family Planning: Kenya (video)</p>	<p>5.2: Worksheet for Identifying Barriers to Access (2 activities)</p> <ul style="list-style-type: none"> ▪ Report: Increasing Access to Family Planning among Indigenous Groups in Guatemala ▪ Report: Understanding Operational Barriers to Family Planning Services in Conflict-Affected Countries: Experiences from Sierra Leone
<p>Day 2</p>		
<p>Session 6—Integrating Equity Goals and Approaches in Policies, Plans, & Agendas (1.5–3 hours)</p> <ul style="list-style-type: none"> ➤ Activity 6.1: Introduction to Integrating Equity Goals and Approaches ➤ Activity 6.2: Integrating Equity Goals and Approaches—Country Examples ➤ Activity 6.3: Identifying Strategies for Supporting Pro-Poor Interventions ➤ Activity 6.4: Linking FP to Development 	<p>6.1: Integrating Equity Goals and Approaches into Policies, Plans, and Agendas.ppt</p> <p>6.2: Integrating Equity Goals and Approaches into Policies, Plans, and Agendas: The Kenyan Example.ppt</p> <p>6.4: Linking Family Planning to Development Plans, Programs, and Agendas: Examples from Mali and Rwanda.ppt</p>	<ul style="list-style-type: none"> ▪ Guide: Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers ▪ Brief: Achieving EQUITY for the Poor in Kenya ▪ Report: Achieving the Millennium Development Goals (MDGs): The Contribution of Fulfilling the Unmet Need for Family Planning ▪ Family Planning and MDGs: Saving Lives, Saving Resources
<p>Session 7—Targeting Resources and Efforts to the Poor (1.5–3 hours)</p> <ul style="list-style-type: none"> ➤ Activity 7.1: Introduction to Targeting (optional) ➤ Activities 7.2, 7.3: Targeting Resources and Efforts to the Poor: Country Examples ➤ Activity 7.4: Targeting Resources and Efforts to the Poor: Allocating Resources ➤ Activity 7.5: Follow-up Exercise 	<p>7.1: Targeting Resources and Efforts to the Poor: Introduction.ppt</p> <p>7.2: Targeting Resources and Efforts to the Poor: Mobilizing Public Resources in Peru.ppt</p> <p>7.3: Targeting Resources and Efforts to the Poor: Implementing a Voucher Scheme in India.ppt</p> <p>7.4: Targeting Resources and Efforts to the Poor: Allocating Resources Equitably in Latin America and the Caribbean (LAC)/Africa.ppt</p>	<ul style="list-style-type: none"> ▪ Report: A Multi-tiered Approach to Meeting Family Planning Needs of the Poor in Peru ▪ Brief: Increasing Access to Family Planning among the Poor in Peru: Building on and Strengthening Financing Mechanisms for the Poor ▪ Report: Vouchers to Improve Access by the Poor to Reproductive Health Services: Design and Early Implementation Experience of a Pilot Voucher Scheme in Agra District, Uttar Pradesh, India



<p>Session 8—Yielding Public-Private Partnerships for Equity (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 8.1: Introduction to Public-Private Partnerships ➤ Activity 8.2: Public-Private Partnerships: India Example and Discussion ➤ Activity 8.3: Brainstorming on Public-Private Partnerships 	<p>8.2: Yielding Public-Private Partnerships to Achieve Equity Goals.ppt</p>	
<p>Session 9—Measuring Impact and Informing Scale-Up (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 9.1: Introduction to Measuring Impact and Scaling Up ➤ Activity 9.2: Measuring Success: Overview and Country Case Studies ➤ Activity 9.3: Monitoring and Evaluation: Discussion 	<p>9.2: Measuring Success.ppt</p>	
<p>Session 10—Wrap-Up and Closure (0.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 10.1: Coming to Closure ➤ Activity 10.2: Lessons Learned ➤ Activity 10.3: Comments and Suggestions ➤ Activity 10.4: Thank-yous 		

* Note that the Health Policy Initiative guides, reports, and briefs are optional handouts, depending on how the seminar is tailored.



Individual Session Schedules and Facilitator Guides

Session	Topic	Day	Time
1	Welcome, Introductions/Icebreaker, and Overview	1	1 hour
Session Objectives			
<p>By the end of this session, participants will have</p> <ol style="list-style-type: none"> 1. Expressed their expectations and interests in this seminar; 2. Learned the names and received a brief overview of the experience and expectations of fellow participants; 3. Reached consensus and clarity on the seminar's goals and objectives; 4. Agreed on norms and a schedule for the seminar; and 5. Become familiar with the basic terminology and concepts that will be used throughout the seminar. 			
Methods and Activities			Resource Materials
<p>Activity 1.1: Getting to Know Each Other</p> <ul style="list-style-type: none"> ▪ Greet the participants and welcome them to the seminar. ▪ Introduce yourself, sharing your experience and background with this type of work. ▪ Tell participants that you would like them to introduce themselves to the group. Ask them to share the following information: name, position, organizational affiliation, and one expectation for this workshop or one thing about which they are most proud related to their work in poverty and equity. If individuals have no previous experience with this kind of work, they may share one thing about which they are most curious. <ul style="list-style-type: none"> ➤ Option: Ask the participants to pair up with someone they do not know well, “interview” each other for the answers to the above questions (5 minutes), and then introduce their partner to the group. This establishes an open and participatory style from the very beginning of the seminar. 			<p>Flip chart, markers, and tape</p> <p>Handout 1.1: Participant List</p>
<p>Activity 1.2: Review of Objectives and Agenda</p> <ul style="list-style-type: none"> ▪ Review the objectives and agenda of the workshop and relate these to participants' expectations. (References to participants' expectations may come from the Needs Assessments you collected before the workshop or from expectations expressed during this session.) ▪ Confirm which expectations will be met and clarify any that are outside the scope of this workshop. If appropriate, suggest other options for addressing these expectations. ▪ If you are removing parts of the workshop to make it shorter, modify Handout 1.2 to match your workshop length and design. 			<p>Handout 1.2: Policy Approaches to EQUITY in Health: Overview—Seminar Agenda</p>
<p>Activity 1.3: Definition of Essential Terms and Discussion of Concepts</p> <ul style="list-style-type: none"> ▪ Review the definitions of essential terms for the policy seminar: What are inequalities in health? What are inequities in health? ▪ Discuss reasons why these concepts are important for work in FP/RH. ▪ Discuss examples of inequalities and inequities in health. 			<p>Handout 1.3: Glossary of Planning and Finance Concepts and Terms</p>



Activity 1.4: Game on Terms and Concepts

- Follow the directions contained on Handout 1.4: Matching Terminology Cards.
- This game serves as an icebreaker and creates greater familiarity with some of the terminology used throughout the seminar.

Handout 1.4: Matching Terminology Cards

Transition: Now that everyone has had a chance to be introduced to the group, participants will begin exploring the context in which USAID works—the “big picture” toward which we are all working.



Session	Topic	Day	Time
2	USAID Guidance and the Poverty EQUITY Framework	1	1.5 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. How poverty and health equity issues fit into USAID’s Global Health Framework; and 2. The USAID Health Policy Initiative, Task Order 1 Policy EQUITY Framework and how it will be covered in this seminar. 			
Methods and Activities			Resource Materials
<p>Activity 2.1: Introduction to Linking Poverty, Health, and Equity Issues</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. ▪ Ask participants to consider how organizations address the issues of poverty and health equity. How do these issues integrate with other development efforts, such as existing health programs? We must think strategically about how these issues fit into broader health and development goals and how to employ systematic approaches to make a difference. ▪ Refer back to any responses from the Needs Assessment that describe challenges and opportunities in addressing population and health in the context of poverty—that is, focus on how these issues affect participants’ real jobs and lives. Summarize the information from the Needs Assessment on paper or using the projector, so it is clear that you have reviewed their answers and care about their input. ▪ Tip: This activity need not include a long discussion—just enough to get participants to ask themselves why they are here and why they are learning about these topics. 			<p>Flip chart and pens</p>



<p>Activity 2.2: Overview of USAID Guidance on Poverty and Equity</p> <ul style="list-style-type: none"> ▪ Provide an overview of USAID’s guidance on incorporating poverty and health equity issues into USAID’s Global Health Framework. Explain why this topic is important: does it make sense to target resources to help people who need them the most? ▪ Try to make this session interactive. For example, occasionally ask participants questions before showing a topic slide and then use the slide as a summary and an opportunity to augment with additional information. Generate responses, write them on a flip chart if appropriate, and then put up the relevant slides. ▪ Other slides may become interactive after you show them to the participants. For example, the slide showing the correlation between high total fertility rate (TFR) and poverty might generate a short discussion if you ask... <ul style="list-style-type: none"> ▪ “Why do you suppose a high TFR is correlated with poverty?” <ul style="list-style-type: none"> ➢ The slide listing USAID goals for raising the modern contraceptive prevalence rate (MCPR) might also generate an interesting discussion... • If USAID focuses on raising MCPR among the lowest two wealth quintiles, would this be easier or harder than raising MCPR nationally? <ul style="list-style-type: none"> ➢ There is no one right answer to these questions, but the point is to turn the PowerPoint (PPT) presentation into a conversation so that the presentation is not just a passive show. 	<p>2.2: Poverty and Health Equity within USAID’s Global Health Framework.ppt</p>
<p>Activity 2.3: Overview of the Health Policy Initiative’s Policy EQUITY Framework</p> <ul style="list-style-type: none"> ▪ Ask the participants, “How does one begin to select the interventions that will be most effective and appropriate?” ▪ Explain that the Health Policy Initiative has developed a framework to assist policymakers and implementers with identifying different approaches and levels of interventions that USAID can implement. ▪ Share the Policy EQUITY Framework, using the PowerPoint presentation. 	<p>2.3: Policy Approaches to Achieving Equity in Health: An Overview.ppt</p>
<p>Transition: For the remainder of this workshop, we will follow the general outline of the Policy EQUITY Framework for poverty reduction and health equity enhancement. Because EQUITY begins with an “E,” the next session will be on Engaging and Empowering the Poor in finding solutions.</p>	



Session	Topic	Day	Time
3	E ngaging and Empowering the Poor	1	1.5 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. Why the poor should be included in poverty reduction initiatives; 2. Why it is important to consider population growth in poverty reduction efforts; and 3. How to most effectively engage and empower the poor. 			
Methods and Activities			Resource Materials
<p>Activity 3.1: Brainstorming on How to Engage the Poor</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. ▪ Ask participants what benefits they think involving the poor in health, population, and poverty alleviation programs might bring. Use the flip chart to document brainstorm contributions. Try to get participants to explain at least five ways that engaging the poor might make such programs more effective. 			<p>Flip chart paper, pens</p> <ul style="list-style-type: none"> ▪ Guide: Engaging the Poor in FP as a Poverty-Reduction Strategy.doc
<p>Activity 3.2: Identification of Benefits to Engaging the Poor</p> <ul style="list-style-type: none"> ▪ After showing the PPT, discuss whether participants can identify opportunities for engaging the poor in their ongoing work. ▪ Try to relate points in the PPT to the contributions participants made during the brainstorming session. ▪ Explain that the PPT covers the highlights of this strategy but that workshop participants may choose to study this topic in more depth by reading the full-length paper. ▪ Option: If there are in-country programs that have already begun engaging the poor or NGOs that work with the poor, consider inviting them to join the discussion and share some experiences (on how it benefited their constituents and the programs). 			<p>3.2: Engaging and Empowering the Poor in Family Planning as a Poverty Reduction Strategy.ppt</p>
<p>Transition: If Engaging and Empowering the Poor forms the “E” in “EQUITY,” the next letter is “Q” for “Quantifying the Level of Inequality in Healthcare Use and Health Status.”</p>			



Session	Topic	Day	Time
4	Quantifying the Level of Inequality	1	1.5 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. How to identify and measure poverty and inequalities in health outcomes and access to health services <ul style="list-style-type: none"> ➤ Specifically, how to apply the quintile analysis; 2. The limits and pitfalls of such data analysis; 3. Why it is important to use measurable goals and results; and 4. How the use of data can support effective communication to target audiences. 			
Methods and Activities			Resource Materials
<p>Activity 4.1: Review of Methodology on Measuring Poverty and Inequality</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. ▪ Present the PPT that details how to (1) measure poverty and inequality, (2) display findings, and (3) understand and address common data challenges. <p>Note: This PPT is appropriate for participants who do not regularly work with data. It explains what data sources and types of charts are appropriate to use when analyzing or explaining inequality.</p> <p>Option: You can tailor this session to participants' backgrounds; you can subdivide it into a series of sessions to spend more time on each part if participants have little or no experience in measuring poverty and inequality and need more time to comprehend parts of the session.</p>			<p>4.1: Quantifying and Analyzing Health Equity.ppt</p>



Activity 4.2: Quantifying Levels of Inequality

- Ask participants to form pairs, and hand out to each pair a few pages of the DHS datasheet from a country that might interest them. Ask each pair to look through it and find an example of unequal health outcomes among socioeconomic groups.
- Ask each pair to summarize what is unequal in their own words, and go around the room to solicit at least four examples. The group might raise the following observations/points of discussion:
 - What indicator did the audience choose? TFR? Attendance at birth by a physician? Maternal health statistics? (Be sure to hand out enough data so that participants can choose among a few different statistics.)
 - Ask the participants to discuss whether they simply compared the lowest quintile with the highest or if they mentioned more than two quintiles. Point out the difference between focusing on only two quintiles and using the entire range of data. Point out the difference between explaining the inequality by reading the numbers and explaining it by using a ratio, such as “twice as many wealthier people have vaccinations.”
 - Get the participants excited about this topic by scratching the surface with this activity. Ask them: “Would you like to understand and clearly communicate different health outcomes? That’s what this session is all about!”

Option: If workshop participants express interest in more than one country or region, you might choose to put participants into teams that each explore a different country’s DHS dataset. When participants work at the same Mission, you might focus on that country or, if the DHS data are not available, a neighboring/similar country.

Note: This worksheet has two activities that can be used together or as separate activities, depending on participants’ time and background.

4.2: Quantifying the Level of Inequality: Activities on Analysis of Quintiles and DHS Data.doc

(2 Activities)

- Report: Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs

Transition: Quantifying the Level of Inequality starts with a “Q,” so the next letter in EQUITY is “U.” Does anyone recall what the “U” stands for?



Session	Topic	Day	Time
5	U nderstanding the Barriers to Access	1	1.5 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. How to analyze systematically the barriers the poor face in accessing health services; 2. How to draw on the barriers analysis to define comprehensive strategies for overcoming barriers; and 3. How to apply barriers analysis to their particular work programs. 			
Methods and Activities			Resource Materials
<p>Activity 5.1: Introducing Barriers Faced by the Poor</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. 			
<p>Activity 5.2: Identifying Barriers to Access</p> <ul style="list-style-type: none"> ▪ Ask participants to form groups of four to six people (clarify if groups comprise a Mission team or a mixed group of participants from different agencies or backgrounds). ▪ Provide each group with Handout 5.2, which contains instructions. ▪ Ask each group to identify three key barriers the poor face in accessing healthcare in their country of interest and report on their findings to the larger workshop. ▪ Allot time for this activity and for reporting to other groups. Conclude with a summary discussion. ▪ After participants have identified these barriers, ask them to develop at least two strategies that might work in the same country to overcome these barriers. Have participants report their findings to the workshop. ▪ Consider holding a competition, and require that every identified barrier have a possible solution. See which group comes up with the most and the best solutions. (Consider giving a prize to this group.) ▪ Consider leading a discussion on the common themes observable among groups. ▪ Highlight how a systematic approach toward analyzing barriers can lead to concrete ideas for helping the poor access health services. 			<p>Pens and one flip chart for each group</p> <p>Handout 5.2: Worksheet for Identifying Barriers to Access</p>
<p>Activity 5.3: Increasing Equitable Access to Family Planning: Kenya</p> <ul style="list-style-type: none"> ▪ Tell participants that the following video contains several concrete examples of barriers that the poor face in accessing FP services in Kenya and how the Health Policy Initiative addressed these problems. ▪ The video also highlights other aspects of the EQUITY model, including engaging the poor. ▪ After participants have seen the video, ask them if they have any questions or comments on the points made in the video. 			<p>5.3: Increasing Equitable Access to Family Planning: Kenya (video)</p>



Activity 5.4: Collecting Information and Engaging Stakeholders: Discussion

Ask the participants the following questions:

- Why is it important to identify and learn root causes of low use of RH services? How do you collect information on barriers—focus group discussions, site visits, key informant interviews, literature reviews?
- How do you engage stakeholders in discussion to validate and identify potential solutions, again, engaging the poor as part of this process.

Transition: Understanding the Barriers to Access is our letter “U,” so the next letter in EQUITY is “I.” What does the “I” stand for?



Session	Topic	Day	Time
6	Integrating Equity Goals and Approaches into Policies, Plans, & Agendas	2	1.5–3 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. Several successful approaches for integrating equity goals and approaches into policies, plans, and strategies; 2. The means of easing or removing barriers to access by the poor through operational policies and legislative and regulatory mechanisms to protect the poor; and 3. How to relate these approaches to their own country programs and work activities. 			
Methods and Activities			Resource Materials
<p>Activity 6.1: Introduction to Integrating Equity Goals and Approaches</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. ▪ If the facilitator has decided to choose between Case Study 6.2 and 6.3 (and not present both), explain to participants that, based on the Needs Assessment surveys, we will examine case studies that appear to interest the maximum number of participants. 			<p>6.1: Integrating Equity Goals and Approaches into Policies, Plans, and Agendas.ppt</p>
<p>Activity 6.2: Integrating Equity Goals and Approaches—Country Examples</p> <p>Highlight the importance of evidence-based and targeted policies in achieving the desired pro-poor outcomes. Convey the following message using PPT 6.2.</p> <p>Evidence is growing that pro-poor health policies with political support can result in substantial reductions in health inequalities by improving access to services for the poor. Countries need to strategically integrate pro-poor interventions into their policies and plans to achieve the social goals of reducing poverty, promoting equity, and ensuring access to high-quality health services for the poor. Depending on the country context, strategies could include the following:</p> <ul style="list-style-type: none"> ▪ Integrating equity goals, approaches, and equity-based monitoring and evaluation indicators in existing policies, plans, and strategies ▪ Developing operational policies to remove barriers to access among the poor and underserved ▪ Establishing legal and regulatory mechanisms to protect the poor 			<p>6.2: Integrating Equity Goals and Approaches into Policies, Plans, and Agendas: The Kenyan Example.ppt</p>
<p>Activity 6.3: Identifying Strategies for Supporting Pro-Poor Interventions</p> <p>Exercise: Divide the group into four smaller groups. Ask participants to identify and assess the key players who can help with pro-poor interventions. What are the opportunities to augment ongoing programs with these types of interventions?</p>			



Activity 6.4: Linking FP to Development

Repositioning family planning as a key component of multisectoral development and poverty reduction programs not only increases support for family planning but also makes it logistically more feasible and more affordable for countries to achieve poverty reduction and development goals.

6.4: Linking Family Planning to Development Plans, Programs, and Agendas: Examples from Mali and Rwanda.ppt

Transition: We have covered the “E,” “Q,” “U,” and “T” of EQUITY. This leaves only “T” for Targeting Resources and Efforts to the Poor and “Y” for Yielding Public-Private Partnerships for Equity.



Session	Topic	Day	Time
7	T argeting Resources and Efforts to the Poor	2	1.5–3 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. How the term “targeting” applies within the context of poverty and equity; and 2. How to examine several successful approaches to targeting resources. 			
Methods and Activities			Resource Materials
<p>Activity 7.1: Introduction to Targeting (Optional, depending on participant knowledge)</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. ▪ If the participants are new to the concept of targeting, ask participants if they know of current USAID or other government/donor programs that are addressing the issue of targeting. Ask: “What is targeting used for? What methods are used for targeting? What is working?” ▪ Guide the participants through PPT 7.0. ▪ Keep the discussion as interactive as possible and allow participants to ask questions during the presentation. 			<p>7.1: Targeting Resources and Efforts to the Poor: Introduction.ppt (optional)</p>
<p>Activity 7.2,7.3: Targeting Resources and Efforts to the Poor: Country Examples</p> <ul style="list-style-type: none"> ▪ Guide the participants through PPT 7.2 or 7.3. ▪ If the facilitator plans to choose between presentations 7.2 or 7.3, briefly inform the participants at the end of the session about other country examples and resources. ▪ Keep the discussion as interactive as possible, and allow participants to ask questions during the presentation. 			<p>7.2: Targeting Resources and Efforts to the Poor: Mobilizing Public Resources in Peru.ppt</p> <p>7.3: Targeting Resources and Efforts to the Poor: Implementing a Voucher Scheme in India.ppt</p> <ul style="list-style-type: none"> ▪ Report: A Multi-tiered Approach to Meeting Family Planning Needs of the Poor in Peru ▪ Brief: Increasing Access to Family Planning among the Poor in Peru: Building on and Strengthening Financing Mechanisms for



	<p>the Poor</p> <p>Report: Vouchers to Improve Access by the Poor to Reproductive Health Services: Design and Early Implementation Experience of a Pilot Voucher Scheme in Agra District, Uttar Pradesh, India</p>
<p>Activity 7.4: Targeting Resources and Efforts to the Poor: Allocating Resources</p> <ul style="list-style-type: none"> ▪ Ask participants to listen with an ear to what might best apply or be adapted to their own work environments. ▪ When finished with the presentation(s), leave time to discuss how targeting may relate to the participants’ work activities. ▪ You may present one, two, or all three of these PPTs as examples of methods for targeting, depending on time availability. 	<p>7.4 Targeting Resources and Efforts to the Poor: Allocating Resources Equitably in Latin America and the Caribbean (LAC)/Africa.ppt</p>
<p>Activity 7.5: Follow-up Exercise</p> <ul style="list-style-type: none"> ▪ While the case studies are fresh in participants’ minds, ask them to write down two or three possible opportunities for targeting in the countries in which they work. ▪ Tell them these must be concrete and realistic action items, such as “check with Ms. ____ on _____” or “Suggest to Mr. _____ that he do _____.” ▪ Ask participants, “What can you do with what you have learned today?” 	
<p>Transition: We will now discuss the “Y” in EQUITY, which stands for Yielding Public-Private Partnerships for Equity.</p>	



Session	Topic	Day	Time
8	Y ielding Public-Private Partnerships for Equity	2	1.5 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. The role public and private sectors can play in achieving equity goals; 2. How public and private sector roles differ, how they can complement each other, and what optimal market segmentation might look like; and 3. The various models of public-private partnerships and how they work. 			
Methods and Activities			Resource Materials
<p>Activity 8.1: Introduction to Public-Private Partnerships</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. 			
<p>Activity 8.2: Public-Private Partnerships: India Example and Discussion</p> <ul style="list-style-type: none"> ▪ Before showing the PPT, ask participants: “What comes to mind when someone mentions the private sector in the context of health equity?” ▪ Initiate a discussion on how the public sector views the private sector and vice versa. What are the challenges/opportunities each face? ▪ Introduce PPT 8.2. ▪ End with this summary: <p>The private sector has a critical role to play in closing healthcare gaps and reducing health inequities. For this to happen, the public sector must put in place policies and regulations that support private sector provision of FP/RH and other health services and products. To date, much of the dialogue and policy work designed to increase the participation of the private sector has occurred without the full and active participation of private sector representatives.</p>			8.2: Yielding Public-Private Partnerships to Achieve Equity Goals.ppt
<p>Activity 8.3: Brainstorming on Public-Private Partnerships</p> <ul style="list-style-type: none"> ▪ Ask participants to brainstorm on whether any of the public-private partnership models reviewed today might apply to their work or their colleagues’ work. ▪ As participants share ideas, write them on the flip chart. ▪ Engage the participants in a dialogue on how the private sector is helping or might help its target population. Try to relate real examples to the models and concepts explained in the presentation. 			Flip chart, pens
<p>Transition: Participants have now learned all aspects of the EQUITY framework, ending in “Y” for Yielding Public-Private Partnerships for Equity. In the final sessions, we examine how to monitor and evaluate the success of employing such a framework.</p>			



Session	Topic	Day	Time
9	Measuring the Impact and Scaling Up	2	1.5 hours
Session Objectives			
<p>By the end of this session, participants will understand</p> <ol style="list-style-type: none"> 1. The difference between monitoring and evaluation as they relate to poverty and equity; 2. The data requirements for different measurement purposes; and 3. The limitations of program evaluations. 			
Methods and Activities			Resource Materials
<p>Activity 9.1: Introduction to Measuring Impact and Scaling Up</p> <ul style="list-style-type: none"> ▪ State the learning objectives and structure of the session. ▪ Ask them to share, in their own words, the difference between monitoring and evaluation. 			
<p>Activity 9.2: Measuring Success: Overview and Country Case Studies</p> <ul style="list-style-type: none"> ▪ This presentation covers all three of the session objectives and includes case studies on Ghana and Brazil. 			9.2: Measuring Success.ppt
<p>Activity 9.3: Monitoring and Evaluation: Discussion</p> <ul style="list-style-type: none"> ▪ Ask participants to spend five minutes thinking about programs with which they are familiar or have worked on directly. Tell them that we will go around the room once to share experiences of how we measured the outcomes of activities. ▪ If a participant has been involved in an activity but not in its monitoring or evaluation, engage the participant in a conversation about whether it would have helped to have feedback on the activity’s progress and results. ▪ Specifically, try to get participants to share information on what type of data were collected to monitor and evaluate their activities and how often. 			
<p>Transition: The final session will provide participants a chance to reflect on all of the previous sessions.</p>			



Session	Topic	Day	Time
10	Wrap-Up and Closure	2	0.5 hours
Session Objectives			
This session will provide an opportunity to share the main lessons of the seminar.			
Methods and Activities			Resource Materials
Activity 10.1: Coming to Closure <ul style="list-style-type: none"> ▪ Gather participants into a circle. Share the most important thing that you learned in the seminar. ▪ When you are finished, toss the ball to someone else in the circle, while holding onto the loose end of the string. Ask that person to share the most important thing he/she has learned. ▪ Ask him/her to toss the ball to another person, continuing until everyone in the circle has had a chance to catch the ball and share the most important lesson learned. 			Ball of string
Activity 10.2: Lessons Learned <p>After everyone has had a chance to share what they have learned, ask the following questions:</p> <ul style="list-style-type: none"> ▪ Was there anything striking or surprising about what people shared? ▪ What does this string symbolize/represent? <ul style="list-style-type: none"> ➤ We learned various things from each other. ➤ The web could represent how we can support each other in our planning activities. ➤ There are many things to take away from this seminar and apply to our planning activities. 			
Activity 10.3: Comments and Suggestions <p>Ask for any final comments.</p>			
Activity 10.4: Thank-yous <p>Thank participants for their high level of energy, participation, and hard work during the seminar.</p>			

Handout 0.1:

Sample Needs Assessment Policy Seminar on Policy Approaches to EQUITY



Sample Needs Assessment Policy Seminar on Policy Approaches to EQUITY in Health

Dear participant,

Welcome and thank you for signing up! The overall aim of this seminar is to share effective approaches and proven methodologies for addressing population and health in the context of poverty. By the end of this seminar, you should have a clearer understanding of how to incorporate equity approaches in your country programs, as mandated by the new USAID/Washington poverty equity guidelines for Missions.

We want to hear from you in order to tailor this seminar to best meet your needs. We can do this only with your help, so thank you for taking the time to complete this survey and returning it to _____ by _____.

Please describe any of your experience and background that is related to poverty reduction and/or equitable access to healthcare:

In Column A, please rank the topics by numbering them 1–7 in order of most interesting (1) to least interesting (7).

In Column B, please rank your level of knowledge, understanding, or experience with each of the topics in the first column by numbering them from highly experienced/knowledgeable (1) to least experienced/knowledgeable (7).

Topic	A. Most Interesting (1) to Least Interesting (7)	B. Highly Experienced/Knowledgeable (1) to Least Experienced/Knowledgeable (7)
Reasons and methods for involving the poor in policy design and implementation		
Issues in measuring poverty and inequality		
How to conduct research to understand why the poor do not access services		

How to integrate equity goals and approaches into policies, plans, and agendas		
Methods of targeting resources to reach the poor		
How to promote collaboration between the public and private sectors to provide services for the poor		
How to measure the impact of projects that aim to reach the poor		

Can you think of any specific challenges or difficulties you have experienced in the past related to incorporating poverty and equity goals into your work?

Please share any immediate or forthcoming opportunities that you think might allow you to apply the knowledge and tools from the seminar.

Please number the following countries #1 to #7 from most interesting or relevant to your work (1) to least relevant to your work (7).

- Guatemala
- Honduras
- India
- Kenya
- Mali
- Peru
- Rwanda
- Other _____

What do you expect to get out of this seminar?

Do you have any specific questions or suggestions for this seminar?

Handout 1.2:

Policy Seminar on Policy Approaches to **EQUITY** in Health: Overview – Seminar Agenda





Policy Seminar on Policy Approaches to EQUITY in Health Overview—Seminar Agenda

Session	PowerPoint Presentations and Video	Handouts
Day 1		
<p>Session 1—Welcome, Introductions/Icebreaker, and Overview (1 hour)</p> <ul style="list-style-type: none"> ➤ Activity 1.1: Getting to Know Each Other ➤ Activity 1.2: Review of Objectives and Agenda ➤ Activity 1.3: Definition of Essential Terms and Discussion of Concepts ➤ Activity 1.4: Game on Terms and Concepts 		<p>1.1: Participant List</p> <p>1.2: Policy Approaches to EQUITY in Health: Overview—Seminar Agenda</p> <p>1.3: Glossary of Planning and Finance Concepts and Terms</p> <p>1.4: Matching Terminology Cards</p>
<p>Session 2—USAID Guidance and the Poverty EQUITY Framework (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 2.1: Introduction to Linking Poverty, Health, and Equity Issues ➤ Activity 2.2: Overview of USAID Guidance on Poverty and Equity ➤ Activity 2.3: Overview of the Health Policy Initiative’s Policy EQUITY Framework 	<p>2.2: Poverty and Health Equity within USAID’s Global Health Framework.ppt</p> <p>2.3: Policy Approaches to Achieving Equity in Health: An Overview.ppt</p>	
<p>Session 3—Engaging and Empowering the Poor (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 3.1: Brainstorming on How to Engage the Poor ➤ Activity 3.2: Identification of Benefits to Engaging the Poor 	<p>3.2: Engaging and Empowering the Poor in Family Planning as a Poverty Reduction Strategy.ppt</p>	<ul style="list-style-type: none"> ▪ Guide: Engaging the Poor in Family Planning as a Poverty Reduction Strategy
<p>Session 4—Quantifying the Level of Inequality (in healthcare use and health status) (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 4.1: Review of Methodology on Measuring Poverty and Inequality ➤ Activity 4.2: Quantifying Levels of Inequality 	<p>4.1: Quantifying and Analyzing Health Equity.ppt</p>	<p>4.2: Quantifying the Level of Inequality: Activities on Analysis of Quintiles and DHS Data (2 activities)</p> <ul style="list-style-type: none"> ▪ Report: Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs



<p>Session 5—Understanding the Barriers to Access (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 5.1: Introducing Barriers Faced by the Poor ➤ Activity 5.2: Identifying Barriers to Access ➤ Activity 5.3: Increasing Equitable Access to Family Planning: Kenya ➤ Activity 5.4: Collecting Information and Engaging Stakeholders: Discussion 	<p>5.3: Increasing Equitable Access to Family Planning: Kenya (video)</p>	<p>5.2: Worksheet for Identifying Barriers to Access (2 activities)</p> <ul style="list-style-type: none"> ▪ Report: Increasing Access to Family Planning among Indigenous Groups in Guatemala ▪ Report: Understanding Operational Barriers to Family Planning Services in Conflict-Affected Countries: Experiences from Sierra Leone
<p>Day 2</p>		
<p>Session 6—Integrating Equity Goals and Approaches in Policies, Plans, & Agendas (1.5–3 hours)</p> <ul style="list-style-type: none"> ➤ Activity 6.1: Introduction to Integrating Equity Goals and Approaches ➤ Activity 6.2: Integrating Equity Goals and Approaches—Country Examples ➤ Activity 6.3: Identifying Strategies for Supporting Pro-Poor Interventions ➤ Activity 6.4: Linking FP to Development 	<p>6.1: Integrating Equity Goals and Approaches into Policies, Plans, and Agendas.ppt</p> <p>6.2: Integrating Equity Goals and Approaches into Policies, Plans, and Agendas: The Kenyan Example.ppt</p> <p>6.4: Linking Family Planning to Development Plans, Programs, and Agendas: Examples from Mali and Rwanda.ppt</p>	<ul style="list-style-type: none"> ▪ Guide: Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers ▪ Brief: Achieving EQUITY for the Poor in Kenya ▪ Report: Achieving the Millennium Development Goals (MDGs): The Contribution of Fulfilling the Unmet Need for Family Planning ▪ Family Planning and MDGs: Saving Lives, Saving Resources
<p>Session 7—Targeting Resources and Efforts to the Poor (1.5–3 hours)</p> <ul style="list-style-type: none"> ➤ Activity 7.1: Introduction to Targeting (optional) ➤ Activities 7.2, 7.3: Targeting Resources and Efforts to the Poor: Country Examples ➤ Activity 7.4: Targeting Resources and Efforts to the Poor: Allocating Resources ➤ Activity 7.5: Follow-up Exercise 	<p>7.1: Targeting Resources and Efforts to the Poor: Introduction.ppt</p> <p>7.2: Targeting Resources and Efforts to the Poor: Mobilizing Public Resources in Peru.ppt</p> <p>7.3: Targeting Resources and Efforts to the Poor: Implementing a Voucher Scheme in India.ppt</p> <p>7.4: Targeting Resources and Efforts to the Poor: Allocating Resources Equitably in Latin America and the Caribbean (LAC)/Africa.ppt</p>	<ul style="list-style-type: none"> ▪ Report: A Multi-tiered Approach to Meeting Family Planning Needs of the Poor in Peru ▪ Brief: Increasing Access to Family Planning among the Poor in Peru: Building on and Strengthening Financing Mechanisms for the Poor ▪ Report: Vouchers to Improve Access by the Poor to Reproductive Health Services: Design and Early Implementation Experience of a Pilot Voucher Scheme in Agra District, Uttar Pradesh, India



<p>Session 8—Yielding Public-Private Partnerships for Equity (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 8.1: Introduction to Public-Private Partnerships ➤ Activity 8.2: Public-Private Partnerships: India Example and Discussion ➤ Activity 8.3: Brainstorming on Public-Private Partnerships 	<p>8.2: Yielding Public-Private Partnerships to Achieve Equity Goals.ppt</p>	
<p>Session 9—Measuring Impact and Informing Scale-Up (1.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 9.1: Introduction to Measuring Impact and Scaling Up ➤ Activity 9.2: Measuring Success: Overview and Country Case Studies ➤ Activity 9.3: Monitoring and Evaluation: Discussion 	<p>9.2: Measuring Success.ppt</p>	
<p>Session 10—Wrap-Up and Closure (0.5 hours)</p> <ul style="list-style-type: none"> ➤ Activity 10.1: Coming to Closure ➤ Activity 10.2: Lessons Learned ➤ Activity 10.3: Comments and Suggestions ➤ Activity 10.4: Thank-yous 		

Handout 1.3:

Glossary of Planning and Finance Concepts and Terms



Alternative Financing Mechanisms: The various means of funding family planning/reproductive health (FP/RH) programs and services, such as through charging fees or making FP/RH services part of health insurance.

Budget: The estimated costs for activities, services, or programs for a specific period in the future.

Community Financing: Direct funding or co-funding of healthcare by families in villages or communities—either by payment for services or prepayment.

Conditional Cash Transfers: A type of development program focused on poverty reduction that provides (or transfers) money directly to poor families, subject to (or conditional upon) particular actions meant to support investments in human capital, such as ensuring children are in school and/or receiving certain health and nutrition services (such as well child visits). Instead of relying purely on supplying services, this kind of program seeks to create demand by providing incentives to the poor to use specific services.

Contraceptive Security: Contraceptive security exists when every person is able to choose, obtain, and use high-quality contraceptives whenever she/he needs them.

Contracting Out: A contracting mechanism in which the government hires private companies for a specific service rather than providing the service within the government structure. An example is a laundry service in health facilities; such a service can be contracted out to a private company (which can sometimes do the job at a lower cost to the government than if the government did it itself).

Cost-Benefit Analysis: A method of comparing actual and potential costs of various alternative schemes with the actual and potential benefits—usually measured in monetary terms. Both costs and benefits are measured in monetary terms and can be either private or social. This requires an assessment of the monetary value of life and health.

Cost-Effectiveness Analysis: A method of comparing alternative courses of action to determine the relative degree to which each will achieve the desired objectives per unit of cost. The costs are expressed in monetary terms, but some of the consequences are expressed in physical units (e.g., number of lives saved or number of births averted). *Cost effectiveness* in this example would be expressed as cost per life saved or cost per birth averted.

Cost Recovery: A system of charging fees or collecting donations for specified health services. The money is typically used to help pay for future supplies and services.

Decentralization: The transfer of decisionmaking and authority from a national level to state, regional, or local levels to better serve the needs of beneficiaries.

Demand: The desire, ability, and willingness of an individual to purchase a product or service. For example, demand for healthcare is influenced by prices and quality of services, convenience of health facilities' locations, consumers' income and education levels, and religious and cultural factors.

Demand-Side Financing: A type of financing mechanism that puts the purchasing power in the hands of consumers to spend a certain amount on specific services, often at specific facilities. In contrast, in *supply-side financing*, the public/donor money goes directly to suppliers/providers.

Direct and Indirect Costs: *Direct costs* are those explicitly identified with a product or service (e.g., salaries of clinic staff or costs of contraceptive commodities). *Indirect costs* cannot be directly linked with a service or product but rather support the direct activities (e.g., administrative jobs, electricity, and office supplies).

Effectiveness: The degree or extent to which an activity achieves its objectives.

Efficiency: Getting the most value for money spent or making the best use of resources—be they financial, human, or material (equipment or supplies). One example of inefficiency is public funds being spent on costly services with little impact, resulting in cost-ineffective services.

Equality: The principle by which all persons or things are treated in the same way.

Equitable Allocation of Resources: Equitable or fair resource allocation is intended to reverse inequalities by taking into consideration variation in need across geographic and economic groups. Resource allocation frameworks recognize and address needs-based resource allocation criteria for decisionmaking. For example, employing resource allocation formulas is one means of systematically and objectively incorporating needs-based allocation criteria into allocation decisions to achieve more equitable access to healthcare.

Equity: *Equity* is concerned with creating equal opportunities for all. The focus for this seminar is on *equity in health*, which implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided. An approach to addressing equity in health is concerned with bringing health differentials down to the lowest level possible.

Essential Service Package (ESP): When faced with scarce funding, governments must make difficult choices about the kinds of healthcare services they can provide. Often, an *essential service package* is developed, with the idea of providing both the services most important in a country and those that can serve the maximum number of clients at a minimum cost.

Expenses: Costs that have been incurred and for which money is spent.

Health Financing: The ways in which money is generated and spent, as well as how it flows to and within a health delivery system.

Health Insurance: A system of funding that pools money from many individuals or organizations as a means of paying for unexpected and usually large healthcare expenditures, as required by some individuals in the contractual arrangement.

Health Sector Reform: A process to re-organize and improve healthcare systems, usually involving changes in national priorities, policies, laws, regulations, and financing. The overall goal of health sector reform is usually to improve access, equity, quality, and efficiency and ensure that the system can be maintained far into the future.

Inputs: Goods or products, services, personnel, and other resources needed to conduct an activity or service and achieve program objectives.

Inequalities in Health: The World Health Organization defines health inequality as variations in health status across individuals in a population. Inequalities in health are a matter of empirical observation. Recent research often focuses on understanding inequalities in health status; inequalities in access to services (variations in access to services); or inequalities in use of services (variations in use of services) at the population level to understand differences between poorer and wealthier segments of the population.

Inequities in Health: This refers to inequalities in health that are unfair or unjust, as determined by societal values and principles of social justice. Equity concerns are typically linked with issues of the distribution of health equality, addressing differences across socio-economic groups, and concern for processes of health production and delivery.

Market: The *market* for a specific product or service is defined by its consumers and the providers. For FP services, the market usually includes people ages 15–49, who currently use a contraceptive method or may be potential users in the future. *Providers* are defined as government, private, for-profit (commercial sector), and not-for-profit (nongovernmental organizations). How these components of the FP market fit together is referred to as the *family planning market structure*.

Market Segmentation: A reference to the concept of a market, in which specific consumer groups have identifiable behaviors and therefore can be targeted. Examples of identifiable behaviors include identifiable contraceptive methods and other provider choice behaviors.

Market Segmentation Analysis: A research approach to identify consumer groups and the characteristics that define them. For example, it might describe the FP provider and method choice behavior of each consumer group based on income or education.

Means Testing: An administrative mechanism that identifies an individual's income for purposes of establishing eligibility for benefits or subsidized services, such as free healthcare. By identifying individuals who are unable to pay and granting fee waivers (or reductions) to them, governments can protect the poorest people in the society who might otherwise have to pay for healthcare.

Operational Policy: The rules, regulations, codes, guidelines, plans, budgets, procedures, and administrative norms that governments use to translate national laws and policies into programs and services. Operational policies govern the *operating system* for public health programs.

Poverty: Poverty is usually defined as the condition of having little or no money, goods, or means of support for basic subsistence or as the condition of being poor. Since 1990, the World Bank has defined an international poverty line of about US\$1 per day. Recent research has focused on different dimensions of poverty that encompass other aspects besides monetary definitions, such as lack of access to healthcare services or poor health or lack of a voice in society due to discrimination (based on gender, indigenous characteristics or caste, etc). This has led to increasing recognition that poverty is multi-dimensional in nature.

Priority Setting: The preferences and priorities of various healthcare providers in supplying goods and services, given limited resources and costs. With limited resources, countries and governments need to support the right mix of services, reach the high-priority (often low-income) groups, and

show a level of efficiency that will convince governments, donors, and service users that investing more in FP/RH will have positive results.

Privatization: The process of introducing private financing and/or ownership into government entities. This could include policy and legal frameworks, as well as implementing some aspect of the private healthcare delivery system.

Quintiles: Refer to a methodology for dividing a population into equal fifths to rank the population according to wealth (sometimes referred to as wealth quintiles). In the context of concern for addressing issues of poverty, this methodology allows for comparing the bottom quintile—the poorest 20 percent of the population—or the two poorest quintiles (the poorest 40 percent of the population) with wealthier segments to determine inequalities, differences in health status, and service access and use.

Recurrent and Capital Costs: *Recurrent costs* are usually defined as those that will be consumed or replaced in one year or less. In an FP clinic, examples of recurrent costs include contraceptive commodities, medical materials and supplies, office supplies, utilities, and staff salaries. *Capital costs* are defined as annual costs of resources that have a life expectancy of more than one year, such as equipment or buildings.

Resource Flows: Analysis of resource flows identifies the sources and uses of money for FP/RH goods and services. The primary sources of funding for FP/RH typically include government (central and local), donor agencies, insurance, out-of-pocket spending by individuals, and private groups (nongovernmental organizations, for-profit entities, and philanthropic organizations). The funds generated from these sources are used to pay for different services, such as those related to family planning, birth delivery, postabortion care, HIV/AIDS, and reproductive tract infections.

Resource Gap: The shortage between available and required resources.

Resource Mobilization: Increasing the total resources available for FP/RH programs—including money, human resources, physical infrastructure, and material support. Funds for FP/RH can be mobilized through the following four main sources: direct government (central or local) financing, donor financing, user fees, and health insurance.

Social Insurance Schemes: Schemes in which social contributions are paid by employees or others or by employers on behalf of their employees to secure entitlement to social insurance benefits in the current or subsequent periods for the employees or other contributors, their dependents, or survivors.

Social Marketing: The use of commercial marketing techniques to achieve a social objective. Social marketers combine product, price, place, and promotion to maximize product use by specific population groups.

Stewardship: Stewardship of a health system, as defined by the World Health Organization, is when the Ministry of Health takes responsibility for providing strategic policy direction, regulation, accountability, and transparency for health system operation. In the context of working with the private sector to improve health equity, a government's stewardship role helps to create an enabling environment within which the private sector can function. To achieve this, governments can use a variety of ways to open doors to partnership by sharing information, inviting business leaders to

participate in meetings on important public health issues, liberalizing regulations on import taxes, or relaxing other restrictions.

Strategic Planning: The process of

1. Assessing the current situation to identify and understand critical needs, the prevailing service environment, and program requirements;
2. Identifying the plan's desired goals and objectives based on this assessment—prioritization of problems/needs is an important component of setting program goals;
3. Developing strategies to overcome prevailing problems and achieve desired goals; and
4. Integrating these strategies into the operations of a program or system by breaking them down into specific activities and assigning roles, responsibilities, and funding mechanisms.

Targeting: An approach to provide subsidized (free or near-free) services to specific (target) population groups in greatest need of government support.

User Fees: Money to be paid by the users/clients of a service.

Voucher: A demand-side financing mechanism in which a token is provided to a client that she/he can use in exchange for a restricted range of goods or services. Health vouchers are used in exchange for *services* (e.g., medical consultations or laboratory tests) or *consumables* (e.g., drugs or vitamins).

Wealth Quintiles: Refer to a methodology for dividing a population into equal fifths to rank the population according to wealth (also referenced under quintiles). In the context of concern for addressing issues of poverty, this methodology allows for comparing the bottom quintile—the poorest 20 percent of the population—or the poorest two quintiles (the poorest 40 percent of the population) with wealthier segments to determine inequalities, differences in health status, and service access and use.

Willingness-to-Pay Survey (or Ability-to-Pay Survey): This type of research helps to determine whether individuals, groups of individuals, or families are willing to pay their own money for selected FP/RH services. The information from such research is often used to help decide whether a government could change its health system to include fees for services without serious challenges or repercussions from its clients or the private sector.

Handout 1.4:

Matching Terminology Cards



Purpose: This game serves as an icebreaker and supports greater familiarity with some of the terminology that will be used throughout the workshop.

Options: This game can be modified as follows, depending on the background of participants, intended objectives of the session, and size of the participant group:

- To prompt a discussion of poverty, use the cards with multiple definitions of poverty.
- To prompt a discussion of poverty together with equality, equity and inequalities, and inequities in health status and services, use the multiple definitions of poverty cards together with cards with definitions of equality, equity and inequalities, and inequities in health status and services.
- For a wider discussion of poverty, health inequalities and inequities, financing, resource allocation, and targeting, use all of the cards at the same time.

Instructions:

1. Print the following pages on rigid, colored paper and cut along the lines to create cards.
2. Distribute one card to each workshop participant, including one to yourself, if there is an odd number of participants. If, for example, there are only eight participants, you would distribute only the top eight cards.
3. Ask participants to mingle in the conference room and share what is written on their cards. Tell them, if they think they have found a match to their cards (a term matched with its definition), to please be seated next to the person whose card matches theirs.
4. Once everyone is seated, ask each pair of participants to read aloud what is written on their cards.
5. Ask all participants in the room whether they agree that the match is appropriate.
6. If it appears to be a correct matching of terminology to definition and that all participants understand this definition and have no further questions, move on to the next pair of people.
7. If a pairing appears incorrect, tactfully ask the two participants to stand and find the correct pairing in the room. This may lead to more than two participants leaving their seats and re-arranging their pairings with others.
8. To raise the level of difficulty and further promote interactions and discussion, it is possible to print more than one definition of poverty and only print the “poverty” terminology card once. In this case, warn the participants that a term may have more than one definition and they should not try to match only one term with one definition but rather match any cards that fit.
9. When finished matching cards and discussing definitions, congratulate all participants on solving the puzzle and collect the cards.

Quintile	A ranked grouping that cuts the total population into equal groups of 20% each
Poverty	Per capita daily income of \$1.00 per day (purchasing power parity adjusted)
Poverty	Lack of basic needs (health, education, other social services)
Poverty	Deprivation: lack of power, lack of voice, gender inequality, restricted capabilities, vulnerability

Poverty	Deprivation in well-being; denial of opportunities to live a long, healthy life
Poverty	Multidimensional deprivation of well-being
Demand-side financing	A financing mechanism that puts the purchasing power in the hands of consumers to spend a certain amount on specific services, often at specific facilities
Conditional Cash Transfer Programs	Paying money to poor households, provided they comply with behavioral requirements, such as using children's health and education services

Equal Allocation	Giving the same amount of resources to each person
Equitable Allocation	Distributing resources fairly, according to need
Health Equity	Giving everyone a fair opportunity to attain his/her health potential
Equality	The principle by which all persons or things are treated in the same way

Resource Gap	The shortage between available and required funding or support
Market Segmentation Analysis	Research that divides the population into discrete consumer groups with similar characteristics, needs, and/or behaviors
Health Inequalities	Variations in health status across individuals in a population

Inequalities in Health Services	Variations in health services across individuals in a population
Health Inequities	Unfair or unjust variations in health status across individuals in a population
Inequities in Health Services	Unfair or unjust variations in healthcare delivery across individuals in a population

Handout 4.2:

Quantifying the Level of Inequality: Activities on Analysis of Quintiles and DHS Data



Objectives:

1. Participants will better understand how to use the Demographic and Health Survey (DHS) final report as a resource to analyze inequalities.
2. Participants will better understand how a further analysis of DHS may inform program design and strategic planning.

Activity I

Complete the following table using the data available in your country's DHS. If the indicator is not in the final report, complete the line with "NA" for "not applicable."

Indicator	Overall level	Level in the wealthiest quintile	Level in the poorest quintile	Subjective assessment of degree of inequality (high, medium, low)
Use of modern family planning (FP) by married women				
Percentage of FP users obtaining family planning from the private sector				
Percentage of women ages 15–49 with comprehensive knowledge of HIV				
Percentage of women saying they have serious problems accessing healthcare for reasons of money				
Percentage of women saying they have serious problems accessing healthcare for reasons of distance				

Questions for discussion (don't write anything):

1. Among the five indicators requested in the first column above, which has the greatest degree of inequality?
2. Which data for the indicators lead you to want more information? What information?

Activity 2

1. Write down an area of reproductive health (RH) that you believe has significant inequalities for the country in which you work.

2. Find the section of the DHS where data in this area of RH are presented. List the indicators that are disaggregated by wealth quintiles. If there are more than 10, list only 10.

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

3. Drawing on tables in this same area of the report, list five indicators not disaggregated by wealth quintiles that you would be interested in seeing disaggregated.

a. _____

b. _____

c. _____

d. _____

e. _____

Questions for discussion (do not write anything):

1. What factors influence the impact of poverty on RH in your country?
2. What is a broad outline of a research question you would ask a data analyst to look into for your program?

Handout 5.2:

Worksheet for Identifying Barriers to Access



Participant Instructions

1. Form groups of four to six people.
2. Identify three key barriers the poor face in accessing healthcare in each country where participants work.
 - a. Assign a presenter to share the findings with the whole group.
3. After identifying these barriers, think of two strategies that might work in the same country context to overcome these barriers.
 - a. Share your ideas with the whole group when your group is ready.