



The evidence is clear: family planning saves lives. Yet, the poorest and most marginalized women and girls are being left behind during one of the most successful advances in public health in the past half century.

IPPF's report *Under-served and Over-looked* offers an overview of the women and girls that are being left behind and unable to access the life-saving contraception they want and need. In this report, we focus specifically on those that are being left behind by over 60 years of family planning progress. For the world's poorest and most marginalized women and girls to be barred from openly and freely deciding what to do with their own bodies, is to violate their most basic human right. The report is informed by an IPPF literature review. This review assesses the most promising practices towards creating more equitable outcomes for choice and, makes recommendations to redress imbalances in family planning care.

UNDER-SERVED AND OVER-LOOKED:

Prioritizing contraceptive equity for the poorest and most marginalized women and girls

Impact of Unmet Need:



1 in 10 women and girls have an **unmet need** for family planning



85 million women and girls will face **unintended pregnancies**



303,000 women will **die** in pregnancy and childbirth

\$ The highest need for the lowest income:



Three in four of these women with unmet need live in the world's poorest countries



Women in the poorest countries who want to avoid pregnancy are **one-third as likely** to be using a **modern method** as those living in higher-income developing countries.



And poor women are **five times more likely** than richer women to have an **unwanted pregnancy**. As women reach higher economic quintiles, their likelihood of having an unwanted pregnancy decreases.

Who are the women and girls being left behind?

Evidence shows that under-served and over-looked women and girls with the highest level of unmet need include:

- Young women and adolescent girls aged 10-24 years.
- Women and girls living in hard to reach areas, particularly urban slums, street dwellers and displaced populations.
- Women and girls in the lowest income quintile (20 per cent).
- Women and girls impacted by disability, gender-based violence, and HIV status.
- Women and girls in the post-partum period.

Unmet need among the poorest and wealthiest:

	Women and girls in the poorest 20 per cent	Women and girls in the wealthiest 20 per cent
Ethiopia	3 in 10	1 in 10
Ghana	2 in 5	2 in 5
Kenya	1 in 5	1 in 10
India	1 in 5	1 in 10
Nigeria	7 in 20	2 in 5
Uganda	2 in 5	2 in 5

Interventions for equitable access to contraception

“ *Individuals [must] have the ability to access quality, comprehensive contraceptive information and services, free from discrimination, coercion and violence (based on individual choice). Quality, accessible and availability of contraceptive information and services should not vary by non-medically indicated characteristics, such as age, geographic location, language, ethnicity, disability, HIV status, sexual orientation, wealth, marital or other status.* ”

World Health Organization

Practices and interventions to ensure the poorest and most marginalized women and girls have free, full and informed choice over their contraceptive services must be considered. The following section identifies five key categories that, if placed at the heart of programmes, have the potential to significantly increase contraceptive equity.

1: Reach the last mile through mobile outreach

To address inequities in contraception, family planning service delivery must allow for flexibility and deployment of services and supplies to the hard to reach areas.

- Mobile clinics can serve women and girls with a wide range of contraceptives in hard to reach areas.
- Community interventions can reach new and underserved populations.
- Provide Comprehensive Sexuality Education (CSE) outside the classroom.

2: Offer the widest possible choice of contraceptive methods.

Offering women and girls a comprehensive mix of various

contraceptive methods is crucial to free, full and informed choice, leads to greater uptake, and reduces contraceptive discontinuation.

- Service delivery points have a sufficient method mix, or through an efficient referral mechanism.
- Minimize stock outs of contraceptives to ensure women and girls can continuously access a comprehensive mix.

3: Ensure quality, affordable care.

Access to high quality and affordable contraceptive information and services delivered in line with the needs, values and preferences of clients is a human right. Quality of Care is essential to providing health services that respect, protect and fulfil human rights to the highest attainable standard of health.

- Improve quality of care, placing the rights of women and girls at the very centre of service delivery.
- Reduce social and cultural provider biases in family planning care.
- Eradicate unnecessary fees, taxes and levies on family planning services and ensure that contraceptives are affordable or free.

4: Bring together the vital services that respond to women's and girls' diverse needs including contraception. Providing these services in one place makes it easier to discreetly access family planning.

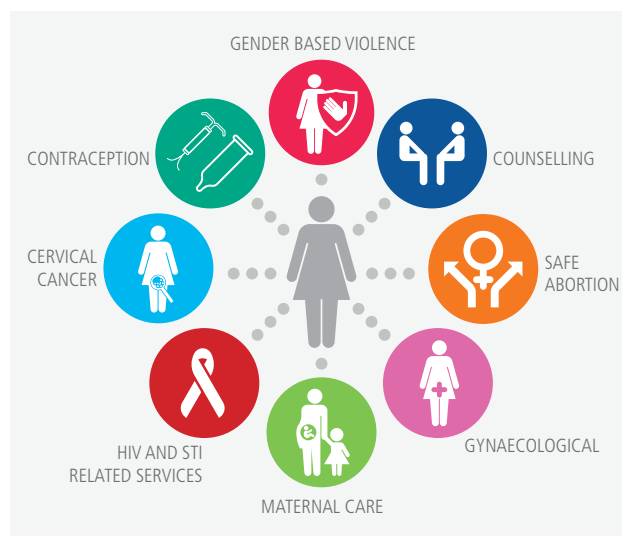
Integrating family planning services with other health services is an effective way of reaching the poorest and most marginalized women and girls.

- Women who have recently given birth have one of the highest rates of unmet need. Increase their access to services they want and need by offering family planning during child immunization, maternity follow-ups, and gender-based violence, etc.
- Essential services for HIV, STIs and cervical cancer,



abortion care and gender based violence should be combined with family planning to provide complete reproductive and sexual healthcare that fulfills the rights of women and girls. The positive effects of full, free, and informed access to these services will be compounded.

- Provide family planning information and services in post-abortion care.
- For many marginalized women, particularly young women and adolescents, access to contraception is denied because of stigma and other social barriers. Integrating services with non-judgmental service providers gives women and girls the opportunity to access contraception discreetly.



5: Focus on mobile populations.

More people are experiencing displacement than ever before - migrants and refugees, people living in camps, travelling in search of settlement, taking refuge with family members,

or paying out of pocket for temporary accommodation. Whatever the circumstances, women and girls' access to sexual and reproductive health services including family planning are extremely difficult to access.

- Include comprehensive contraceptive services in the Minimum Initial Service Package (MISP) during first stage response to humanitarian crisis.
- Support national partners in ensuring a transition to an integrated package of sexual and reproductive services tailored to the needs of the crisis.

Key interventions for equitable access to contraception

Contraception has the ability to transform the lives of women and girls. Investing in family planning is key to unlocking a world of possibilities. We call on decision-makers to:

1. Close the gap in unmet need for women and girls between the highest and lowest quintile by 2030.

If we are to achieve universal access to family planning, the poorest and most marginalized women and girls cannot be left behind.

- FP2020 partnership uses their convening power to redouble their efforts to reach the poorest and most marginalized women and girls that are being left behind by the progress of family planning, and use key global data on contraceptive inequalities to inform decision-making and country commitments.
- National decision-makers use evidence and data - including the outcomes of national surveys - to assess whether family planning policies, programmes or practices are feasible, affordable and acceptable to fulfilling the rights of the poorest and most marginalized women and girls.

2. Value the impact created by the increased contraceptive uptake of the poorest and most marginalized women and girls on key health, development and economic indicators.

To meet current levels of unmet need would require a doubling of current global investments. Reaching the poorest and most marginalized people can have a higher cost, yet doing so has the potential to yield a high impact.

- Donors increase investments in contraceptive care by US\$548 million to meet the unmet need for family planning, and recognize the high impact of meeting the needs of the world's poorest and most marginalized women and girls.
- National governments invest US\$21 per woman and girl per year to provide contraceptive information and supplies, as a way of building sustainable economic development.

3. Invest in girls by creating a youth-friendly sexual and reproductive health services and remove legal barriers around young people's access to contraception.

Girls have the right to improved access to youth friendly, integrated sexual and reproductive health services, including contraceptive services that do not discriminate based on age, social or marital status.

- Global leaders recognize the importance of empowered, educated and healthy girls in sustainable development, and unlocking economic growth.
- National decision-makers eliminate laws, policies and practices that limit girls' access to high quality contraceptive services and sexual and reproductive health services, especially those linked to age or marital status.



4. Support community based provision of contraceptive services – including mobile clinics, community health workers and community outreach to reach the hard to reach.

In hard to reach areas, community health workers bring services, supplies and information directly to where women and girls live and/or work.

- Donors invest in long-term, country-led training programmes, and recognize task shifting as a critical component in achieving more widespread quality service delivery.
- National governments place community health provision and service integration at the heart of health policy, and invest and train health workers to offer comprehensive contraceptive care.

5. Empower the poorest and most marginalized women and girls to influence content and structure of family planning programmes in their communities, fostering community ownership.

Citizens' social accountability is a critical way of engaging community voices to improve, expand and sustain family planning services. Community voices - specifically including poor and marginalized women and girls - must be engaged to ensure family planning care at all levels of decision making.

- Donors routinely include and actively advocate for the inclusion of community voices in the drafting, implementation, monitoring and evaluation of global policy initiatives.
- National governments encourage service provider feedback from users, and open a channel for discussion through which complaints and possible rights violations can be addressed.

6. Emphasize the link between family planning and sustainable development, and recognize the interlinkages in delivering key development and health outcomes.

The Sustainable Development framework specifically sets out that no one - no woman, man or young person - should be left behind global progress. Family planning, while explicitly named in Goals 3 and 5, underpins the achievement of all other goals including eradicating poverty, achieving equitable education and protecting the environment.

- Global leaders ensure that family planning is recognized as a key adaptation strategy, and included in climate change adaptation funding and policies.
- National governments recognize the value of investing in family planning as part of a rights-based adaptation strategy to climate change in National Adaptation Programmes of Action (NAPAs).

Without the hard work of the sexual and reproductive health movement, many who, despite opposition, persevere in promoting choice and access to comprehensive sexual and reproductive health and rights - including safe abortion and contraceptive services - and who continue to confront policy makers around the world, the future of women and girls in many countries remain unchanged.

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International Planned Parenthood Federation
4 Newhams Row, London SE1 3UZ, UK

tel +44 (0)20 7939 8200
fax +44 (0)20 7939 8300
web www.ippf.org
email info@ippf.org

UK Registered Charity No. 229476