

***REACHING POOR WOMEN  
with  
CONTRACEPTIVE  
SERVICES***

**Davidson R. Gwatkin**

## ***REACHING POOR WOMEN WITH CONTRACEPTIVE SERVICES***

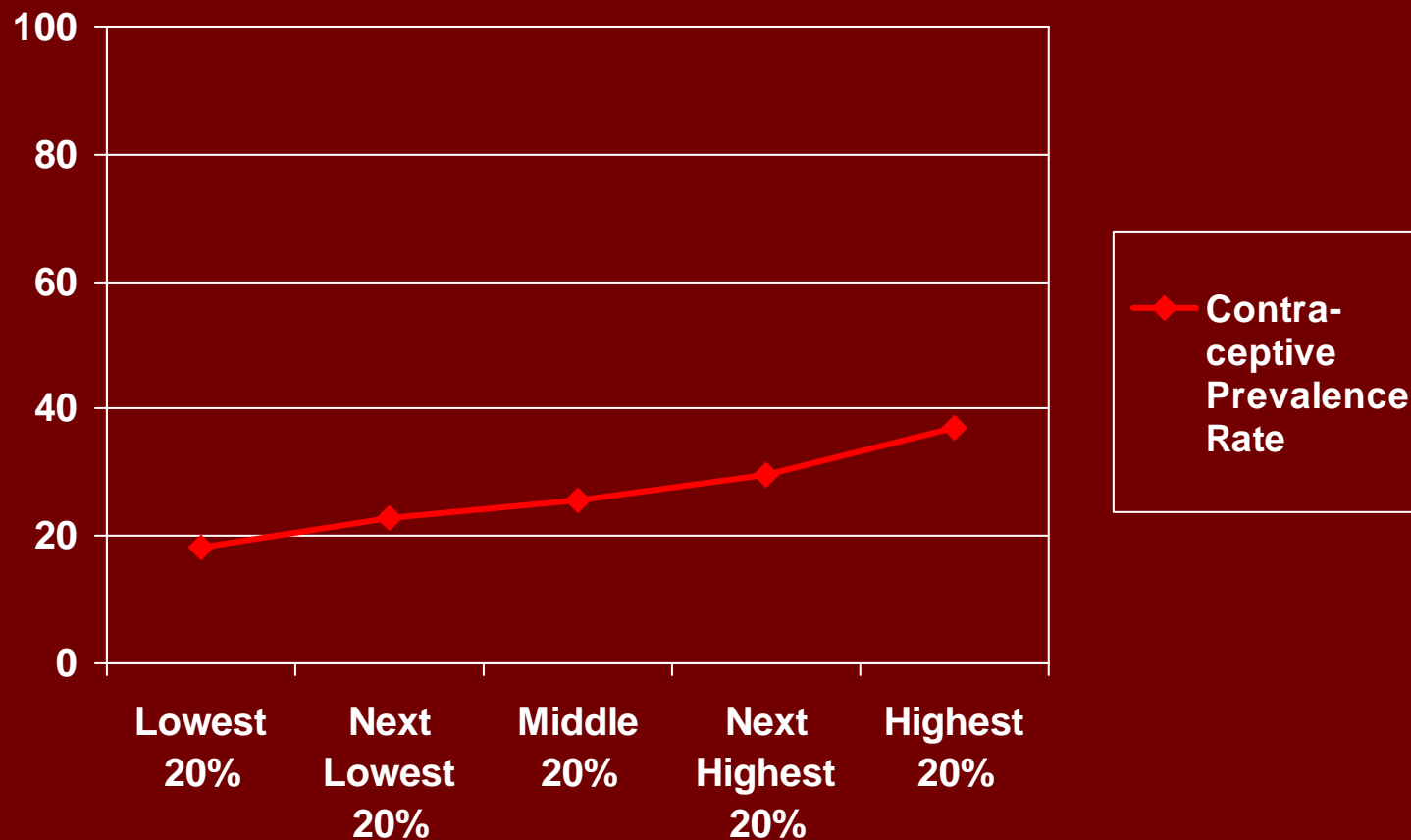
- ***Part One: The Challenge***
- ***Part Two: Meeting the  
Challenge***

## Part One: Meeting the Challenge

- *Contraceptive Use among Poor Women and Men Is Much Lower than among the Better-Off Almost Everywhere*
- *This Disparity Could Well Increase as Overall Prevalence Rises*

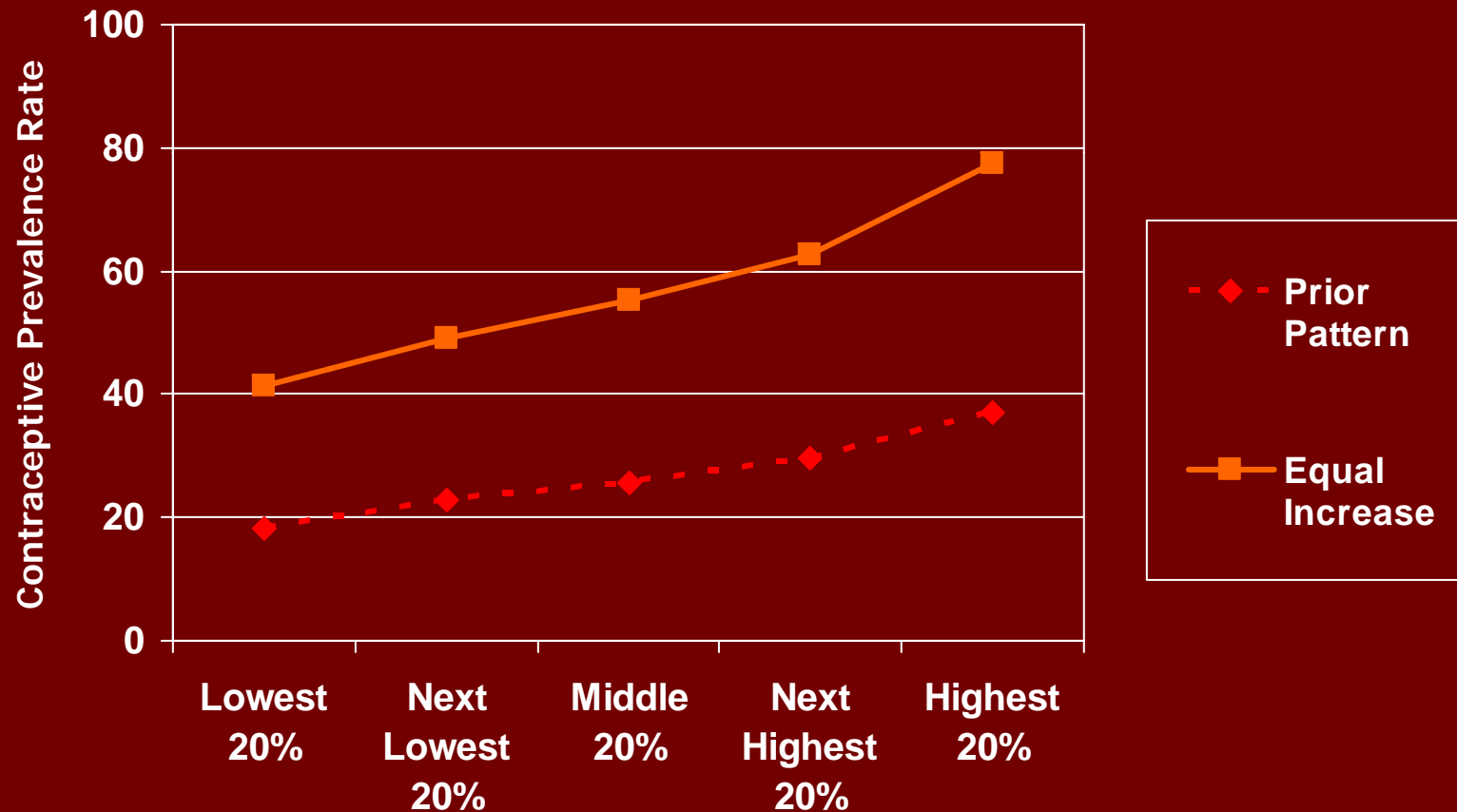
# Economic Inequalities in Modern Contraceptive Use among Women

## 56 Low- and Middle-Income Countries



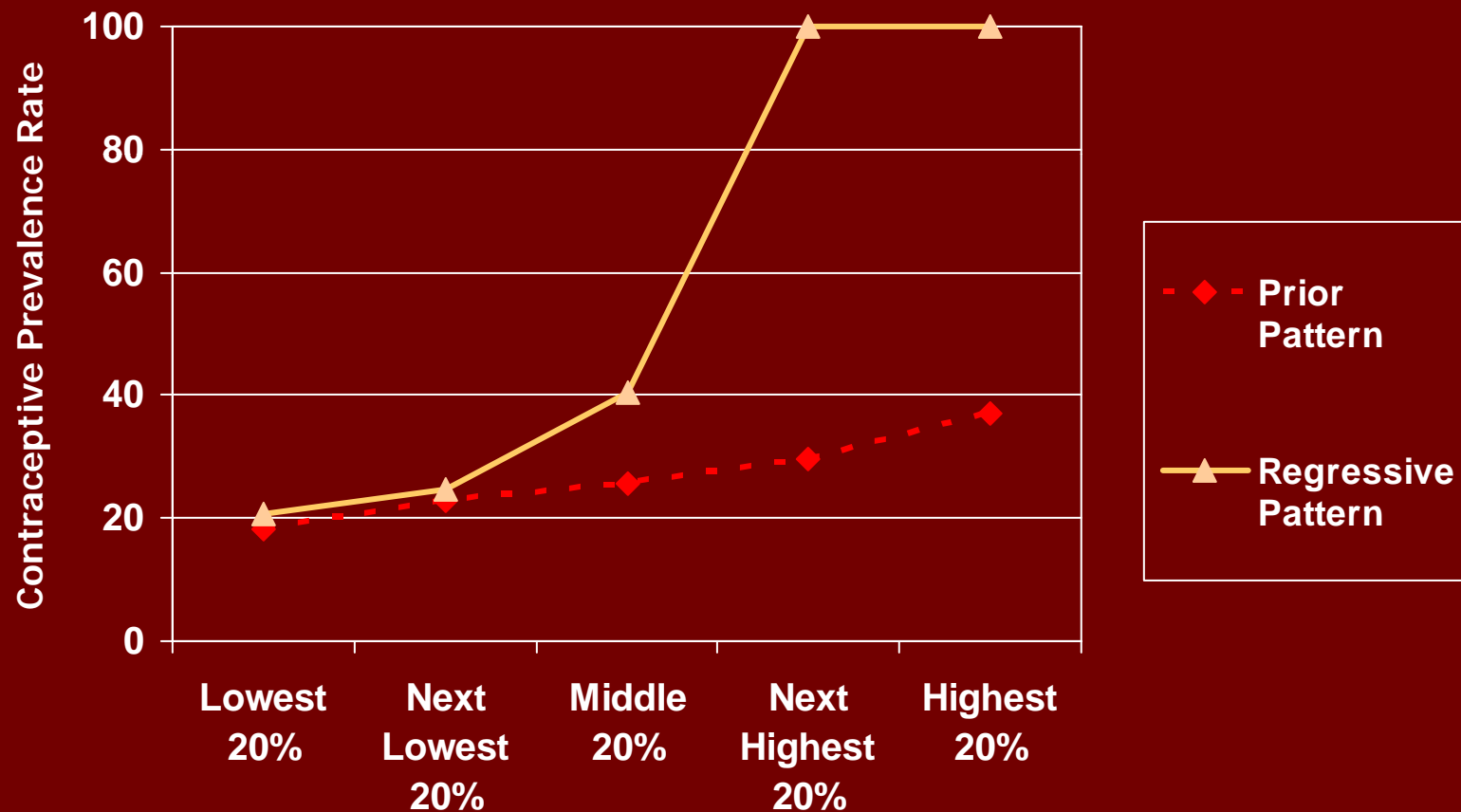
# Economic Inequalities in Modern Contraceptive Use among Women

Under Alternative Scenarios after Doubling Average Coverage



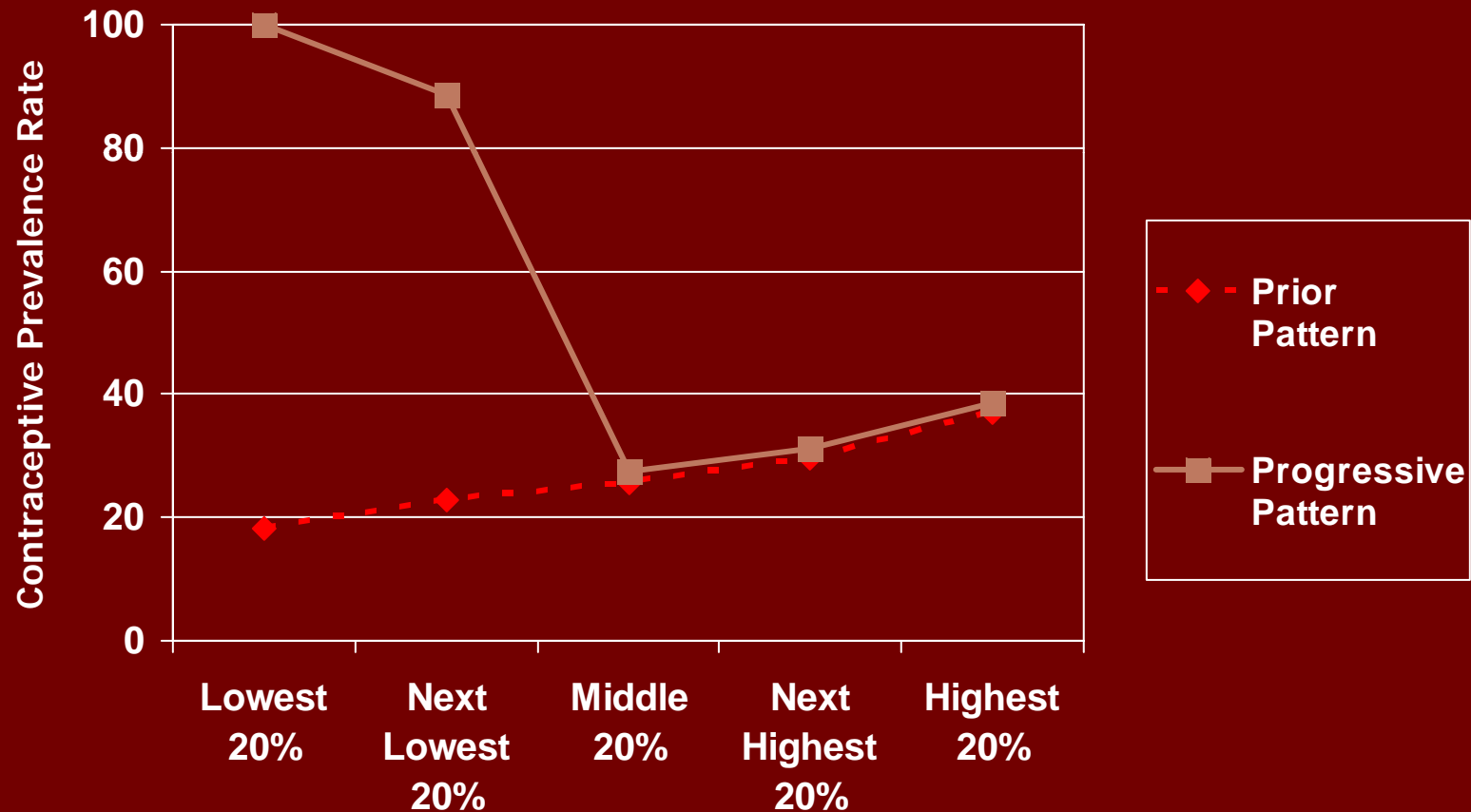
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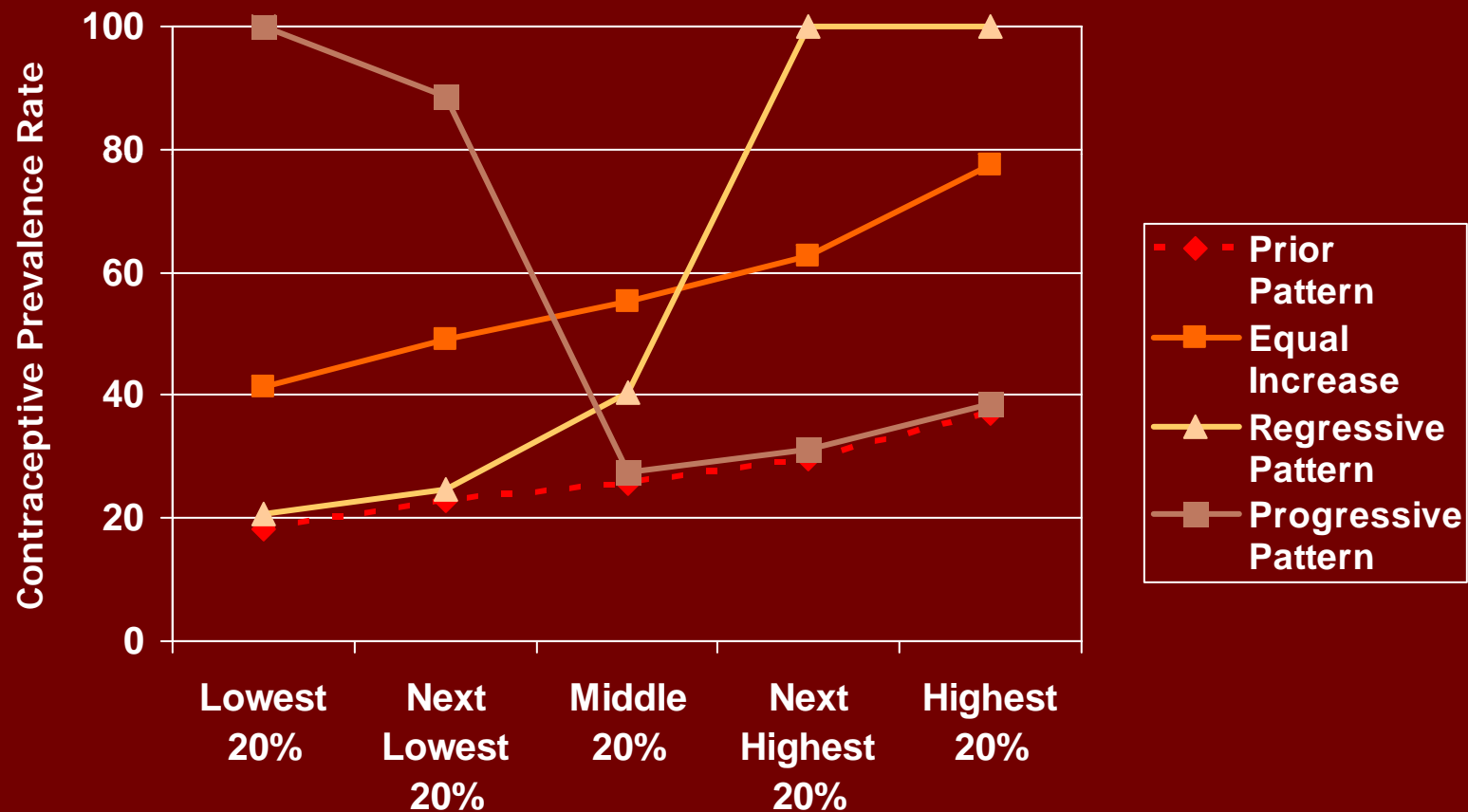
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# Economic Inequalities in Modern Contraceptive Use among Women

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## Part Two: Meeting the Challenge

### FOUR ILLUSTRATIONS

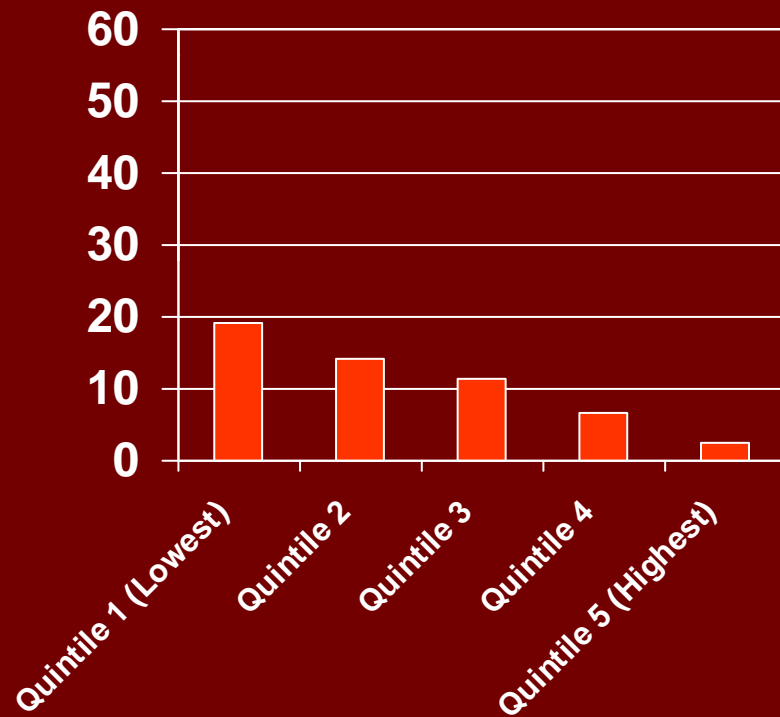
- Focusing on Poor Geographic Areas during the Initial Stages of a Universal Coverage Program – *Brazil's Reorganized Family Health Program*
- Involving Community Members in the Development of Social Programs – *the Nepal Adolescent Project*
- Contracting with NGOs – *An Experiment in Cambodia*
- Relying on NGOs – *Experience of India's Self-Employed Women's Association*

# **BRAZIL'S REORGANIZED FAMILY HEALTH PROGRAM**

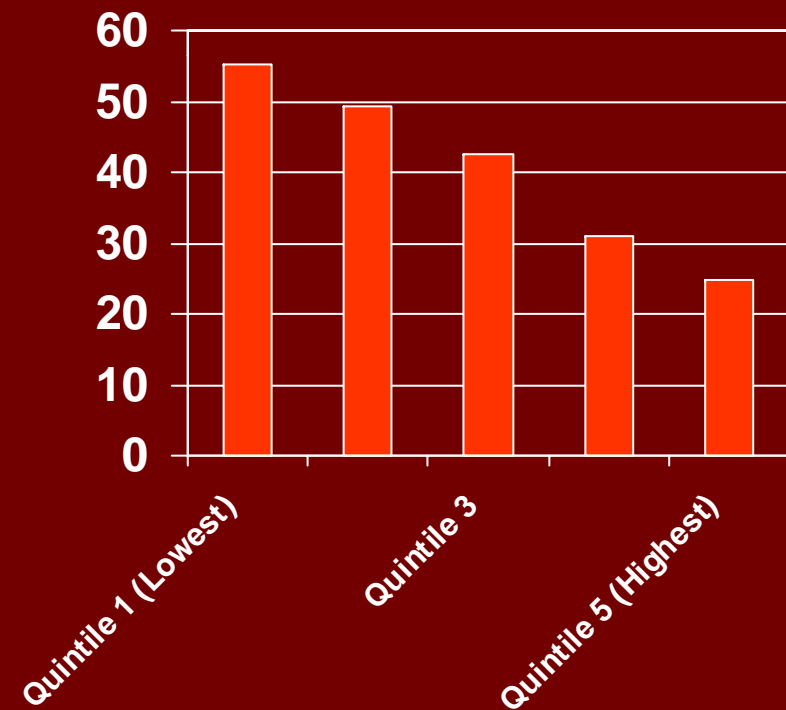
- **Change from Passive to Active Approach: from Reliance on Passive Health Stations Providing Curative Care on Demand, to Health Teams Expected to Undertake Outreach and Health Promotion as Well**
- **Phased Introduction of Program: Starting in Poorest Areas, then Expanding to Better-Off Ones en Route to Ultimate Objective of Universal Coverage**

# COVERAGE ACHIEVED BY BRAZIL'S REORGANIZED FAMILY HEALTH PROGRAM

Initial Stage (Porto Alegre City)



Mature Stage (Sergipe State)



# NEPAL ADOLESCENT PROJECT

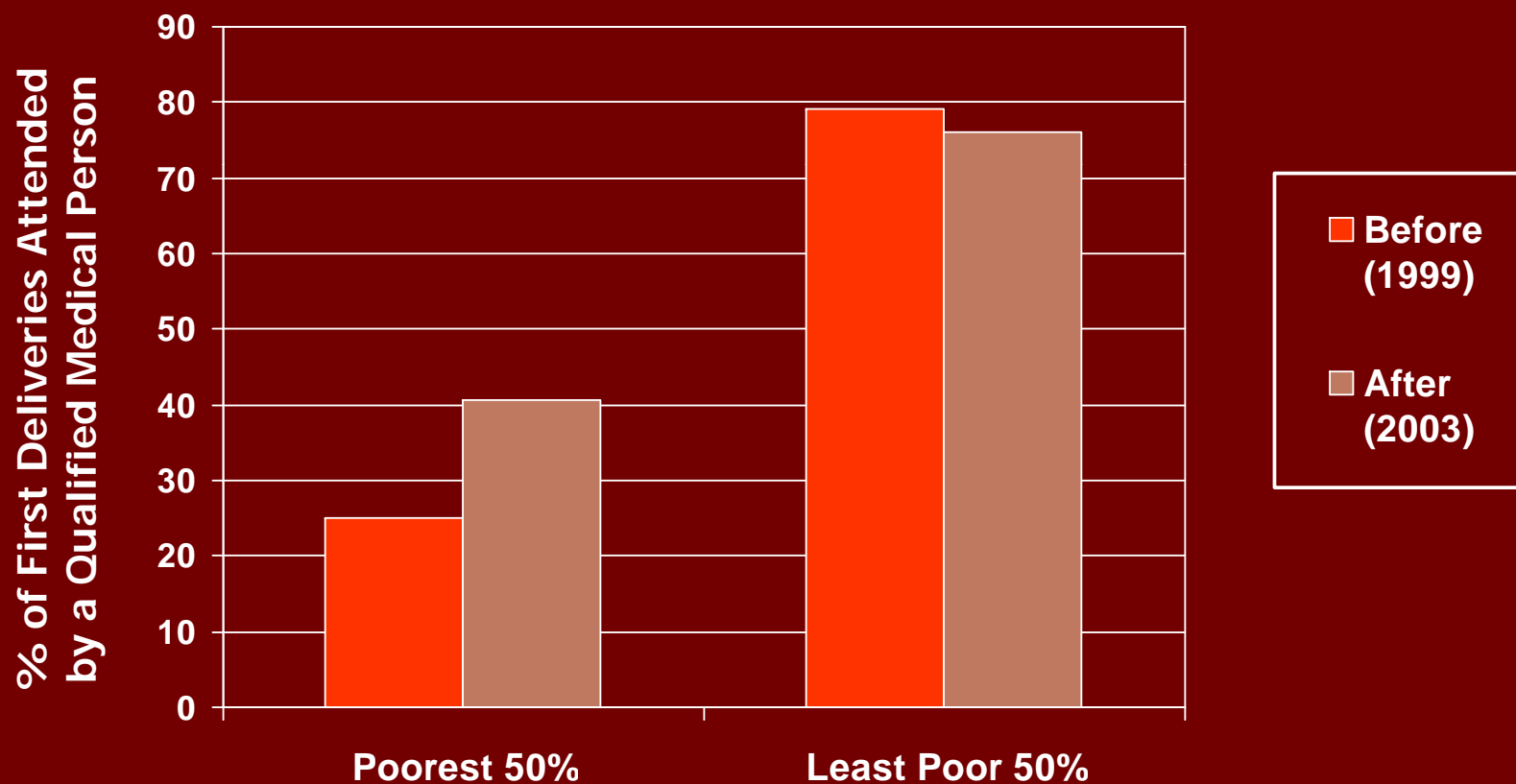
- **Duration: 1998-2003**
- **Location: Two Rural and Two Urban Communities**
- **Process: Highly Participatory, with Special Attention to the Inclusion of Poor Women and Ethnic Minorities**

# **NEPAL ADOLESCENT PROJECT (Continued)**

- **Content: Eight Interventions based on Community Priorities:**
  - **Direct Reproductive Health: e.g. Peer Education and Counseling**
  - **Beyond Reproductive Health: e.g. Adult Education, Street Theatre**

# NEPAL ADOLESCENT PROJECT

## Attended First Delivery Rates

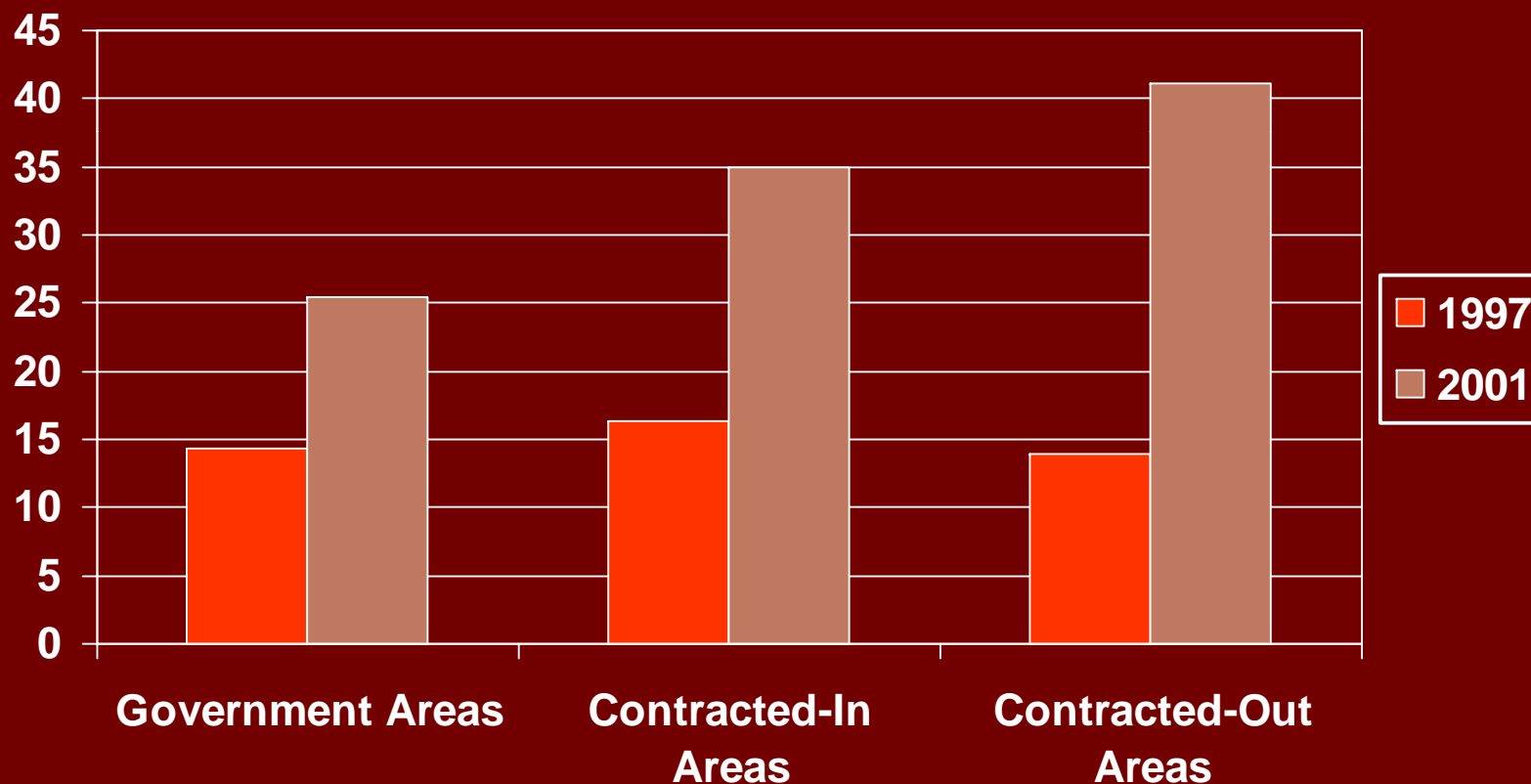


# Cambodia Contracting Experiment

- Three Patterns
  - CONTRACT-OUT: NGOs had complete responsibility for service delivery
  - CONTRACT-IN: NGOs provided management expertise, with budget supplement
  - GOVERNMENT: existing district management, with budget supplement
- Objectively verifiable goals
  - Increase in overall coverage rates
  - Increase in coverage among poorest half of the population
- International competitive bid for NGOs
- Experiment in Nine Districts, Total Population 1.3 Million

# CAMBODIA CONTRACTING: COVERAGE

Percentage of Poorest 20% Benefited by Intervention



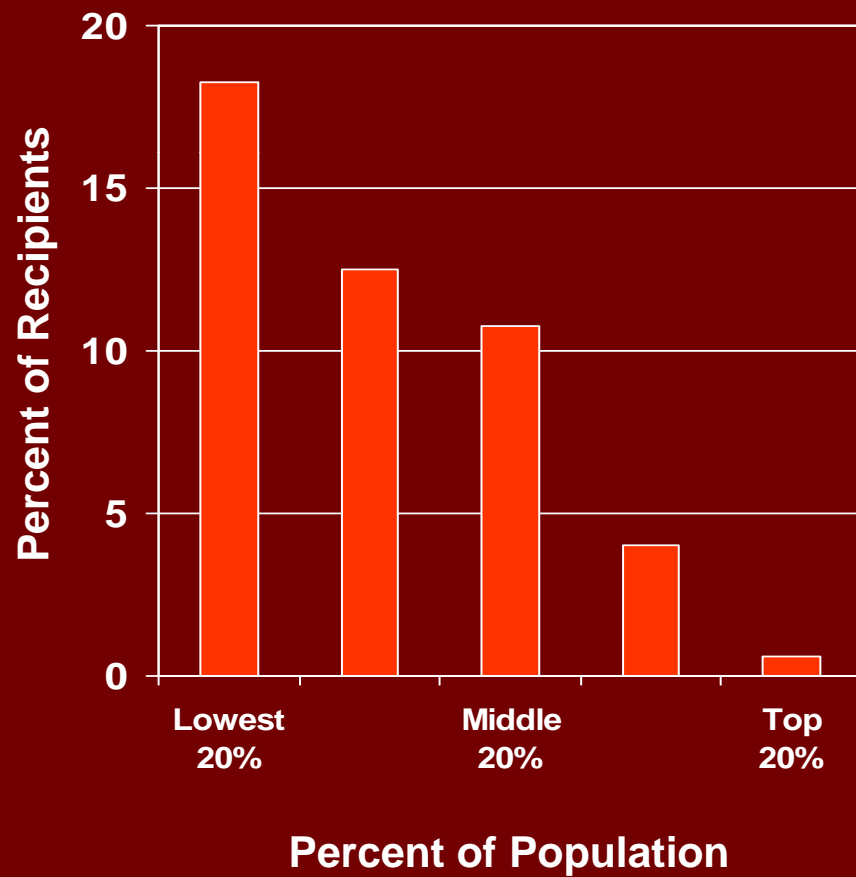


# **SERVICES PROVIDED BY THE SELF-EMPLOYED WOMEN'S ASSOCIATION IN GUJERAT, INDIA**

- **Service Provider: a Non-Governmental Organization/Trade Union of Poor Women, with nearly 500,000 Members**
- **Services Assessed: Reproductive Health Camps and Women's Health Education**

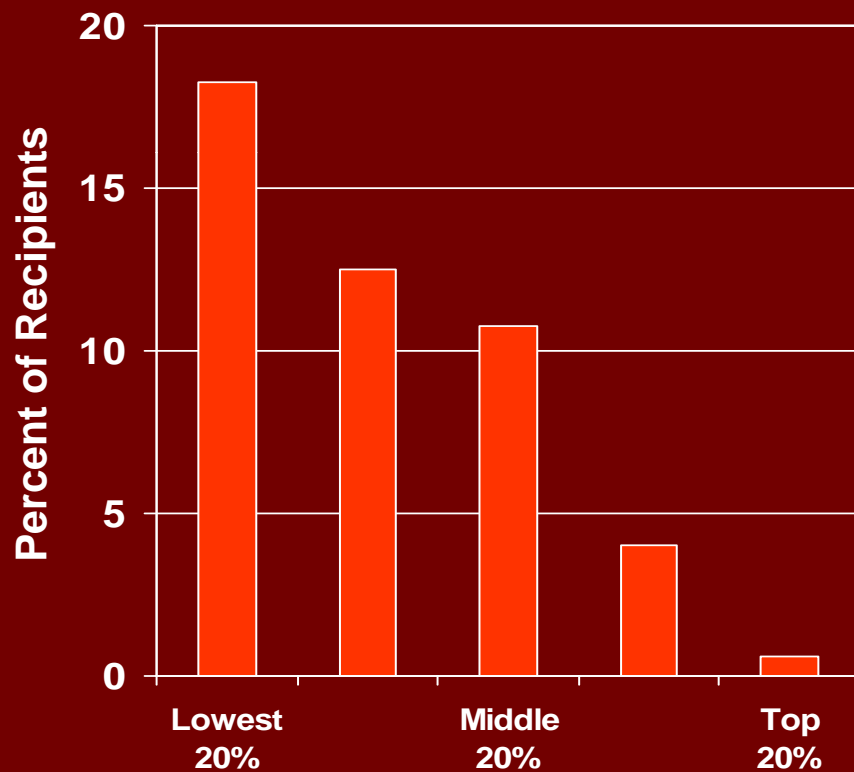
# RECIPIENTS OF SEWA REPRODUCTIVE HEALTH AND HEALTH EDUCATION SERVICES

## Urban Areas



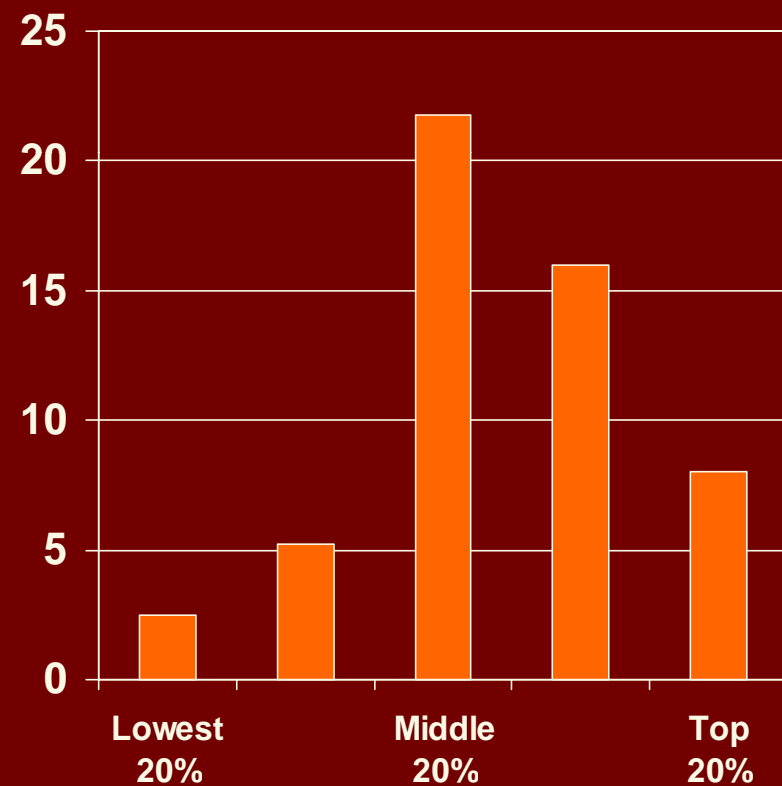
# RECIPIENTS OF SEWA REPRODUCTIVE HEALTH AND HEALTH EDUCATION SERVICES

## Urban Areas



Percent of Population

## Rural Areas



Percent of Population

# **OVERALL RECORD OF SEWA SERVICES**

- **Highly Progressive in Urban Areas**
- **Regressive in Rural Areas**