

Supplemental Appendix

Table A1: Detailed summary of studies with no primary outcomes, but with at least one secondary outcome

Date	Study Name	Author(s)	Outcomes	Country	Data and Sample	Key Exposure Variables	Financing Intervention/Program	Empirical Strategy Used	Key Findings
2015	Access to microfinance, female empowerment and fertility in urban India	E. Field, R. Pande, J. Martinez	<ul style="list-style-type: none"> – Fertility – Female labor supply – Income 	India	<ul style="list-style-type: none"> – 2507 poor female Self Employed Women in Ahmedabad city who work in the informal sector – Surveys in 2010-2014 – Analysis of annual retrospective data for 1997-2007 	<ul style="list-style-type: none"> – Estimates effect of living close to microfinance loan officer measured by geocoded data 	<ul style="list-style-type: none"> – Expansion of number of microfinance loan officers over the period 1997-2007 	<ul style="list-style-type: none"> – Estimating probability a child was born at year t+1 as a function of proximity to a loan officer in period t. 	Having a loan officer within 350m lowers probability of having child in a year from 4.2% to 2.2% - significant at 5%
2012	Do microfinance programs change fertility?: Evidence using panel data from Bangladesh	A. Kuchler	<ul style="list-style-type: none"> – Fertility 	Bangladesh	<ul style="list-style-type: none"> – 1798 households randomly drawn from 87 villages – Surveys in 1991-1992 and 1998-1999 	<ul style="list-style-type: none"> – Being in a treatment area with access to microfinance and being eligible for micro finance (land ownership less than 0.5 acres) – Uses only 1991-1992 data since all areas had access to micro finance in 1998-1999 	<ul style="list-style-type: none"> – Provides microfinance to women in eligible households (land ownership less than 0.5 acres) 	<ul style="list-style-type: none"> – Difference-in-differences model, comparing difference in the outcome for eligible women in treatment area with eligible women in non-treatment area relative to difference in non-eligible women between treatment and non-treatment areas. 	Eligibility x treatment area increases the probability of a birth in the last 5 years by 0.11 but not statistically significant

Notes: There were three studies that had promising data sets and outcome variables for our review but failed to make our selection criteria due to methodological issues. The study by Pitt et al (1999) examined access to microfinancing effects on contraceptive use and fertility in Bangladesh. As with several other papers, the authors use the fact that the microfinance program is aimed at households with less than half an acre of land. However the identification strategy of the study was to use an instrumental variables approach, instrumenting take up of microfinance with land ownership. As part of this approach, the authors assume that land ownership is correlated with contraceptive use only through its effect on take up of microfinance, which is likely to be untrue. For example, land ownership could affect fertility incentives and family planning use due to a desire to have children to work on family land. Two other studies by Steele et al (1998) and Steele et al (2001) examined the effects of introducing credit and savings groups in Bangladesh on contraceptive use and fertility. The authors have baseline data from 1993 and follow up data from 1995 with both treatment and control groups, which would allow them to exploit a difference-in-differences approach to identify program effects. However, the methodology used is to compare eligible women in treatment areas in 1995 who participate in the programs with similarly eligible women in treatment areas in 1995 who do not participate. This approach suffers from the problem that participation in the programs may be endogenous to family planning use where, for example, non-use of contraception and a birth may lead to increased program participation.

Table A2: Risk of Bias and Quality of Evidence Scores, Studies with Secondary Outcomes Only

Authors, Date	Country	Risk of Bias Assessment Score Categories								Overall Quality Score (QoE)
		RoB A	RoB B	RoB C	RoB D	RoB E	RoB F	RoB G	RoB H	
Fertility, birth spacing, and family size										
Field et al., 2015	India	Low	Unclear	Low	Low	Low	Low	Unclear	Low	High Quality of Evidence
Kuchler, 2012	Bangladesh	Low	Unclear	Low	Low	Low	Unclear	Unclear	Low	Med/High Quality of Evidence

Table A3: Summary of Quality of Evidence by Country, Studies with Secondary Outcomes Only

Date	Author(s)	Country	Overall Quality of Evidence Score (QoE)
2015	E. Field, R. Pande, J. Martinez	India	High
2012	A. Kuchler	Bangladesh	Medium/High

Table A4: Summary of articles that did not meet the review methodological criteria

Date	Author(s)	Study Title	Outcomes	Country	Financing Intervention/Program	Key Findings
1998	Steele, Fiona; Amin, Sajeda; Naved, Ruchira T.	The impact of an integrated micro-credit program on women's empowerment and fertility behavior in rural Bangladesh	– Contraceptive use	Bangladesh	National credit program implemented by Save the Children USA (SC) and the Association for Social Advancement (ACA). The program offers collateral-free small loans to poor women.	SC-ASA members are more likely to use modern contraceptives than nonmembers in the same villages and control villages
2001	Amin R; St. Pierre M; Ahmed A; Haq R	Integration of an essential services package (ESP) in child and reproductive health and family planning with a micro-credit program for poor women: experience from a pilot project in rural Bangladesh.	– Contraceptive use	Bangladesh	Integrated delivery of family planning, child immunization, and micro-credit (contracted out to a local NGO) by Morgan State University. First phase of the project involved door-to-door educational campaigns and delivery of non-clinical family planning methods and child immunization	The contraceptive prevalence rate increased from 28.0% in 1992 to 53.0% in 1997
1994	Amin, Ruhul; Ahmed, A. U.; Chowdhury, J.; Ahmed, M.	Poor women's participation in income-generating projects and their fertility regulation in rural Bangladesh: Evidence from a recent survey	– Contraceptive use	Bangladesh	Intervention regions are where three nongovernmental organizations have ongoing rural credit programs. The three NGOs are: Grameen Bank (GB), Bangladesh Rural Advancement Committee (BRAC), Bangladesh Rural Development Board (BRDB).	Women who were members of IGPs (Income-Generating Projects) for 1-36 months had higher odds of using contraceptives, compared to non-members.
1995	Amin, Ruhul; Hill, Robert B.; Li, Yiping	Poor Women's Participation in Credit-based Self-employment: The Impact on their Empowerment, Fertility, Contraceptive Use, and Fertility Desire in Rural Bangladesh	– Contraceptive use – Fertility	Bangladesh	Intervention regions are where three nongovernmental organizations have ongoing rural credit programs. The three NGOs are: Grameen Bank (GB), Bangladesh Rural Advancement	Women who were credit members had 2.17 the odds of using contraceptives, compared to non-members. Women who were credit members had 0.612 the odds of having recent fertility

					Committee (BRAC), Bangladesh Rural Development Board (BRDB).	(having a live birth in the last five years), compared to non-members. Women who were credit members had 2.888 the odds of desiring no more children, compared to non-members.
1996	Amin, Ruhul; Li, Yiping; Ahmed, Ashrad U.	Women's Credit Programs and Family Planning in Rural Bangladesh	<ul style="list-style-type: none"> – Contraceptive use – Fertility – Ideal family size 	Bangladesh	Intervention regions are where five nongovernmental organizations have ongoing rural credit programs (the five organizations were treated as separate strata).	<p>Women who were credit-program members were significantly more likely than were nonmembers and non-program women to use contraceptives.</p> <p>Women who were credit-program members were significantly more likely than non-program women to report a large ideal family size. However, the addition of empowerment to the model resulted in a decrease in the odds ratio for desire for no additional children (from 1.71 to 1.66) and credit-program membership was no longer significantly associated with this variable.</p>
2011	Duvendack, Maren; Palmer-Jones, Richard	The microfinance of reproduction and the reproduction of microfinance: understanding the connections between microfinance, empowerment, contraception and fertility in Bangladesh in the 1990s.	<ul style="list-style-type: none"> – Contraceptive use – Fertility 	Bangladesh	HH eligibility into one of three group-based credit programs (Grameen Bank, Bangladesh Rural Advancement Committee, Bangladesh Rural Development Board) using land ownership rule as an indicator of eligibility. Rule: HHs that own more than 0.5 acres of land are precluded from joining any of the 3 credit programs.	<p>Results support the view that MF appears to increase contraceptive use.</p> <p>Results cannot confirm general literature view that MF reduces fertility.</p>
2014	Fakunle, B.; Okunlola, M. A.; Fajola, A.; Ottih,	Community health insurance as a catalyst for uptake of family planning and	<ul style="list-style-type: none"> – Contraceptive use 	Nigeria	The Community Health Insurance Scheme (CHIS), initiated by Shell Petroleum Development Company	There was a marked increase in uptake of FP methods from 2011 to 2012, especially the use of short-term methods

	U.; Ilesanmi, A. O.	reproductive health services: The Obio Cottage Hospital experience			in conjunction with the government, designed primarily to provide greater financial access to healthcare	(condoms). Long-term methods also increased, with the exception of IUCDs.
2007	Harty, Jennifer	Microcredit, Macro Change: The Impact of Credit Programs on Women's Fertility in Bangladesh	– Fertility	Bangladesh	Whether women are members of the two most prominent credit programs in Bangladesh (the Grameen Bank and BRAC). 1=member at the time of interview; 0=non-member at time of interview.	On average, 11.9% of the excess fertility that each woman experiences could be eliminated by participation in credit programs.
1999	Hossain, M. K.; Kabir, M.	Does a Micro Credit Program in Rural Bangladesh have any Impact on Reproductive Behavior of Poor Rural Women?	– Contraceptive use	Bangladesh	Rural households from villages in each of the four programs (BRBD, BRAC, Grameen and PROSHIKA).	The probability of using contraceptives as a member of BRAC is significantly higher than the probability of using them as a member of BRDB (RC). Participation in Grameen Bank has a positive but non-significant effect on contraceptive use.
1996	Khandker, Shahidur R.; Latif, Muhammad Abdul	The role of family planning and targeted credit programs in demographic change in Bangladesh	– Contraceptive use	Bangladesh	Rural households from villages in each of the four programs (BRBD, BRAC, Grameen and PROSHIKA).	Results support the view that MF appears to increase contraceptive use. Results confirm general literature view that MF reduces fertility.
1994	Khan, N.; Dearden, K.	Do women's savings and credit programs affect fertility? A case from Save the Children/Bangladesh.	– Contraceptive use – Fertility	Bangladesh	Women's savings groups consist of 15 to 20 women who meet on a routine basis to save money, gain access to loans, and receive training in community development.	Women's savings group members were more likely than non-members to adopt a modern method of contraception. TFR was consistently lower for members, compared to non-members.
2011	Norwood, Carollette	Women, Microcredit and Family Planning Practices: A	–	Ghana	Two groups of women were purposively selected and interviewed: 102 members of esusu	Membership status not significantly associated with contraceptive use, even

		Case Study from Rural Ghana			microcredit groups, and 102 non-members.	when including mediating factors and interaction terms.
1999	Pitt, Mark M.; Khandker, Shahidur R.; McKernan, Signe-Mary; Latif, M. Abdul	Credit programs for the poor and reproductive behavior in low-income countries: are the reported causal relationships the result of heterogeneity bias?	– Contraceptive use – Fertility	Bangladesh	HH eligibility into one of three group-based credit programs (Grameen Bank, Bangladesh Rural Advancement Committee, Bangladesh Rural Development Board) using land ownership rule as an indicator of eligibility.	Conditional on village characteristics, women who are more likely to use FP are more likely to join credit program, but villages with low CPR are more likely to have access to credit For women: 1% increase in credit increases the probability of having child in last 4 years by 0.04%
1994	Schuler, Sidney Ruth; Hashemi, Syed M.	Credit Programs, Women's Empowerment, and Contraceptive use in Rural Bangladesh	– Contraceptive use – Method Mix	Bangladesh	Grameen Bank and BRAC provide small loans to group members, require members to attend weekly meetings with other participants from their villages, and organize training courses for participants.	A higher percentage of women use certain methods (pills and injectables) among GB villages More likely to use contraception compared to women in communities without any credit programs. Compared to this referent, nonmembers in GB villages were more likely to use FP.
1997	Schuler, Sidney Ruth; Hashemi, Syed Mesbahuddin; Riley, Ann P.	The influence of women's changing roles and status in Bangladesh's fertility transition: Evidence from a study of credit programs and contraceptive use	– Contraceptive use	Bangladesh	Grameen Bank and BRAC provide small loans to group members, require members to attend weekly meetings with other participants from their villages, and organize training courses for participants.	Women's participation in credit programs increases contraceptive use. The persistent effect of membership duration, especially in models that include only members of credit programs and control for prior use, support this hypothesis. The effects of credit programs and empowerment on contraceptive use are largely independent, but we would interpret this finding with caution, as the measures can only partially capture the phenomenon of empowerment.

2008	Smith, Kimberly V.; Sulzbach, Sara	Community-based health insurance and access to maternal health services: Evidence from three West African countries	– Family planning use	Senegal, Mali, Ghana	Look at relationship between community-based health insurance (CBHI) membership and outcomes	No significant effects of CBHI membership on uptake of FP services and use.
1998	Steele, Fiona; Amin, Sajeda; Naved, Ruchira T.	The impact of an integrated micro-credit program on women's empowerment and fertility behavior in rural Bangladesh	– Contraceptive use – Fertility	Bangladesh	Divided into three areas: 1) the “old” area where Save the Children (SC) had non-credit programs since 1970’s; 2) the “new” area where SC was soon to begin new program interventions; 3) “control” villages in the same thana that were similar to those in the new area but where no SC intervention was planned. 1) and 2) are intervention areas.	SC-ASA members are more likely to use modern contraceptives A dramatic increase in contraceptive use occurred during the first two years of credit program introduction in the new areas, compared with almost no change in the control area. Savings-group members in the old area (where non-credit programs were established during the late 1980s) were the least likely to conceive between 1993 and 1995 and the least likely to report wanting another child. Thus, contraception seems to be one of the first areas of behavioral change associated with a credit program.
2001	Steele, Fiona; Amin, Sajeda; Naved, Ruchira T.	Savings/credit group formation and change in contraception	– Contraceptive use – Fertility	Bangladesh	Divided into three areas: 1) the “old” area where Save the Children (SC) had non-credit programs since 1970’s; 2) the “new” area where SC was soon to begin new program interventions; 3) “control” villages in the same thana that were similar to those in the new area but where no SC intervention was planned. 1) and 2) are intervention areas.	In intervention areas (old and new) contraceptive use increased
1995	Schuler, Sidney Ruth; Hashemi,	Beyond Credit: SEWA’s Approach to Women’s	– Empowerment – Decision-	India	Self Employed Women's Association (SEWA), based in	Increased women’s empowerment

	Syed M.; Pandit, Harshida	Empowerment and Influence on Women's Reproductive Lives in Urban India	making – FP use		Ahmedabad, western India, provides a district model for extending financial services to poor women and more generally, for poverty alleviation. SEWA provides credit as a part of an integrated program which includes unions, cooperatives and supportive services.	Improved use of family planning
2004	Winfrey, Bill; Dougherty, Leanne; Alkenbrack, Sarah	Impact of Health Insurance on the Use of Family Planning and Maternal Health Services	– Family planning use	Colombia, Dominican Republic, Turkey	Examination of provision of health insurance on family planning uptake in 3 countries	Health insurance seems to effect an increased use of clinical family planning services relative to resupply methods Found positive results for the insurance plans offered to formal sector employees in Turkey. All other insurance plans showed either counterintuitive results or no result at all.

Systematic Review Search Strategy and Results

STEP 1: Define List of Key Search Terms

Each relevant search term identified has been assigned to one of nine search term blocks labeled A through I as follows:

BLOCK A. Community-Based Financing Terms

community based financing, community-based financing
health financing
community financing strategy
health care financing, healthcare financing
community prepayment, community pre-payment
financial intermediation
financial protection
community cost sharing

“community based financing”[TW] OR “community-based financing”[TW] OR “health financing”[TW] OR “community financing strategy”[TW] OR “health care financing”[TW] OR “healthcare financing”[TW] OR “community prepayment”[TW] OR “community pre-payment”[TW] OR “financial intermediation”[TW] OR “financial protection”[TW] OR “community cost sharing”[TW] OR “community financing”[TW] OR “community payment”[TW] OR “communal financing”[TW] OR “communal payment”[TW]

BLOCK B. Insurance Terms

community health insurance, community-based health insurance
microinsurance micro insurance
social reinsurance, social re-insurance
risk protection
risk sharing
risk pooling
revenue pooling
revenue sharing
mutual insurance
social health insurance
rural health insurance
local health insurance
resource mobilization
microcredits, micro credit
microsavings, micro savings

“community health insurance”[TW] OR “community-based health insurance”[TW] OR “community insurance”[TW] OR “microinsurance”[TW] OR “micro insurance”[TW] OR “social reinsurance”[TW] OR “social insurance”[TW] OR “social re-insurance”[TW] OR “risk protection”[TW] OR “risk sharing”[TW] OR “risk pooling”[TW] OR “revenue pooling”[TW] OR “revenue sharing”[TW] OR “pooling risk”[TW] OR “mutual insurance”[TW] OR “social health insurance”[TW] OR “rural health insurance”[TW] OR “local health insurance”[TW] OR “resource

mobilization”[TW] OR “mobilizing resources”[TW] OR “microcredits”[TW] OR “micro credit”[TW] OR “microsavings”[TW] OR “micro savings”[TW] OR “micro saving”[TW] OR “microsaving”[TW]

BLOCK C. Community-Related Terms

community based health program, community-based health program

community involvement

social inclusion

public-private partnership, public private partnership

community participation

community credit

community schemes

mutual health organization

community-managed health, community managed health

community health fund

community-managed user fees, community managed user fees

community health services

“community based health program”[TW] OR “community-based health program”[TW] OR “community involvement”[TW] OR “social inclusion”[TW] OR “public-private partnership”[TW] OR “public private partnership”[TW] OR “PPP”[TW] OR “community participation”[TW] OR “community credit”[TW] OR “community schemes”[TW] OR “mutual health organization”[TW] OR “community-managed health”[TW] OR “community managed health”[TW] OR “community health fund”[TW] OR “community-managed user fees”[TW] OR “community managed user fees”[TW] OR “community health services”[TW] OR “community health program”[TW] OR “community health”[TW]

BLOCK D. Family Planning and Reproductive Health Terms

family planning

reproductive health

contraception

contraceptive methods

family planning services

women’s health

maternal health

pregnancy

sexual behavior

short-acting methods

long acting and permanent methods (LAPMs)

long-acting reversible contraception (LARCs)

hormonal contraception / hormonal methods

barrier methods

short acting methods

modern contraceptives/ modern methods

traditional contraceptives / traditional methods

folkloric contraceptives / folkloric methods

birth control

fertility

decision making

pill
oral contraceptive, OCPs, OCs, BCs, BC tablets
combined oral contraceptive pill (COCP)
estrogen and progestin
condom
female condom
diaphragm
birth control implant, Implanon, Nexplanon, Norplant, Jadelle
birth control patch, Ortho Evra
birth control sponge, sponge
spermicide
birth control ring, vaginal ring, NuvaRing
breastfeeding, lactational amenhorrea method, LAM
cervical cap, FemCap
emergency contraception, morning-after pill, Plan B, Ella
fertility awareness method, FAM, Standard Days Method, SDM, Two-Day Method, TDM, Calendar Method, Rhythm Method
intrauterine device, IUD, IUCD, intrauterine contraceptive device, the coil, copper IUD, Copper-T, ParaGard, Mirena
injectable, Depo-Provera, medroxyprogesterone acetate
(fe)male sterilization, vasectomy, tubal ligation

BLOCK E. WHO-provided Search Terms for FP

"Family Planning Services"[Mesh] OR "Family Planning Policy"[Mesh] OR "planned pregnancy"
[TW] OR "planned pregnancies "[TW] OR "one child policy" [TW] OR "one child policies" [TW]
OR "pro natalist policy" [TW] OR "pronatalist Policy" [TW] OR "pro natalist policies" [TW] OR
"pronatalist Policies" [TW] OR "Antinatalist policy" [TW] OR "Antinatalist policies" [TW] OR
"Contraception"[Mesh] OR "fertility inhibition"[TW] OR "fertility control"[TW] OR contraception*
[TW] OR contraceptive*[TW] OR Immunocontraception [TW] OR "Contraception Behavior"[Mesh]
OR "contraceptive behavior" [TW] OR "contraceptive behaviour" [TW] OR "contraceptive
behaviors" [TW] OR "contraceptive behaviours" [TW] OR "contraceptive usage" [TW] OR
"contraceptive method switching" [TW] OR "Perinatal Care"[Mesh] OR "postnatal care" OR
"postpartum care" OR "perinatal Care" [TW] OR (postpartum [TW] AND program*[TW]) OR
"Birth Intervals"[Mesh] OR "birth interval" [TW] OR "birth intervals" [TW] OR "birth spacing" [TW]
OR "pregnancy interval" [TW] OR "pregnancy intervals" [TW] OR "Contraceptive Devices"[Mesh]
OR "contraceptive devices" [TW] OR "contraceptive device" [TW] OR Condom* [TW] OR
"Intrauterine Devices" [TW] OR "Intrauterine Device" [TW] OR IUD [TIAB] OR IUDS [TIAB] OR
IUS [TIAB] OR ((family AND (plans OR plan OR planning)) OR "Reproductive Control
Agents"[Mesh] OR "reproductive control agents" [TW] OR Abortifacient [TW] OR "Reproductive
Control Agents"[Mesh] OR "cervical cap" OR "cervical caps" OR "coiled spring" OR "coiled springs"
OR "vaginal ring" OR "vaginal rings" OR "vaginal diaphragm" OR "vaginal diaphragms" OR "vaginal
shield" OR "vaginal shields" OR "Medroxyprogesterone Acetate"[Mesh] OR "Depo-Provera OR
DMPA" [TW] OR "Contraceptives, Oral"[Mesh] OR "Oral Contraceptives Low-Dose"[TW] OR
"Oral contraceptive hormonal"[TW] OR "Desogestrel"[Mesh] OR "Organon Brand of Desogestrel"
[TW] OR "implanon" [TIAB] OR "Jadelle" [TIAB] OR "Levonorgestrel Wyeth Brand" [TIAB] OR
"Norplant" [TIAB] OR "Norplant-2" [TIAB] OR "Contraceptives, Oral"[Mesh] OR "Postcoital
Contraceptives" [TW] OR "Emergency Contraceptives" [TW] OR "Emergency Contraceptive" [TW]
OR "Morning After Pill" [TW] OR "Morning-After Pill" [TW] OR "Reproductive

Sterilization"[Mesh] OR "Voluntary Female Sterilization" [TW] OR "Voluntary Female Sterilizations" [TW] OR "Female Sterilization" [TW] OR "Female Sterilizations" [TW] OR "Male Sterilization" [TW] OR "Male Sterilizations" [TW]

BLOCK F. Use/Utilization Outcome Terms

Contraceptive use
contraceptive uptake
contraceptive prevalence rate
contraceptive utilization
utilization of family planning services
Discontinuation
Method switching
Method mix, range of services
New contraceptive users
unmet need

"Contraceptive use" [TW] OR "contraceptive uptake" [TW] OR "contraceptive prevalence rate" [TW] OR "CPR" [TW] OR "contraceptive utilization" [TW] OR "utilization of family planning services" [TW] OR "discontinuation" [TW] OR "continuation"[TW] OR "method switching" [TW] OR "method mix" [TW] OR "range of services" [TW] OR "new contraceptive users" [TW] OR "new users" [TW] OR "unmet need" [TW] OR "family planning use" [TW] OR "family planning utilization"[TW] OR "prevalence rate"[TW] OR "prevalence"[TW] OR "uptake"[TW] OR contraceptive*[TW]

BLOCK G. Fertility-Related Outcome Terms

Fertility
Timing of first birth
Parity
Teenage births
Birth spacing
Pregnancy
Unintended pregnancy
Unsafe abortion

"fertility" [TW] OR "fertility rate"[TW] OR "TFR"[TW] OR "total fertility rate"[TW] OR "birth" [TW] OR "timing of first birth" [TW] OR "age of first birth" [TW] OR "age at first birth" [TW] OR "parity" [TW] OR "number of children" [TW] OR "teenage birth" [TW] OR "teenage births" [TW] OR "teen birth" [TW] OR "teen births" [TW] OR "birth spacing" [TW] OR "pregnancy" [TW] OR "unintended pregnancy" [TW] OR "teen pregnancy" [TW] OR "teenage pregnancy" [TW] OR "unsafe abortion" [TW] OR "abortion" [TW] OR "induced abortion" [TW] OR "termination" [TW] OR "stillbirth" [TW] OR "miscarriage" [TW]

BLOCK H. Other Outcomes

Sexually transmitted infection, STI
Cost-effectiveness
Quality of care
Sustainability
Acceptability of services

Access
Satisfaction
Scaling up
Side effects
Efficiency, effectiveness
Financial risk burden
Out of pocket expenditure/expenses
Stockouts

“Sexually transmitted infection” [TW] OR “STI” [TW] OR “STIs” [TW] OR “sexually transmitted infections” [TW] OR “Cost-effectiveness” [TW] OR “cost effectiveness” [TW] OR “CEA” [TW] OR “cost effectiveness analysis” [TW] OR “cost-effectiveness analysis” [TW] OR “quality of care” [TW] OR “service quality” [TW] OR “sustainability” [TW] OR “acceptability of services” [TW] OR “access to care” [TW] OR “access to services” [TW] OR “client satisfaction” [TW] OR “patient satisfaction” [TW] OR “satisfaction” [TW] OR “scaling up” [TW] OR “side effects” [TW] OR “contraceptive-related side effects” [TW] OR “contraindications” [TW] OR “side effect” [TW] OR “contraindication” [TW] OR “efficiency” [TW] OR “effectiveness” [TW] OR “financial risk burden” [TW] OR “out of pocket expenditure” [TW] OR “OOP expenditure” [TW] OR “out of pocket expenses” [TW] OR “OOP expenses” [TW] OR “OOP” [TW] OR “out-of-pocket expenditure” [TW] OR “out-of-pocket expenses” [TW] OR “stockout” [TW] OR “contraceptive stockout” [TW] OR “stockouts” [TW] OR “contraceptive stockouts” [TW] OR “stock out” [TW] OR “contraceptive stock out” [TW]

BLOCK I. Geographic Key Terms

Refer to LMIC filter document – use assigned filter for each respective database

- developing country (list)
- low-income country
- middle-income country
- List of Regions (Sub-Saharan Africa, etc.)

In addition, one filter for the time period 1994 – 2014, which was identified in the October meeting as the appropriate time period for the literature search, has been created.

FILTER J. Time Period - Filter

Search 1: 1994 – 2014 (1 Jan 1994 to 31 Dec 2014)

Search 2: 1 Jan 2015 – 31 May 2016

STEP 2. Run Scoping Search

For each identified database, run the main search strategy as follows:

- Main search strategy: (A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)

For some databases with limited search capacities, the main search strategy was modified (divided into smaller blocks, run with additional filters, etc.) to be able to run the search queries effectively. These modifications have been described on a database-by-database basis in Table 1.

STEP 3: Electronic Database Search Scoping Result Summary

Based on the main search strategy defined above in Step 2, we obtain the following search results for each identified database, described in Table A4 below.

Table A5: Summary results, electronic database search

SEARCH 1				
Name of Database	Search Strategy Description and Comments	Date of search	No. of References	No. of references included for full review
Database Search Results				
PubMed/Medline	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	3-Dec-14	648	2
EMBASE	Results included as part of the Cochrane Central Register of Controlled Trials search	3-Dec-14	-	-
Cochrane Central Register of Controlled Trials (CENTRAL)	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	3-Dec-14	1,127	1
Cochrane Database of Systematic Reviews	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	3-Dec-14	200	0
Cumulative Index of Nursing and Allied Health (CINAHL)	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	3-Dec-14	1,897	2
POPLINE	(A OR B OR C) AND (F OR G OR H) (filters: I, J) <ul style="list-style-type: none"> • Had to use Block I as a filter because search engine cannot handle so many search terms. • Refer to POPLINE Search Strategy documt. • Results not filtered by E 	19-Nov-14	824	3
EconPapers RePEc	(A OR B OR C) AND E AND (F OR G OR H) <ul style="list-style-type: none"> • Search engine not built to handle complex queries, so ran a segmented literature search. • Refer to EconPapers Search Strategy documt. • Results not filtered by I, J 	3-Dec-14	113	0

Name of Database	Search Strategy Description and Comments	Date of search	No. of References	No. of references included for full review
EconLit	(A OR B OR C) AND E AND (F OR G OR H) (filter: J) <ul style="list-style-type: none"> • Results not filtered by I • Refer to EconLit Search Strategy documt. 	3-Dec-14	102	1
Web of Science/Web of Social Science	Keyword search + citation search + included indexed articles, technical reports and conference abstracts as part of results	19-Nov-14	192	2
Donor databases (DFID, CIDA, USAID)	USAID: search strategy submitted to USAID DEC management for full search DFID, CIDA: Complete	10-Mar-15	684	1
Grey Literature Report	http://greylit.org <ul style="list-style-type: none"> • 188 references found based on broad search on "family planning" • 150 references found based on broad search for "contraception" and "contraceptive". • When financing terms were included in search, no references were found. 	3-Dec-14	338	0

SUBTOTAL, SEARCH 1 (including duplicates): 6,125 references

TOTAL SELECTED FOR REVIEW, SEARCH 1 (excluding duplicates): 12 references

SEARCH 2

Name of Database	Search Strategy Description and Comments	Date of search	No. of References	No. of references included for full review
Database Search Results				
PubMed/Medline	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	23-Jun-16	0	0
EMBASE	Results included as part of the Cochrane Central Register of Controlled Trials search	23-Jun-16	-	-
Cochrane Central Register of Controlled Trials (CENTRAL)	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	23-Jun-16	57	0
Cochrane Database of Systematic Reviews	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	24-Jun-16	11	0
Cumulative Index of Nursing and Allied Health (CINAHL)	(A OR B OR C) AND E AND (F OR G OR H) AND I (filter: J)	22-Jun-16	12,684	0
POPLINE	(A OR B OR C) AND (F OR G OR H) (filters: I, J) <ul style="list-style-type: none"> • Had to use Block I as a filter because search engine cannot handle so many search terms. • Refer to POPLINE Search Strategy documt. • Results not filtered by E 	23-Jun-16	58	0
EconPapers RePEc	(A OR B OR C) AND E AND (F OR G OR H) <ul style="list-style-type: none"> • Search engine not built to handle complex queries, so ran a segmented literature search. • Refer to EconPapers Search Strategy documt. • Results not filtered by I, J 	23-Jun-16	0	0

Name of Database	Search Strategy Description and Comments	Date of search	No. of References	No. of references included for full review
EconLit	(A OR B OR C) AND E AND (F OR G OR H) (filter: J) <ul style="list-style-type: none"> • Results not filtered by I • Refer to EconLit Search Strategy documt. 	24-Jun-16	69	0
Web of Science/Web of Social Science	Keyword search + citation search + included indexed articles, technical reports and conference abstracts as part of results	19-Nov-14	61	0
Donor databases (DFID, CIDA, USAID)	USAID: search strategy submitted to USAID DEC management for full search DFID, CIDA: Complete	10-Mar-15	6	0
Grey Literature Report	http://greylit.org <ul style="list-style-type: none"> • 188 references found based on broad search on "family planning" • 150 references found based on broad search for "contraception" and "contraceptive". • When financing terms were included in search, no references were found. 	3-Dec-14	0	0

SUBTOTAL, SEARCH 2 (including duplicates): 12,946 references

TOTAL SELECTED FOR REVIEW, SEARCH 2 (excluding duplicates): 0 references

TOTAL, SEARCH 1 + SEARCH 2 (including duplicates): 19,071 references

TOTAL SELECTED FOR REVIEW, SEARCH 1 + SEARCH 2 (excluding duplicates): 12 references

STEP 4. Gray Literature Search Results

Keywords and phrases used for gray literature search include: "family planning" "reproductive health" "maternal health" "access" "contraception" "contraceptive" "financing" "community" "community insurance" "insurance" "social health insurance" "risk pooling" "rural health insurance" "community-based financing" "microcredit" "microsaving" "microfinance"

We run general backward-forward citation search using references that were found based on initial keyword search. Based on the gray literature search strategy defined above, we obtain the following search results for each identified source, described in Table A5 below.

Table A6: Summary of results, gray literature search

SEARCH 1				
Name of Source	Search Strategy Description and Comments	Date of search	No. of References	No. of references included for full review
Grey Literature Search Results				
Google Scholar	Keyword search + citation search	18-Nov-14	56	26
IUSSP, PAA conference websites	Conference paper search	24-Nov-14	6	0
ICFP 2013 Conference website	http://www.fpconference2013.org/ Conference paper search + poster search	24-Nov-14	4*	0
Institutional websites (Population Council, Guttmacher Institute)	Complete	10-Mar-15	0	0
University websites (LSHTM, Harvard, UC-Berkeley, GWU)	Complete	10-Mar-15	0	0
SUBTOTAL, SEARCH 1 (including duplicates): 66 references				
TOTAL SELECTED FOR REVIEW, SEARCH 1 (excluding duplicates): 26 references				

SEARCH 2

Name of Source	Search Strategy Description and Comments	Date of search	No. of References	No. of references included for full review
Grey Literature Search Results				
Google Scholar	Keyword search + citation search	18-Nov-14	0	0
IUSSP, PAA conference websites	Conference paper search	24-Nov-14	0	0
ICFP 2013 Conference website	http://www.fpconference2013.org/ Conference paper search + poster search	24-Nov-14	0	0
Institutional websites (Population Council, Guttmacher Institute)	Complete	10-Mar-15	0	0
University websites (LSHTM, Harvard, UC-Berkeley, GWU)	Complete	10-Mar-15	0	0

SUBTOTAL, SEARCH 2 (including duplicates): 0 references

TOTAL SELECTED FOR REVIEW, SEARCH 2 (excluding duplicates): 0 references

TOTAL, SEARCH 1 + SEARCH 2 (including duplicates): 66 references

TOTAL SELECTED FOR REVIEW, SEARCH 1 + SEARCH 2 (excluding duplicates): 26 references

* The 4 ICFP references of interest are:

- https://www.xcdsystem.com/icfp2013/program_new/index.cfm?aID=2622&seID=466
- https://www.xcdsystem.com/icfp2013/program_new/index.cfm?aID=1270&seID=467
- https://www.xcdsystem.com/icfp2013/program_new/index.cfm?aID=1865&seID=418
- https://www.xcdsystem.com/icfp2013/program_new/index.cfm?aID=1801&seID=418

ADDITIONAL REFERENCES FROM RECENT CONFERENCES: One study (Field et al. 2015) was added to the 38 references following the Population Association of America Annual Meeting that was held in San Diego, CA. The study was chosen based on its relevance to the systematic review research question and the rigor of its empirical strategy.

FINAL RESULTS

SEARCH 1:

TOTAL NO. OF REFERENCES, including duplicates: 6,192 references

TOTAL NO. OF REFERENCES SELECTED FOR REVIEW, excluding duplicates: 39 references

SEARCH 2:

TOTAL NO. OF REFERENCES, including duplicates: 12,946 references

TOTAL NO. OF REFERENCES SELECTED FOR REVIEW, excluding duplicates: 0 references

COMBINED

TOTAL NO. OF REFERENCES, including duplicates: 19,138 references

TOTAL NO. OF REFERENCES SELECTED FOR REVIEW, excluding duplicates: 39 references

FINAL NO. OF REFERENCES INCLUDED IN REVIEW: 4 REFERENCES