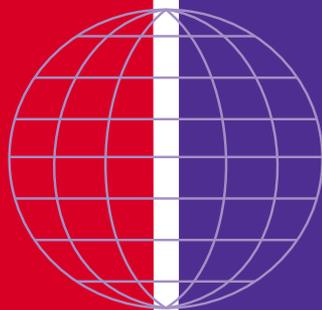


Contraceptive Security

Ready Lessons II

8



**Expanding Contraceptive
Choice through Support for
Underutilized Methods**



USAID
FROM THE AMERICAN PEOPLE

Contraceptive Security

Ready Lessons II



Expand client choice and contraceptive security by supporting access to underutilized family planning methods.

What Can a Contraceptive Security Champion Do?

- **Engage stakeholders (key policy makers and donors) in an evidence-based discussion about national health and development goals, unmet need, and how national goals as well as client needs can be met through support for underutilized methods. Include client-controlled and provider-dependent methods, both natural and clinical, in the discussion.**
- **Advocate to include underutilized methods on essential supply and equipment lists and to create budget lines to ensure the resources needed for these methods.**
- **Conduct a participatory assessment of the commodity and logistics needs of clinics and communities, identify challenges specific to underutilized methods, and incorporate findings into the national contraceptive security strategy.**
- **Introduce or expand availability of underutilized methods, such as long-acting and permanent methods, the standard days method, and certain hormonal methods, in country programs.**
- **Provide information and increased knowledge about underutilized methods through various communication channels, including client counseling and referral, educational materials, and the media. Ensure that these methods are included in provider training materials.**

Key Concept — Improving Choice through Support for Underutilized Methods

Informed choice is fundamental to quality family planning and reproductive health care. Access to a broad choice of contraceptive methods is a critical component of full and informed choice — and thus to contraceptive security. Because clients' needs and preferences differ, and because individual clients' circumstances and FP needs change over time, programs should offer a mix of effective, affordable contraceptive methods from which clients can choose. A reasonable method mix includes a range of modern methods — short-acting and long-acting, client-controlled and provider-dependent, natural and clinical — that allow clients to choose the method that best suits their needs.

Numerous studies have shown that certain contraceptive methods are used less by clients than would be expected based on the characteristics of the methods and the needs and desires of clients. Some of these methods are underutilized across most developing countries, others in specific countries or areas. Methods that are widely underutilized include:

- Long-acting methods, including intrauterine devices (IUDs) and implants;
- Permanent methods, including female sterilization (tubal ligation) and male sterilization (vasectomy);
- Modern natural family planning and fertility-awareness methods, including the Standard Days Method and the Lactational Amenorrhea Method;
- Some hormonal methods, including progestin-only pills for breastfeeding women and emergency contraception.

A method of contraception might be underutilized because of service provider or client bias, misconceptions about the method, inadequate provider training, shortage of required commodities or equipment, unaffordable formal or informal fees, or lack of supportive government policies. Improving information and access to underutilized methods enables clients to more easily choose a contraceptive method that suits their needs well. Increasing knowledge and awareness of these underutilized methods will strengthen use and is likely to lead to an increase in contraceptive use overall. The potential impact of introducing appropriate underutilized methods was demonstrated by a pilot introduction of the Standard Days Method (SDM, a highly effective natural family planning method described on page 6) in Madagascar, where over 50% of those adopting SDM were first-time family planning users.

Many underutilized methods are attractive to clients for a variety of reasons, including ease of use, lack of side effects, discreetness, or longevity of action.

Some underutilized methods are financially attractive to clients because they incur little or no cost for the client (e.g., the Lactational Amenorrhea Method and SDM), or because they are extremely cost-effective over time (e.g., IUDs, female and male sterilization). Permanent methods of contraception are particularly attractive to individuals and couples who have reached their desired family size and wish to limit future births. Many long acting methods can be used by those who want to delay, space, or limit future births. Long-acting and permanent methods have the advantage of being safe, highly effective, convenient, and easy to use; yet accurate understanding and use of these methods is remarkably low.

Practical Guidance

Each underutilized method has unique commodity, equipment, client behavior, and/or human resource requirements. However, several important considerations related to ensuring adequate supply and distribution are common to all underutilized methods:

- Good communication strategies that raise the levels of awareness, correct the myths and misperceptions, create a positive popular image, and/or overcome provider bias are necessary for successful introduction or expansion.
- Because good historical data are often not available for underutilized methods, service and logistics data should be collected for newly introduced or expanding methods (from the beginning of introduction) to improve forecasts of future demand (see *Ready Lesson I #5: Using Data for Decision Making*).
- Information on the full cost of providing specific methods should also be assessed from the early stages in a program to strengthen ability to budget for future needs.
- Improving access requires trained and competent providers. Training and sensitization specific to these methods must be incorporated into ongoing training programs.
- Regulatory requirements for all supplies and equipment required for a procedure must be considered (e.g., IUD kits, instruments and equipment for male and female sterilization), not only those for pharmaceuticals.
- The specialized equipment, instruments, and supplies for these methods (e.g. CycleBeads for SDM, IUD insertion kits, equipment for no-scalpel vasectomy) must be incorporated into the regular procurement cycle.
- Policy barriers that unnecessarily limit access to these methods must be identified and addressed.

Planning interventions to introduce or expand the availability and use of underutilized methods presents unique challenges because little data exists upon which to base programming decisions and projections. Several steps can be taken to inform the planning process and strengthen confidence in decisions. As stakeholders are considering what underutilized methods to introduce or expand, they should support studies such as demographic and health surveys, client and provider knowledge and attitude surveys, and willingness to pay studies. These studies will help assess unmet need, the acceptability and potential market for various underutilized methods, and reasons for low use. With this information, specific methods can be targeted that have particular benefits for the identified unmet needs. For example, in countries with high fertility and a low contraceptive prevalence rate (CPR), the Lactational Amenorrhea Method and SDM can be good entry points for family planning. Where unmet need for limiting births or for longer birth intervals is high, long-acting and permanent methods will help address this need.

Once underutilized methods are targeted for introduction or expanded access, program managers face the challenge of developing an appropriate strategy with limited or no historical program data for the method. The program manager should take into consideration lessons from other countries where the method is more widely used or where introduction of the method has been successful. The manager must identify and address existing policy barriers to the provision or use of these methods (e.g., unnecessary medical barriers; client eligibility criteria; barriers limiting which providers can provide specific services). They must also support educational materials and training for the underutilized method; this means ensuring that selected methods are included in information, education and communication (IEC) materials, job aids and promotional materials; this also means ensuring that providers are comfortable providing counseling for FP methods and referring clients to facilities that provide methods not available at their site. The success of these efforts will be enhanced by identifying and nurturing champions for the underutilized methods at multiple levels, and by sharing evidence to help the champions increase awareness and advocate for sustained support for those methods.

Undoubtedly, one challenge of expanding access to an underutilized method is to ensure that the needed supplies and materials are available at service delivery points. In that regard, the following specific interventions will be crucial:

- The supplies, instruments, and equipment required for these methods should be incorporated in the contraceptive security strategy and on essential drug and equipment lists.
- Partners at the national, district, and site levels should use forecasting and projection tools (see “Tools for Financing, Forecasting and Procurement Planning” in *Ready Lesson II #6: Mobilizing Financial*

Resources) to generate realistic projections of new adopters, commodity, equipment, and human resource needs and associated costs for specific underutilized methods.

- Government procurement and logistics departments should coordinate closely with RH/FP program staff to ensure that procurement and distribution systems can and will support the introduction or expansion of underutilized methods through training and/or IEC campaigns.
- Availability of commodities at service delivery points should be closely monitored, and gaps in the supply chain should be identified and addressed.

Innovative supply system increases use of long-acting and permanent methods in Bangladesh

Bangladesh, one of the most densely populated countries in the world, has made rapid progress in family planning use over the past 20 years. Use of modern methods of contraception has increased from 14% in 1983 to 48% in 2004. Long-acting and permanent methods (LAPMs), including the IUD and female and male sterilization, have been important components of the method mix in Bangladesh throughout the history of the program. However, use of LAPMs has decreased steadily over the past decade. Part of the decline in use of these methods is due to a rise in the use of oral pills and injectables. But, another factor has been supply problems associated with ensuring that all of the commodities, equipment, and supplies necessary for a procedure are available when clients request it. The decrease in use of LAPMs is a significant concern because it results in reduced access to a range of options, limiting clients' choice, and because broad availability and use of LAPMs is considered necessary for the government to reach its goal of replacement level fertility and 72% CPR by 2010.

LAPM services require many essential supplies, all of which must be available for the service to be provided. Until 2005, equipment and expendables for LAPM services were supplied to service sites as individual items — and often one or more of those supplies were not available at service sites, precluding provision of the service. To resolve this problem, partners with expertise in supply chain management and service delivery

worked with the government to develop pre-packaged medical surgical requisite (MSR) kits for tubal ligation, vasectomy, and IUD insertion. These kits contain all of the required equipment for the provision of these methods (the kit for tubal ligations includes 28 medical and surgical items, for vasectomy includes 17, and for IUDs includes 6). Similar kits were already being used successfully for maternal and child health services. The government supported the development of LAPM kits and, after several trials, the contents and packaging of kits were finalized and approved for procurement and distribution. The MSR kits have been pilot tested in six districts within the supply jurisdiction of two regional warehouses.

During the six-month pilot of this innovative logistics mechanism (July – December 2006), both of the sterilization methods experienced significant increases in uptake: tubal ligation increased by 27% overall and vasectomy increased by 192%. Use of IUDs decreased slightly, possibly due to increased demand for sterilization and a stockout of IUDs at the central warehouse that delayed production and distribution of IUD kits. Overall, use of LAPMs increased by 18% compared to the previous six-month period. Service delivery providers in the pilot areas were extremely pleased with the kits, as they led to improved quality of service and reduced medical complications — and thus greater client confidence. Based on the success of this experiment, the Government of Bangladesh is scaling up use of LAPM kits nationwide.

Making the Standard Days Method a Choice in Rwanda

The Standard Days Method (SDM) is a low-cost and easy to use natural method of family planning that is more than 95% effective (with perfect use) for women with cycles between 26 and 32 days long. SDM can meet the needs of groups with concerns about using “artificial” modern methods or their side effects — groups that are often underserved with respect to family planning. To use SDM, a couple tracks the woman’s menstrual cycle and abstains from sex or uses condoms on her fertile days. SDM

can easily be provided by a wide variety of programs. Most users of SDM rely on CycleBeads®, a color-coded string of plastic beads, to help them track their cycle and identify the days when pregnancy is most likely.

SDM program activities in **Rwanda** were initiated in late 2002. Recognizing the need to expand contraceptive choice in a low CPR setting, training and technical assistance on SDM were provided to the Ministry of Health (MOH) and bilateral projects, and CycleBeads were provided for use in their programs. Prior to the start-up of pilot training and service delivery activities, the MOH hosted an orientation session on SDM for all in-country reproductive health partners, including the United Nations Population Fund, World Health Organization, the local International Planned Parenthood Federation affiliate, USAID, and local and international non-governmental organizations (NGOs). The MOH chose pilot sites — representing NGOs, faith-based organizations, and the public sector — through which to introduce SDM and CycleBeads. A first-year assessment conducted in the pilot sites revealed high levels of client and provider satisfaction as well as high levels of correct use. Within two years, SDM accounted for more than 12% of new family planning users and 95% of those clients were first-time users of family planning. Most women who choose SDM do so because it is a natural method that does not cause side effects, and they generally find CycleBeads to be easy to understand and use.

Based on the success of this introduction, the MOH plans to scale up the program. With its partners, the MOH is working to include monitoring of the use of SDM in its supervisory and information management systems. The MOH has included SDM in national training and included CycleBeads in its contraceptive procurement and distribution strategy, thus improving the accessibility of this important but underutilized method.

Further Reading

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The USAID Commodities Security and Logistics Division works to advance contraceptive security by providing global technical leadership and support to country programs in research and analysis, strategic planning, program design and implementation, and monitoring and evaluation.

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