The impact of wider method choice on contraceptive use: What we are seeing across 6 countries in Africa

Scott Radloff and Sally Ann Dunst, Bill & Melinda Gates Institute, Johns Hopkins Bloomberg School of Public Health

Parallel Session
4:20-5:10pm
October 13, 2016
Supply-side Features of PMA2020

✓ From a nationally-representative set of sentinel enumeration areas:
  • Households are randomly selected and females age 15-49 interviewed and
  • Facilities (public and private) that serve that community are selected and interviewed

✓ Surveys are repeated every 6 months for 2 years, then annually

✓ New households selected each round, but facilities are largely the same: panel

✓ Facility survey encompasses questions on:
  • Family planning services offered (provided, counseled, referred, charged for)
  • Visual observations of contraceptive commodities in stock
  • Duration of current stock-out
  • Stock-outs in than past 3 months
  • Count of number of users (new/total) by method, in the past month

PMA Countries:
Ghana, DR Congo, Ethiopia, Uganda, Kenya, Burkina Faso, Nigeria, Niger, Indonesia, India

#RHSUPPLIES2016
Trends in Contraceptive Use, by Method and Round

Female survey - all women

Kenya           Ethiopia          Uganda             Ghana     Burkina Faso     Lagos        Kaduna

Other            Condom            Pill             Injectable  Implant  IUD     Sterilization

#RHSUPPLIES2016
Percent CYPs by Method and Round

Facility survey

Kenya           Ethiopia        Uganda          Ghana     Burkina Faso     Lagos       Kaduna

5+ point decrease from baseline

5+ point increase

first round indexed to 100
Percent of facilities that meet 3+/5+ method standard
Public sector

* Lower level facilities: % providing 3 or more methods;
Higher level facilities: % providing 5 or more methods.
Contraceptive Availability by method
averaged across multiple survey rounds

% stocked out currently or in last 3 months among facilities that offer the method (20%+ in red)

#RHSUPPLIES2016
ETHIOPIA - PMA’s Female Survey shows:

2 Point annual increases in mCPR and...

Method Mix shift toward LARCs
ETHIOPIA - PMA Facility Survey reveals similar shifts:

Number of total users (past month):

- IUD & implant
- Injectable, pill, condom

Expressed in CYP:
12% increase over 4 rounds from 40,879 to 45,730

3 methods make up 92% of CYP:
- Implant 57%
- IUD 22%
- Injectable 13%
  (up from 86% in round 1)

Note: 444 facilities surveyed, of which 95 hospitals, 206 health centers, 94 health posts, 56 private.

#RHSUPPLIES2016
• 84% of health posts provide 3 or more methods
• 88% of health centers and 95% of hospitals provide 5 or more methods

#RHSUPPLIES2016
Contraceptive Availability Across 3 Survey Rounds

Public sector

- High levels of methods offered across all public facilities (only IUDs fall below 90%)
- Day of observation stock-outs well under 10%, except for injectables in most recent round.
- 3-month stock-outs higher by 2-3 fold in most cases.
- When combined, current+3 month stock-outs reach 10% or higher - except IUDs - injectables reach 44% in most recent round.

### Stock-outs as a percentage of facilities that offer method

<table>
<thead>
<tr>
<th>Method</th>
<th>Current</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
<th>+ Last 3 mos</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD</td>
<td>1.9</td>
<td>2.7</td>
<td>2.7</td>
<td></td>
<td>6.6</td>
<td>20.2</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td>Implant</td>
<td>5.1</td>
<td>2.6</td>
<td>3.3</td>
<td></td>
<td>15.6</td>
<td>10.8</td>
<td>13.2</td>
<td></td>
</tr>
<tr>
<td>Injectable</td>
<td>4.5</td>
<td>2.6</td>
<td>16.2</td>
<td></td>
<td>14.3</td>
<td>11.4</td>
<td>39.6</td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td>7.0</td>
<td>4.1</td>
<td>7.8</td>
<td></td>
<td>18.4</td>
<td>14.0</td>
<td>17.7</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td>3.7</td>
<td>3.8</td>
<td>5.3</td>
<td></td>
<td>9.0</td>
<td>7.9</td>
<td>9.3</td>
<td></td>
</tr>
</tbody>
</table>
Average Duration of Current Stockout by Method, Public Sector

- Average stock-out duration across all methods are higher in public (65) than private sector (35).
How PMA2020 estimates change when weighted by national facility distribution...

<table>
<thead>
<tr>
<th>Method</th>
<th>Hospital</th>
<th>Health Center</th>
<th>Health Post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilization</td>
<td>1,069</td>
<td>37</td>
<td>-</td>
<td>1,107</td>
</tr>
<tr>
<td>IUD</td>
<td>1,720</td>
<td>9,232</td>
<td>-</td>
<td>10,953</td>
</tr>
<tr>
<td>Implants</td>
<td>4,945</td>
<td>15,690</td>
<td>1,170</td>
<td>21,805</td>
</tr>
<tr>
<td>Injectable</td>
<td>1,075</td>
<td>3,648</td>
<td>667</td>
<td>5,390</td>
</tr>
<tr>
<td>Pill</td>
<td>203</td>
<td>883</td>
<td>107</td>
<td>1,194</td>
</tr>
<tr>
<td>Condom</td>
<td>81</td>
<td>670</td>
<td>45</td>
<td>796</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>9,094</td>
<td>30,161</td>
<td>1,990</td>
<td>41,244</td>
</tr>
</tbody>
</table>

PMA Ethiopia Round 3:
CYPs by Method, Weighted versus Unweighted
Public Hospitals, Health Centers, & Health Posts

Unweighted Weighted

<table>
<thead>
<tr>
<th>Method</th>
<th>Unweighted</th>
<th>Weighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilization</td>
<td>1,107</td>
<td>461</td>
</tr>
<tr>
<td>IUD</td>
<td>10,953</td>
<td>1,237</td>
</tr>
<tr>
<td>Implants</td>
<td>21,805</td>
<td>1,200</td>
</tr>
<tr>
<td>Injectable</td>
<td>5,390</td>
<td>1,237</td>
</tr>
<tr>
<td>Pill</td>
<td>1,194</td>
<td>796</td>
</tr>
<tr>
<td>Condom</td>
<td>796</td>
<td>1,237</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>395</td>
<td>19,420</td>
</tr>
</tbody>
</table>

CYPs among Public Hospitals, Health Centers, & Health Posts

<table>
<thead>
<tr>
<th>Method</th>
<th>Unweighted</th>
<th>Weighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilization</td>
<td>433</td>
<td>461</td>
</tr>
<tr>
<td>IUD</td>
<td>1,416</td>
<td>9,772</td>
</tr>
<tr>
<td>Implants</td>
<td>3,301</td>
<td>19,796</td>
</tr>
<tr>
<td>Injectable</td>
<td>1,219</td>
<td>5,236</td>
</tr>
<tr>
<td>Pill</td>
<td>431</td>
<td>1,237</td>
</tr>
<tr>
<td>Condom</td>
<td>371</td>
<td>1,237</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>7,171</td>
<td>37,702</td>
</tr>
</tbody>
</table>
Advances

• Adjusting PMA2020 estimates to reflect national SDP distribution
• Triangulation with HMIS and other data collection
• Geospatial analysis
• Extending data collection to program intervention sites
• Continued performance tracking (availability, stock-outs, uptake)

Thank you