



USAID | DELIVER PROJECT

Contraceptive Security Brief

Engaging Service Delivery Providers in Contraceptive Security



Field workers receiving contraceptives from upazila store in Bangladesh.

“[We] suffer the consequences of the situation—contraceptive stockouts—more than we are able to address the constraints and find solutions to the challenges.”

Service Delivery Program Manager
(Yemen)

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Service delivery providers represent an essential link between family planning (FP) and reproductive health (RH) programs and clients. Indeed, their role is critical to achieving contraceptive security (CS). Although many service delivery providers work hard to make sure contraceptive supplies are available for their clients, anecdotal evidence and informal programmatic feedback suggest that FP/RH providers from all sectors may not be adequately engaged in the CS process. This gap highlights a missed opportunity to improve contraceptive availability “at the last mile.”

The purpose of this brief is to 1) highlight the importance of service providers in CS; and 2) identify recommended entry points at various levels of the health system to strengthen the role of service providers in CS.

The Role of Service Providers in Achieving Contraceptive Security

Contraceptive Security exists when every person is able to choose, obtain, and use quality contraceptives whenever needed. This definition reminds us that the principle concepts of CS are consumer- and client-focused. As the primary point of contact with the client, the service provider is a central figure in supporting these three objectives:

- **Choose:** Service providers offer clients the information they need to make an informed choice on which method best fits their needs and lifestyle.
- **Obtain:** In the RH continuum, service providers can contribute significantly to ensuring clients have access to quality products and services.
- **Use:** Service providers’ knowledge and skills are also critical to guaranteeing that a person who chooses and obtains a contraceptive method will be able to correctly use it to achieve their fertility goals and RH needs.



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Implications of Contraceptive Insecurity

Irregular access to contraceptive supplies impedes program effectiveness and quality of care. From the service provider's perspective, this contributes to—

- diminished confidence among clients in clinical services and the overall health system
- increased risk of contraceptive discontinuation among clients
- constrained provider ability to offer reliable and integrated services
- providers' frustration and job dissatisfaction
- intensified unmet need
- limited program expansion opportunities in the health and development sectors
- missed opportunities to engage youth in healthy sexual and RH behaviors
- promulgation of gender inequities
- limited educational and economic opportunities.

Consequences for the Client

Most importantly, service providers bear witness to the direct personal consequences a client may suffer if they are unable to attain and use the contraceptive method of their choice due to erratic supplies or stockouts. These include unwanted pregnancy, unsafe abortion, and poor maternal and child health outcomes.

Engaging Service Providers in Contraceptive Security: Challenges and Opportunities

While the effective engagement of service providers in CS has been limited thus far, many opportunities exist for FP/RH stakeholders to create the changes necessary to maximize their contributions. Working from within existing health systems and networks, FP stakeholders including policymakers, resource allocators, program managers, and providers are uniquely positioned to impact their own spheres of influence. Raising awareness about the importance of achieving CS and supporting the changes necessary to sustain improved product availability are key contributions these stakeholders can collectively offer.

Capacity at Service Delivery Points: CS requires that service providers have the clinical skills to ensure clients are receiving quality services and supplies. While it also requires that providers understand the importance of key logistics functions in ensuring reliable access to contraceptives, the actual responsibility for these functions varies depending on the size and level of the site. For small, rural sites, and in the absence of other cadres, the service provider is often responsible for carrying out basic logistics functions such as maintaining consumption records and submitting orders on a regular basis. In these instances, a continuous effort should be made to minimize the burden of supply chain management on these providers.

Opportunities include the following:

- In designing logistics systems, allocate logistics functions to the appropriate cadres considering the size and level of the service delivery points. In larger sites, store room managers and others may take on the relevant logistics functions; while in smaller sites, the service provider may be the only option to perform these important functions.

- Where service providers and community health workers (CHWs) are responsible for logistics functions, reduce the burden of logistics management by simplifying procedures and minimizing data entry and reporting requirements.
- For the logistics functions performed by service providers and CHWs, establish strong supportive supervision and routine monitoring and feedback mechanisms.
- Integrate logistics management into pre- and in-service trainings and on-the-job trainings for service providers to increase their capacity to address supply-related bottlenecks.
- Where other cadres are responsible for logistics functions, ensure that service providers understand the role of these functions in ensuring reliable access to contraceptives so that they can be effective advocates.

Leadership and Engagement: Often, governments establish well-intentioned and supportive FP/RH and CS policies. However, while service providers are often responsible for implementing national policies, they may not be engaged in the policy development process, resulting in priorities that may not reflect clients' needs or "the reality on the ground." In addition, the service providers may lack the authority, human resources, and means to adequately carry out the mandated functions.

Opportunities include the following:

- Integrate CS into the design and implementation of service delivery programs and policies from the outset so that service providers have a clear understanding of how their programs are positively affected by CS or handicapped by contraceptive insecurity.
- Raise awareness among providers to adjust their mindset as clinicians from bystanders who alert others about stockouts to proactive advocates whose actions can make a difference in ensuring clients have reliable access to their method of choice.
- Increase capacity of providers and program managers to better predict potential increases in contraceptive requirements (e.g., when promotional information, education, and communication activity begins in preparation for new product introduction).
- Engage providers in CS-related policy development by including representatives in the policy formulation process, forecasting exercises, and other critical meetings.
- Facilitate provider opportunities to contribute to program planning through supportive supervision exchanges and by creating regular dialogue opportunities at each health system level.

Offering Contraceptive Choice: Programs that offer a wide range of contraceptive methods attract clients who are more likely to find a method that suits their immediate and changing needs over time. This contributes directly to a program's ability to increase uptake and reduce unmet need (Gray 2006). While tradeoffs in cost and complexity exist for programs to offer a wide range of products, these decisions should not compromise clients' capacity make real choices in determining the methods that best reflect their current reproductive, marital, or social needs.

Opportunities include the following:

- Ensure service providers are trained in contraceptive technology, including underutilized and long-acting and permanent methods (LAPM).



- Review prescribing protocols and, where appropriate, identify opportunities to devolve prescribing functions to lower level providers to access LAPM.
- Use outreach initiatives and nontraditional providers to reinvigorate referral networks between facilities and the communities they serve, especially for healthy timing and spacing of pregnancy and LAPM.
- Develop forecasting, procurement, and delivery mechanisms to ensure availability of consumables and equipment for clinical methods.

“Community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.”

Conclusions from a joint World Health Organization, U.S. Agency for International Development (USAID), and Family Health International technical consultation on the role of community-based health workers in the administration of injectables, 2009.

“Whole Market” Coordination and Collaboration: The whole market approach (WMA) “responds to the multiplicity of family planning needs in a country [to] ensure that the entire market of clients—from those who require free supplies to those who can and will pay for commercial products—is covered” (USAID n.d.). The whole market approach is important in that it helps reduce duplication, improve efficiencies, and harmonize and coordinate efforts among the private sector, nongovernmental organizations (NGO), faith-based organizations, social marketing organizations, and the public sector. While service providers often partner effectively with their counterparts in other sectors, their approaches for collaboration are often informal.

Opportunities include the following:

- Encourage providers from the various sectors to routinely share data and brainstorm about ways to address stockout issues.
- Strengthen the referral system between the sectors so that service providers know where to refer clients in the event of a stockout.
- Explore opportunities for service providers from the public NGO, social marketing, and private sectors to access replenishment supplies from each other in the event of contraceptive stockouts.
- Apply good governance principles within community-level CS interventions to increase local participation, strengthen oversight capacity, and advance long-term sustainability objectives.
- Strengthen civil society and community-level advocacy initiatives to support CS.

Conclusion

The role of service providers is critical to achieving CS. While service providers work hard to make sure contraceptive supplies are available for their clients, they are often not adequately or effectively engaged in the CS process—thus representing a missed opportunity to improve contraceptive availability “at the last mile.”

Stakeholders involved in CS must recognize from the outset the importance of engaging service providers in CS and devote authority and resources to making this happen. For their part, service providers need to be supported in shifting their mindset from bystanders to proactive advocates whose actions can make a difference in ensuring clients have reliable access to their methods of choice. Concerted awareness-raising efforts among diverse stakeholders at all health systems levels will garner a shared commitment on the importance of engaging providers, clinicians, and community-based health workers to devote the authority and resources necessary for securing contraceptive availability. This joint collaboration will enhance reliable product availability for clients worldwide.

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Additional Resources

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