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Some priorities in maximizing access to and quality of contraceptive services

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Introduction

Access to family planning and related reproductive health services has historically been widely accepted as a primary strategy for increasing contraceptive use in developing countries. Today, field experience and data have forged a view that simultaneous improvement of access and quality can have an even greater impact. Indeed, the close linkages between access and quality mean that improvements in one tend to strengthen the other. This dual focus provides a framework vital for providing services that serve clients and program objectives well. Meeting client needs, by affording access to improved, practical quality services, is the backbone of USAID's maximizing access and quality initiative (MAQ).

Basic concept

Successful programs have found that using resources to maximize access and quality makes sense for a variety of compelling reasons. First, a growing body of research is showing that improved access to high quality services can meet both the needs of clients and programs. Programs which maximize access to and quality of services often not only increase client satisfaction, they markedly improve use of contraceptive methods. Second, instruments such as Situation Analysis have provided reliable information on what actually occurs in service delivery. These analyses have documented major gaps between what is actually happending and what could happen with modest efforts to improve access and quality. Thus, these data point to significant practical opportunities to improve quality and access at service delivery

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sites. Finally, high levels of unwanted pregnancy worldwide have prompted programs to offer services that do a better job of meeting the needs of noncontracepting women who wish to use family planning. Maximizing access and quality offers an effective way of getting that job done.

Give the enormity of service delivery problems in the developing world and the daunting number of potential improvements, the major challenge for programs is to select practical access and quality interventions of highest priority. Programmatic research is beginning to help with this task by pointing to a range of actionable, low-cost interventions which seem to produce consistent results. These interventions meet client and program needs – they contribute to greater user satisfaction and improved contraceptive use.

Priority interventions: examples

Providing clients with their contraceptive method of choice is one such generalizable 'pearl'. A landmark study done in Indonesia showed just how important method choice is. Women who wanted the pill and obtained it had a much higher continuation rate (86%) than women who desired the pill but left the clinic with another method (their continuation rate was only 14%). Choice showed similar increases in continuation for women in the study who desired injectables and condoms [1]. While these data persuasively demonstrate the importance of contraceptive method choice, service delivery data show that surprisingly often programs fail to provide clients with their method of choice. In Nigeria, a Situation Analysis study revealed that, of clients who had a preferred method, roughly half obtained that method [2]. While some potential users have legitimate contraindications which make them poor candidates for certain methods, such clients constitute a small percentage of cases for most methods.

A second intervention which consistently shows empirical results is counseling on method side-effects. Women consistently cite the experience of side-effects as the most common reason for discontinuing method use. These side-effects range from irregular bleeding with injectables, headaches with oral contraceptives and nausea with a variety of methods. In a study done in the Gambia, contraceptive continuation for clients counseled about side-effects was 86%, compared to only 49% for clients who were not counseled about side-effects [3]. Data from Niger show similar results: 81% of women who received counseling on side-effects continued method use, while the group without side-effects counseling had a continuation rate of only 63% [4]. A recent sample of Chinese women adds further evidence of the importance of side-effects counseling. In this study, injectables users counseled about side-effects were nearly four times more likely than those not counseled on side-effects to continue use to 12 months [5]. As with choice, data on side-effects counseling show major opportunities for improvement. In Peru, where only 40% of new clients were counseled on side-effects [6], a simple and inexpensive intervention like counseling can contribute to significantly lower discontinuation for the full 60% of clients who received no such counseling.

Counseling is the programmatic intervention perhaps best suited to address shortcomings in choice and side-effects. Addressing choice and side-effects calls for more dynamic counseling models which focus on tailoring messages to the individual client's information needs. Providers must learn to ascertain clients' particular life situation and health status and to help them consider these factors as they choose a method. This model presents a challenge for family planning providers, who have traditionally 'poured water into empty vessels' by reciting a rote list of standard information to every client. Programs need to train providers to do less declaring and prescribing and more listening and interacting.

Weaknesses of the medical model for family planning service delivery

The example of counseling illustrates how the 'medical model' does not apply particularly well to family planning service delivery. The idea that clients should make their own choice does not fit into the traditional medical *modus operandi* (i.e. prescribing). The medical model has also given rise to practices, derived at least partly from a medical rationale, that result in scientifically unjustifiable obstacles to contraception. These practices, called 'medical barriers' are concentrated in seven areas: contraindications, eligibility, process hurdles, who provides contraception, provider bias, regulations and side-effects management [7]. Inappropriately linking age and parity requirements to eligibility for methods is one of the most commonly encountered medical barriers in the developing world. In Pakistan, for example, 91% of providers surveyed cited low parity as a reason to restrict access to injectables, even though WHO cites no minimum parity for injectables use [8]. In the same survey, 29% of providers reported that a woman had to be at least 25 years old to receive oral contraceptives and 43% said a woman could not be older than thirty [9]. In Ghana, 55% of providers conducted hemoglobin blood tests before providing the pill even though this should not be a prerequisite [10]. While the widespread existence of medical barriers is well-documented in Situation Analyses and other surveys, little empirical evidence is available which links removal of medical barriers to increased contraceptive use. Nevertheless, these needless limitations to access represent huge programmatic opportunities for improving accessibility to family planning.

MAQ initiative

USAID and its cooperating agencies have developed a programmatic response in the areas of access and quality which has ranged from improving technical standards for service delivery to helping providers solve problems at the clinical level. The MAQ initiative tries to draw on the best available science and to promote broad technical participation. The initiative has developed a guidance document which supplies updated information on procedural steps for delivering contraceptive methods. MAQ has also collaborated with WHO efforts to develop a whole new system for contraceptive eligibility criteria and has developed checklists to help community-

based workers safely deliver oral contraceptives. The MAQ initiative has also contributed to the development of clinical manuals, infection prevention guidelines, and other good practices for providers.

Conclusions

Service delivery data show that significant quality and access problems are common. They represent a major opportunity for improvement. These problems call for a service-oriented approach in which success means serving clients well. Fortunately, the data point to a handful of simple, empirically-validated interventions which will help achieve this success. While programs should select interventions based on local realities and available resources, a few approaches – such as choice, addressing side-effects, client focus and reduction of medical barriers – appear to contribute to significant improvement in virtually any setting. These interventions should be high priority in any strategy aiming to meet client needs and deliver program results.

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Resumé

Historiquement, l'accès au planning familial et aux services connexes de santé de la reproduction a été largement admis comme stratégie primaire visant à augmenter le recours aux contraceptifs dans les pays en développement. De nos jours, l'expérience et les données acquises sur le terrain ont conduit à penser qu'en prévoyant simultanément l'amélioration de l'accès aux services et de leur qualité, on obtiendrait des résultats encore plus importants. En effet, les liens étroits qui existent entre l'accès et la qualité apportent des améliorations des deux côtés, qui ont tendance à se renforcer mutuellement. Cette double focalisation est un cadre vital permettant à la fois d'offrir des services bénéfiques pour les clients et de desservir les objectifs du programme. Répondre aux besoins des clients, en leur ouvrant davantage l'accès à des services améliorés, pratiques et de bonne qualité, est le pivot essentiel de l'initiative visant à maximaliser l'accès et la qualité (MAQ) mise en place par l'USAID.

Resumen

El acceso a servicios de planificación familiar y servicios afines de la salud reproductora se acepta ampliamente desde hace tiempo como una estrategia primaria para aumentar el uso de anticonceptivos en países en desarrollo. Hoy en día, los datos y la experiencia de campo han generado la opinión de que la mejora simultánea del acceso y de la calidad puede ejercer un impacto incluso mayor. En realidad, los vínculos estrechos entre el acceso y la calidad significan que las mejoras en un aspecto tienden a fortalecer el otro. Este enfoque doble proporciona un marco esencial para el suministro de servicios que satisfacen bien las necesidades de los clientes y los objetivos del programa. La satisfacción de las necesidades de los clientes, mediante el acceso a mejores servicios prácticos de gran calidad, es la base de la Iniciativa de Aumentar al Máximo el Acceso y la Calidad (MAQ), de USAID.