



As you enter the room, please take a card and finish the sentence:

Method choice exists when _____



KATHMANDU

25-28 MARCH 2019 / KATHMANDU, NEPAL

19TH GENERAL MEMBERSHIP MEETING OF THE REPRODUCTIVE HEALTH SUPPLIES COALITION



What Method Choice Means to USAID ...and what does it mean to you?

Kimberly Cole
Alan Bornbusch
Jane Bertrand
Netra Bhatta



Welcome!

Goals for the Session

- *Differentiate between method mix and method choice.*
- *Explore the nuances of method choice and method uptake/skew, switching, and dis/continuation.*
- *Discuss the structural and behavioral elements of method choice.*
- *Identify 2-3 actionable programmatic solutions to strengthen method choice and know where to find tools/resources.*

Agenda

Participant Introductions



Method choice exists when _____

First some reflections on Method Mix...





Five key principles of contraceptive method mix

Jane T. Bertrand
Tulane SPHTM

#1
Method mix
in a given
country
reflects:

SUPPLY: Methods that are available and affordable

DEMAND: Consumer preferences, social norms

#2

There are two approaches to measuring method mix

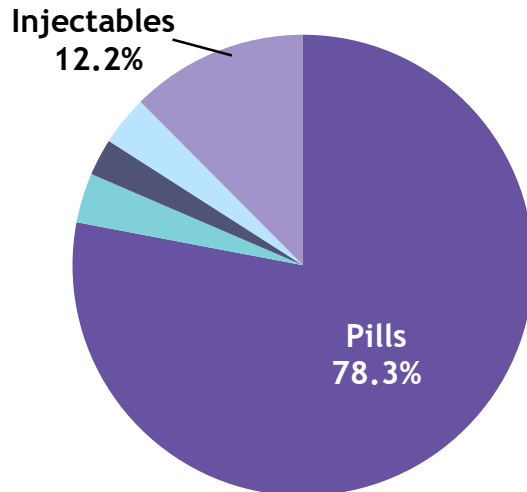
Method Skew

- More than 50% of users rely on a single method (Bertrand et al., 2014)
- More than 60% of users rely on a single method (FP2020)

Average Deviation

- A measure of the “evenness” of the method mix* (Ross et al, 2015)
- If users were evenly divided across 8 methods, each method = 12.5%

*Average deviation: simple average of the differences around the mean



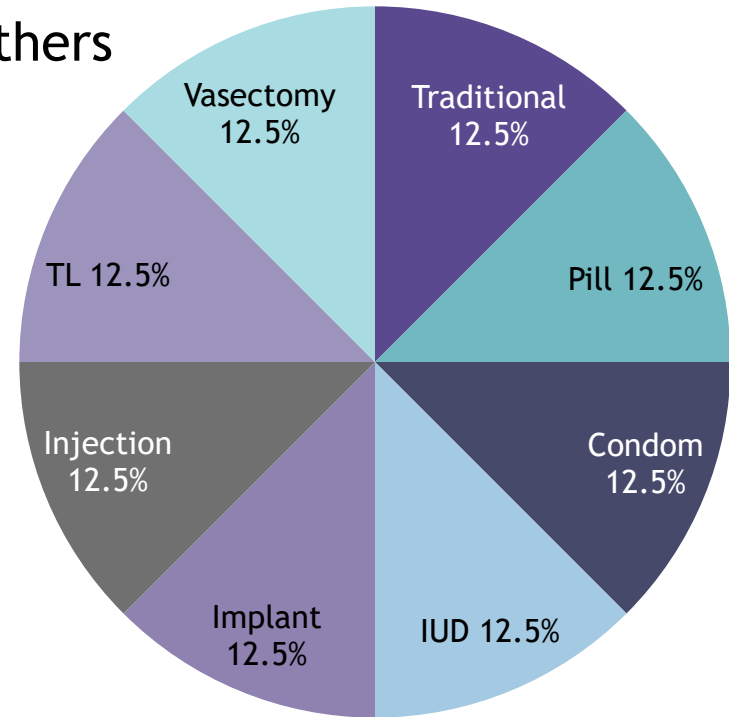
Sudan Method Mix

#3

There is no “ideal method mix”

“Perfectly balanced” - 8 methods at 12.5% each - is NOT ideal !!!

Some methods more reliable than others



But method “skew” raises red flags

#4 Causes of a skewed method mix

Acceptable reasons:

- Community norms favor a particular method
- “Everyone in my community uses the injection, so that’s what I want.”
- Historical: Zimbabwe is a “pill country” because of a strong CBD program years ago

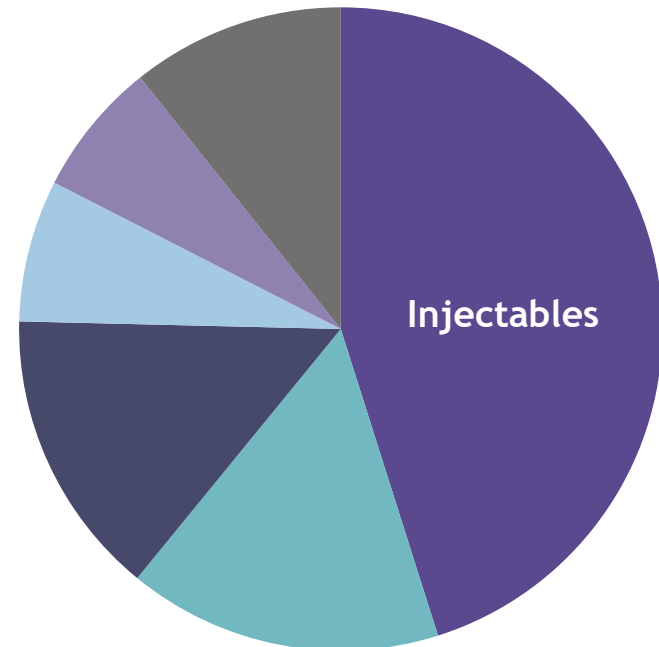
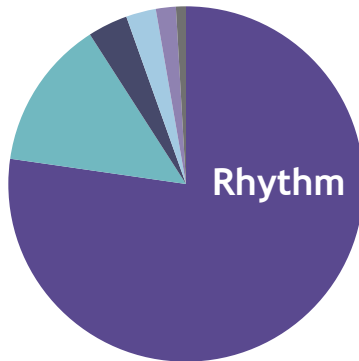
Worrisome reasons:

- Pressure from a service provider to use a specific method
- Lack of access to a facility with a full range of methods
- Inability to afford the preferred contraceptive
- Stockouts of the preferred method

#5 Balancing the method mix tends to increase CPR

Rwanda (1983): CPR = 11.0%

Rwanda (2014/15): CPR = 53.2%



*Rwanda is the SSA country with the greatest method balance improvement (Ross et al, 2015)

Actions to improve method mix



Promote popular “new methods”



Make “missing” methods more available



Expand to the private sector



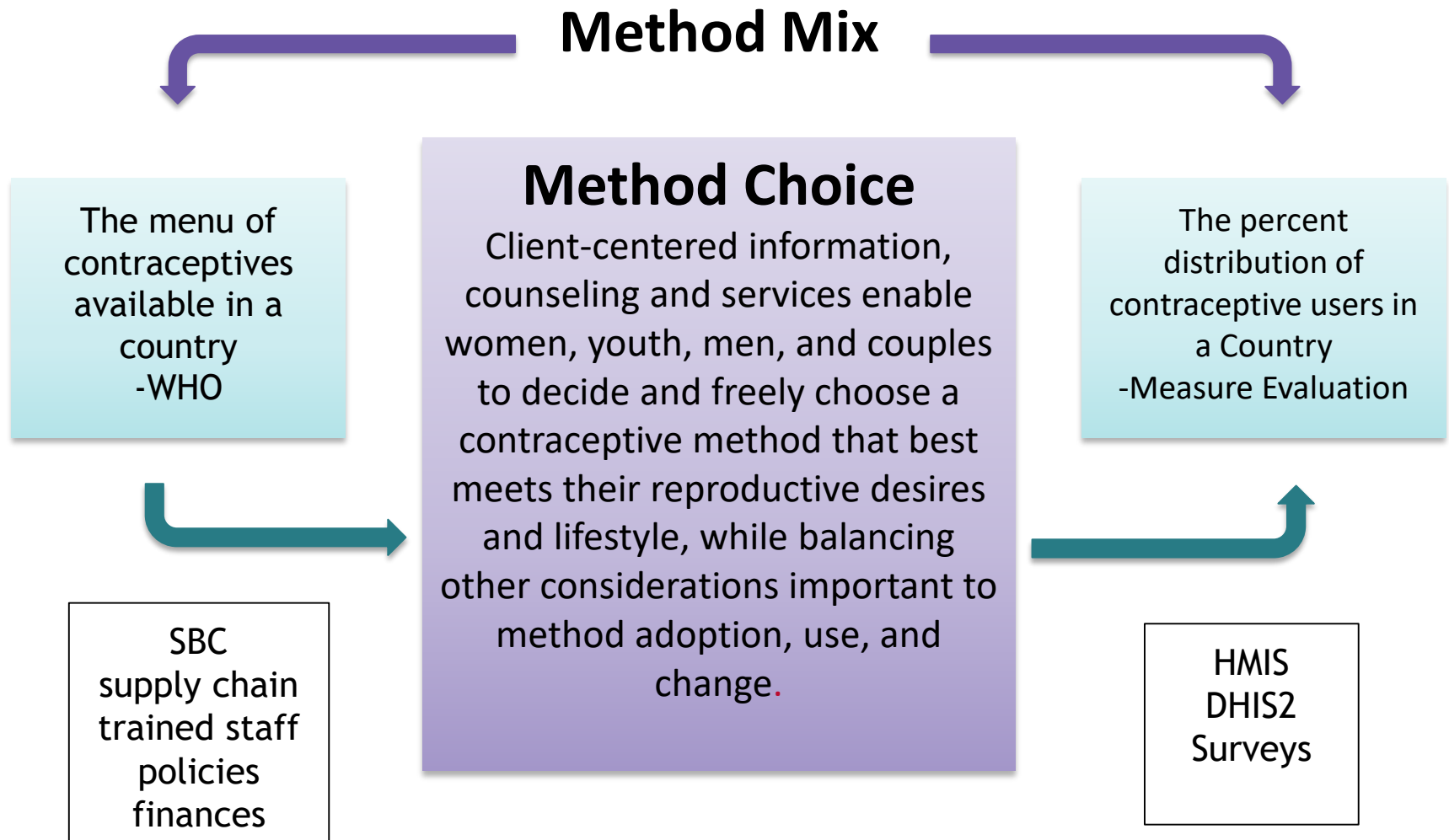
Counsel discontinuers on the full range of methods and support switching



USAID's Statement on Method Choice

Method choice exists when “client-centered information, counseling and services enable women, youth, men, and couples to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to method adoption, use, and change.”

Method Mix and Method Choice





What Method Choice means for USAID's Commodity Security and Logistics (CSL) Division

CSL Vision:

“Women and girls and men and boys in priority countries for USAID's Office of Population and Reproductive Health can access their choice of high-quality and affordable contraceptives and family planning/reproductive health products.”

Method Choice is Critical to Contraceptive Security

Contraceptive security is a situation in which people are able to reliably choose, obtain, and use quality contraceptives for family planning and the prevention of sexually transmitted diseases.

CSL's Strategic Focus Areas

Do what it takes to ensure that contraceptives and family planning/reproductive health commodities reach today's users

CSL will invest in ensuring commodity availability through commodity procurement, logistics support and leveraging a world-class global supply chain.

Join with countries to build self-reliant supply chains that will meet current and future needs

CSL will target its technical assistance investments to support public and private entities to transform their national and subnational supply chain structures to be self-reliant, resilient, and responsive to local context and needs, with an eye to the future.

Lead with knowledge and evidence

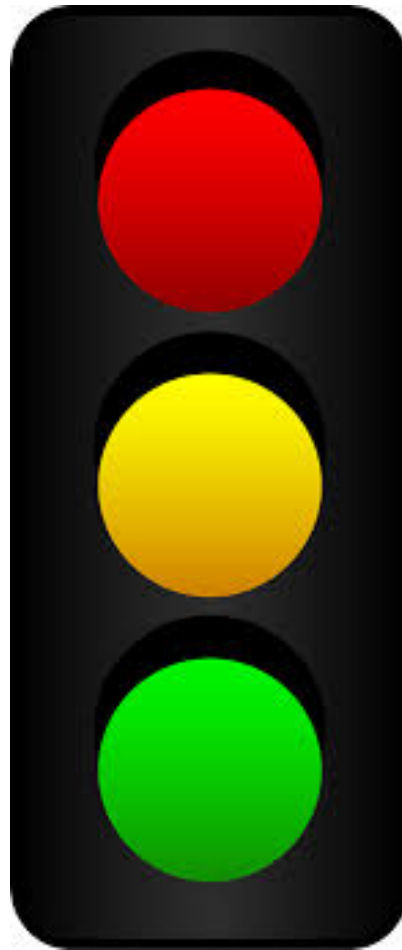
CSL will invest in its role of thought leader in the global public health supply chain community - as well as within USAID - maintaining the division's position as a trusted resource with the ability to move and inspire others to action.



Review the case studies

Observe where method choice is strong or weak.



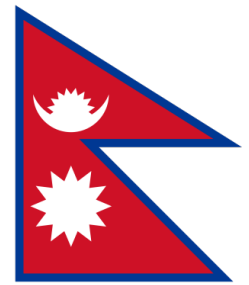


RED method choice is weak
YELLOW more information is needed
GREEN method choice is strong



NEPAL

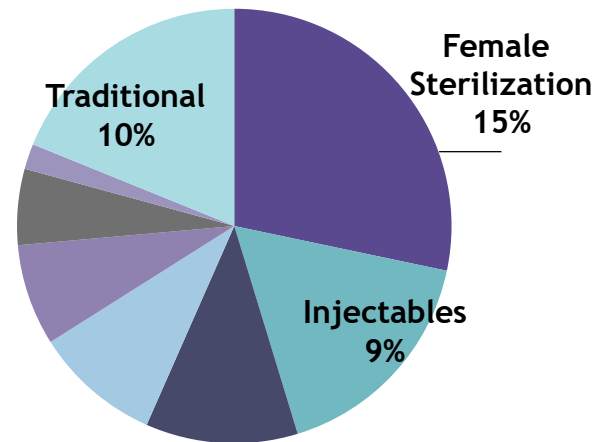
Method Choice



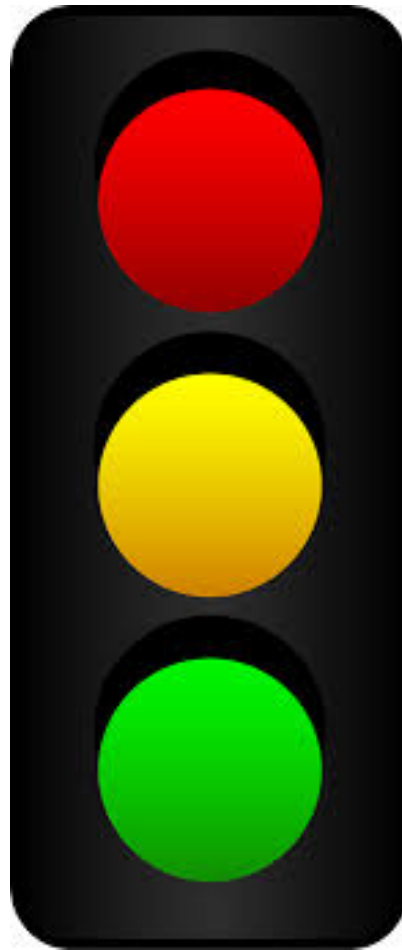
Data in Nepal indicate that almost 100% of HFs provide three FP methods. However, there is a gap in providing the LARC and VSC services due to various reasons.

Contraceptive method mix: Among 53% of any method users in Nepal

- Female sterilization: 15%
- Injectable: 9%
- Male sterilization: 6%
- Pills: 5%
- Male condom: 4%
- Implants: 3%
- IUCD: 1%
- Traditional methods: 10%



Recent service statistics reveal that LARCs, especially implants, are increasing, and NSV is decreasing.



RED method choice is weak
YELLOW more information is needed
GREEN method choice is strong



DEMOCRATIC REPUBLIC of the CONGO

Method Choice



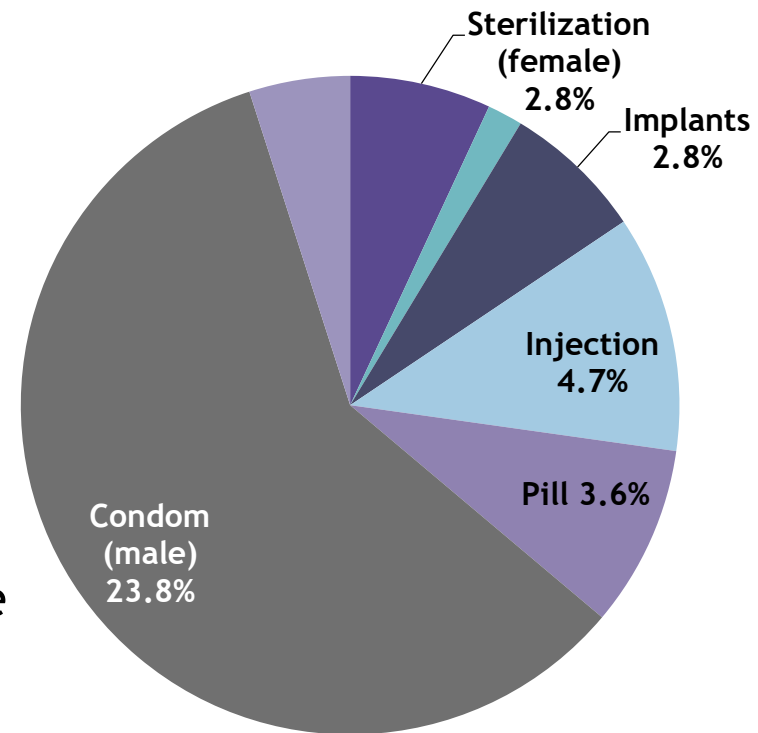
Solid FP advancements & extreme FP challenges.

MCPR improving in Kinshasa.

Introducing new advances such as self-injection for DMPA-SC.

There is very limited access with frequent stockouts in many provinces due to conflict and supply chain problems.

The country is focusing on policies to advance FP including establishing a budget line for FP, and increasing access to FP services and commodities for all, including youth.



Source: DHS 2013-14



To improve method choice and continuation:

Improve client-centered counseling, information, and quality of services

Increase availability of a full range of methods to facilitate preferred choice and immediate switching by:

- Eliminating stockouts
- Introducing methods not currently available
- Providing for removal of LARCs
- Improving referral mechanisms

Increase the range of service delivery points by using a total market approach to:

- Increase timely access to more methods at an affordable price

Implement a variety of demand creation, social norms, and service delivery approaches



✦ New Resources ✦

[PRB Policy Brief](#) on Method Choice

Envision FP Framework on Method Choice

PSI Counseling for Choice approach

[REDI model](#)

Older (but still good!) Resources

RHSC pillar “[Pathways to Success](#)” for Choice

[GATHER model](#)

[Balanced Counseling Strategy Plus](#)



Thank you!

