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EVALUATION OF A CONTRACEPTIVE SUPPLY CHAIN INTERVENTION IN SENEGAL

IMPLICATIONS FOR MEETING THE UNMET NEED

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OUTLINE

1. Background

2. Methods

3. Results

- Changes in contraceptive stock availability
- Changes in contraceptive use
- Context of FP service delivery within facilities

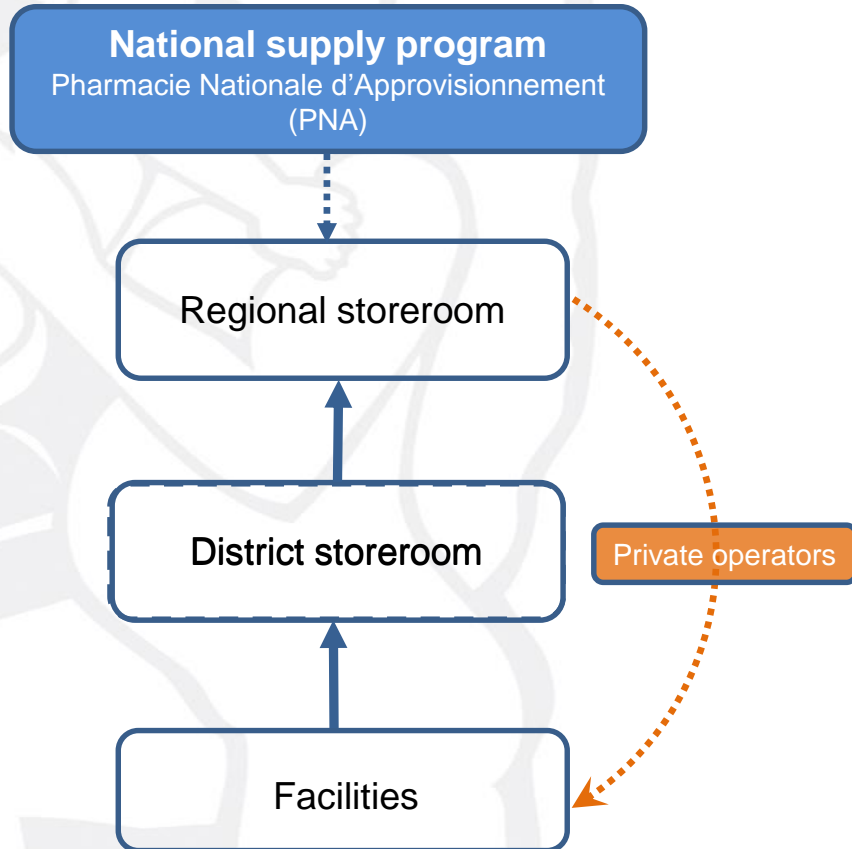
4. Discussion – implications for meeting the need for FP



1. BACKGROUND

- Increase in contraceptive use slower and later in sub-Saharan Africa (UNDP, 2015)
- In Senegal, 12% of married women used modern contraception and 30% had unmet need for FP in 2010-11 (DHS 2010-11)
- Informed Push Model was launched in 2012, staggered roll-out by region
- Contraceptive stock-outs prevalent in sub-Saharan Africa (UNFPA 2014), but limited evidence on effect of supply chain interventions

THE INFORMED PUSH MODEL



- Assumption 1: contraceptives being available in facilities would ensure women attending FP consultations receive their chosen method
- Assumption 2: outsourcing stock management to private operators would free up providers' time for FP consultations

THE INFORMED PUSH MODEL

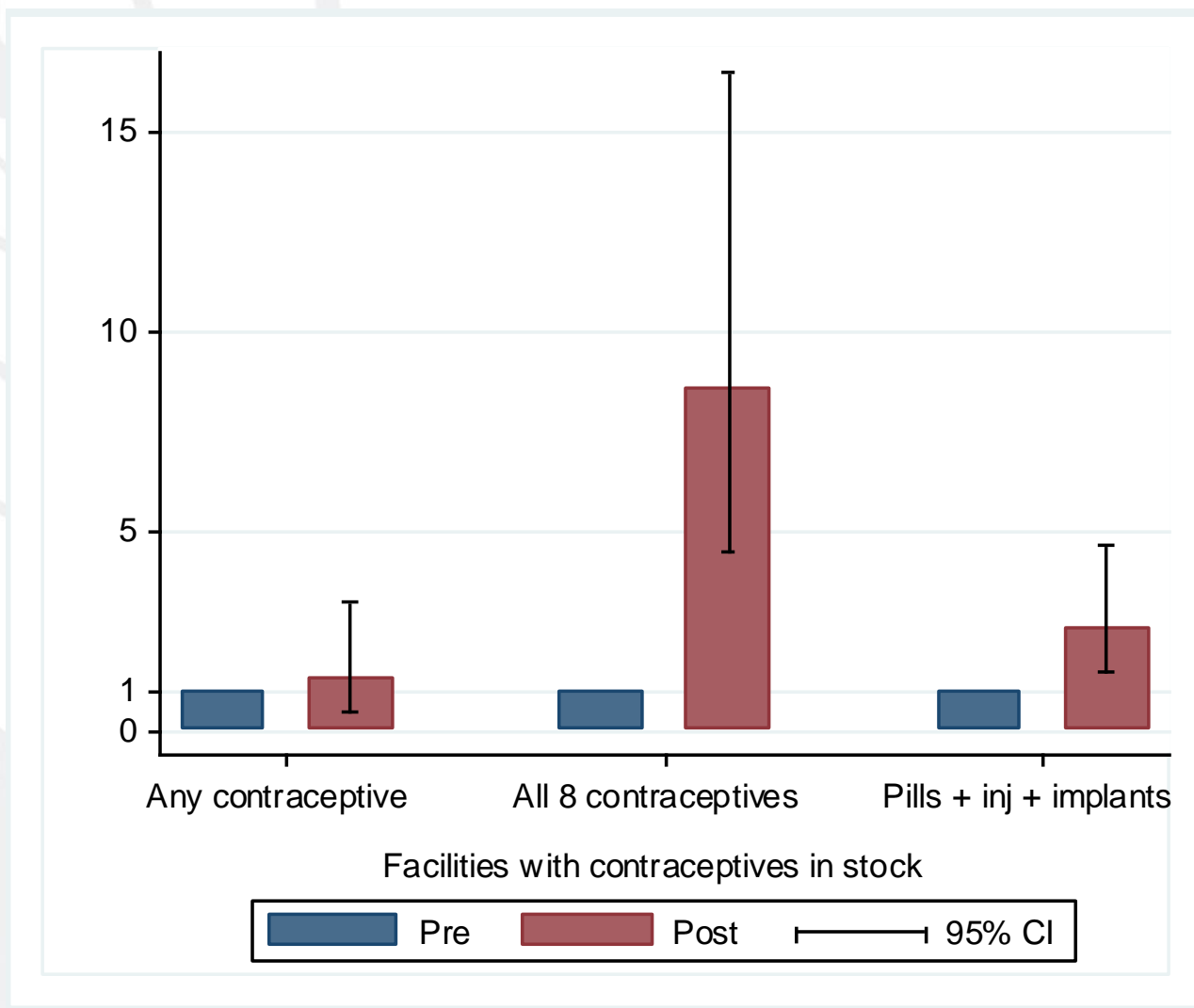




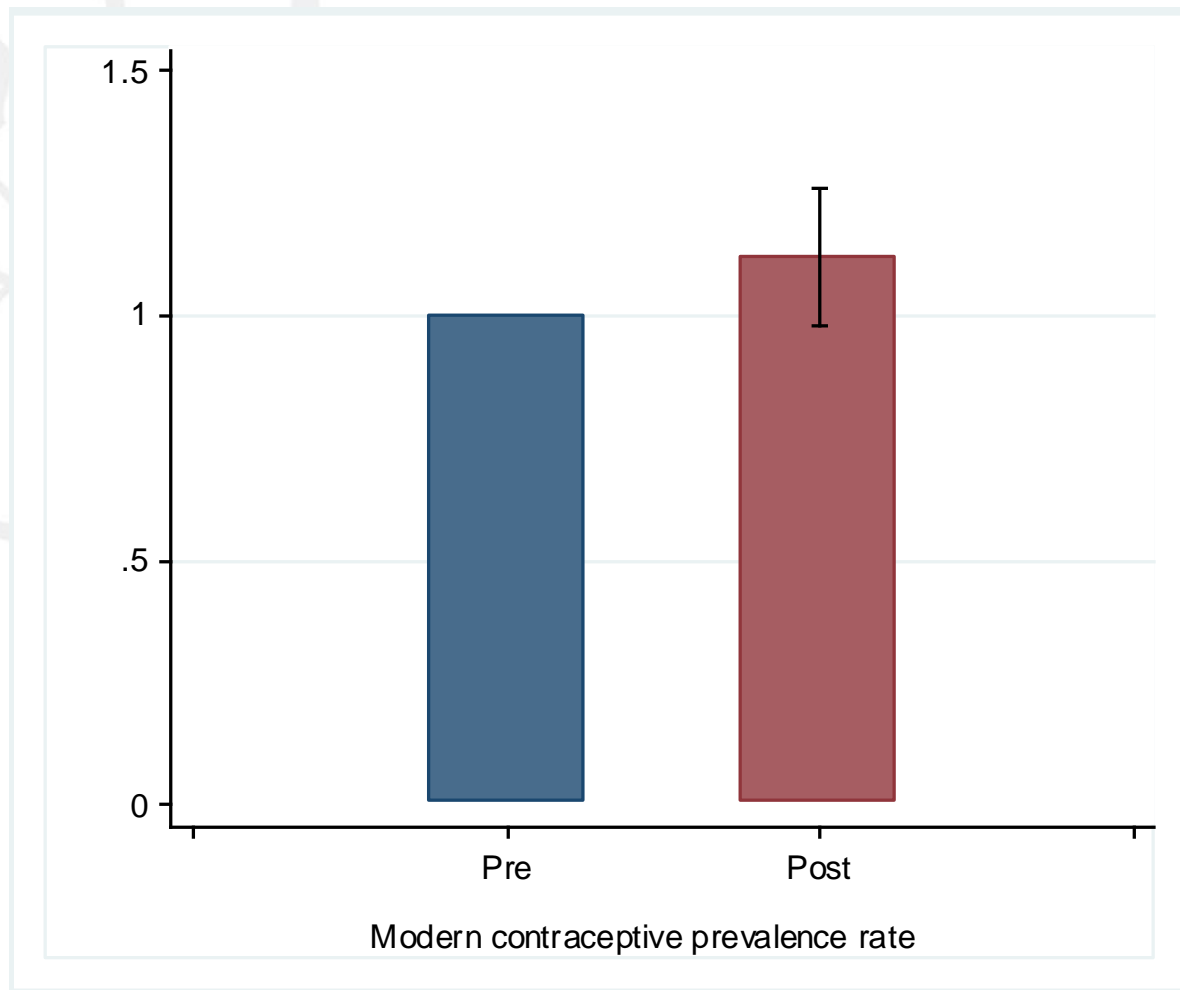
2. METHODS

- Used Service Provision Assessments (SPA) to examine **change in contraceptive stock availability** before and after intervention in all public health centres and health posts
- Used Demographic and Health Surveys (DHS) to examine **change in contraceptive use** among women before and after intervention
- Conducted in-depth interviews and participant observation with FP providers and RH coordinators, in order to understand the **context of FP service provision** within health facilities

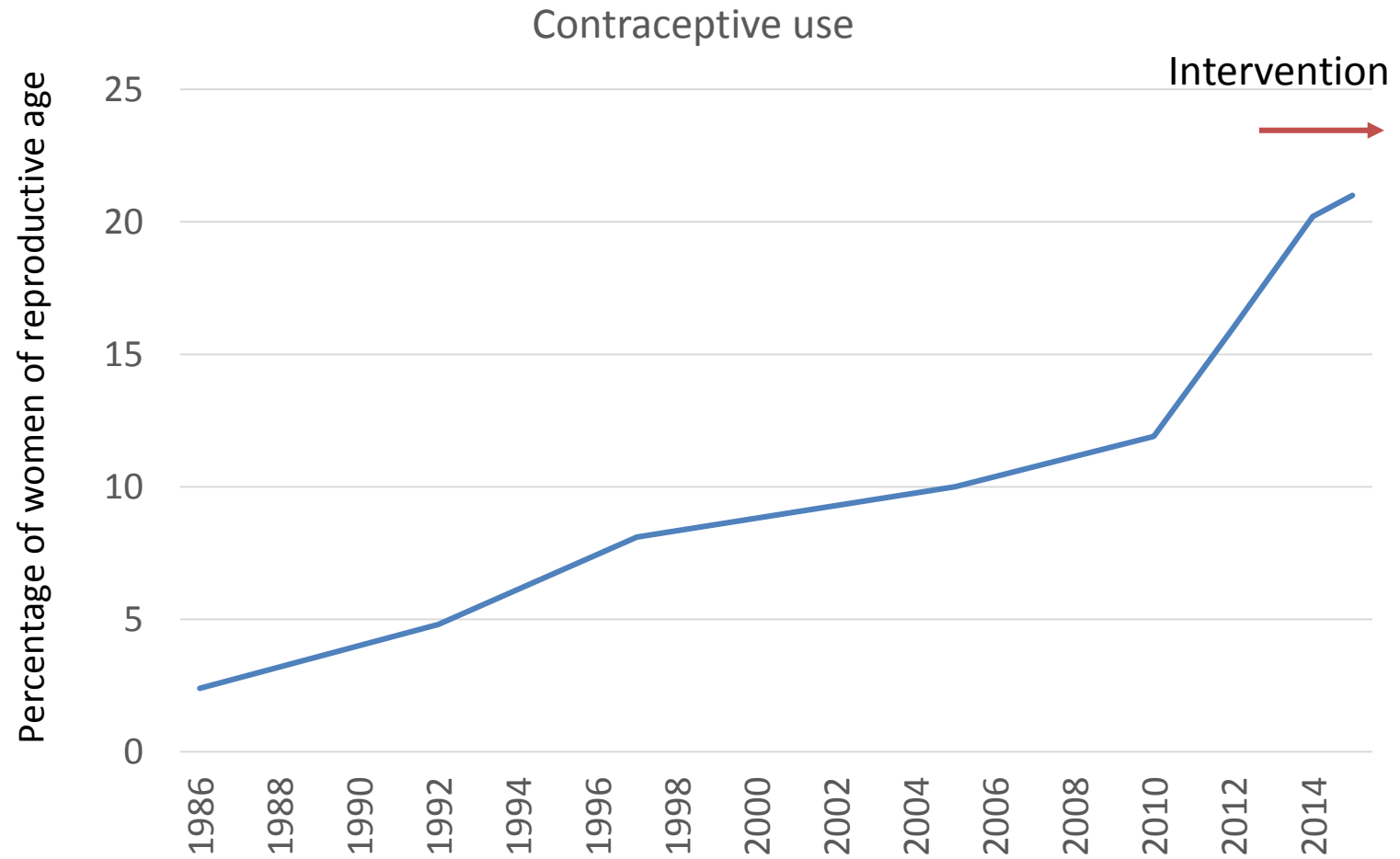
3. RESULTS – CHANGE IN CONTRACEPTIVE AVAILABILITY



3. RESULTS – CHANGE IN CONTRACEPTIVE USE



3. RESULTS – CHANGE IN CONTRACEPTIVE USE



3. RESULTS – CONTEXT OF FP SERVICE PROVISION

- Barriers within facilities
 - Operating hours of the facility, FP services, and storeroom

“Sometimes you see someone who misses their appointment for days and who tells you [...] they couldn’t come because of the opening hours” Matrone
 - Auxiliary products not included in intervention

“Sometimes there are also stock-outs of xylocaine [local anaesthetic] which cause problems.” Midwife
 - Cost

“Auxiliary products patients have to pay for and it is more expensive for women” Regional reproductive health coordinator
- Day-to-day stock management performed by storeroom managers, rather than FP providers

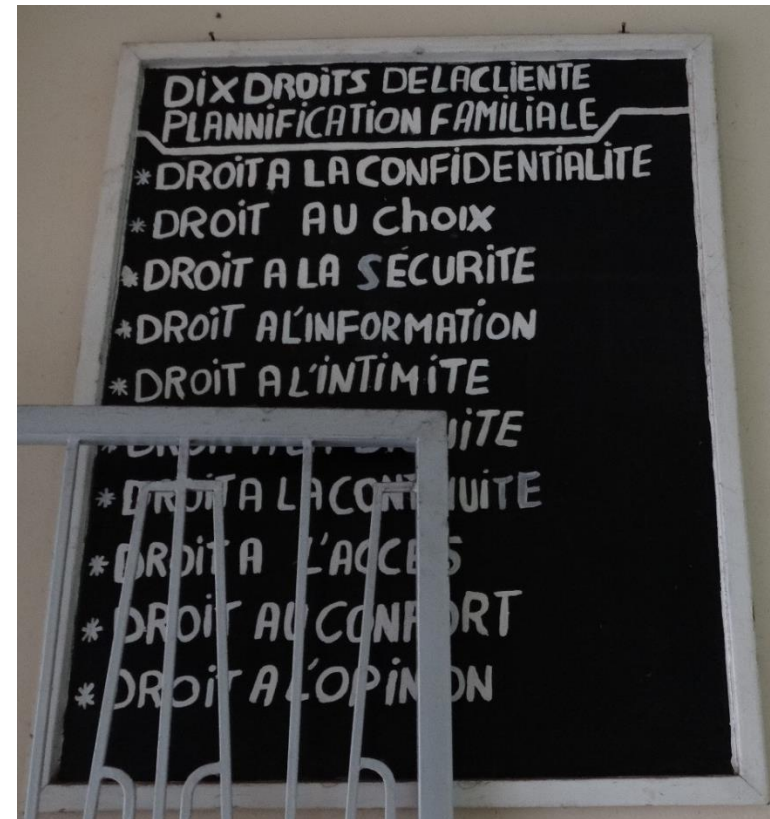


4. KEY FINDINGS

- Contraceptive stock availability has improved
- However, no evidence of an increase in contraceptive use at the population level
- Barriers to accessing contraceptives within facilities remain

4. IMPLICATIONS FOR MEETING CONTRACEPTIVE NEEDS

- Ensuring contraceptives are present in facilities is not sufficient to ensure that women receive them
- Auxiliary products should be included in the intervention
- Need to examine process of FP service provision
- Other supply-side interventions (e.g. targeting cost) and demand-side interventions are needed



THANK YOU



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