



Increasing Access to Family Planning

Practices

- Expand the method mix provided by paraprofessionals.
- Eliminate unnecessary examinations by using client histories and checklists to determine contraceptive eligibility.
- Institute systematic screening.
- Introduce or expand the availability of emergency contraceptive pills (ECPs).

Summary: Nearly a fifth of the worldwide burden of illness and premature death and a third of the illness and death among women of reproductive age is attributable to lack of comprehensive and up-to-date reproductive and sexual health care.¹ Programs can increase access to essential reproductive health care by eliminating outdated, medically unjustified policies and practices that pose barriers to use of contraception and by strengthening policies and practices that are necessary for high-quality care.

Expand the method mix provided by paraprofessionals.

Restricting contraceptive provision only to physicians and nurses and providing some methods only in clinical settings frequently and unnecessarily reduces access and use. With appropriate training and job aids, paraprofessionals can safely provide a range of contraceptive methods, including combined oral contraceptive pills (COCs), progestin-only pills (POPs), injectables, the Standard Days Method (SDM), emergency contraceptive pills (ECPs), and condoms. Assigning certain responsibilities to trained lower-level health workers—known as “task shifting”—is a promising intervention for improving the skill mix and efficiency of health systems.² Similarly, providing service delivery outside of clinical settings is feasible and can increase the availability of methods. Paraprofessional provision via community-based distribution (CBD) of injections, such as vaccines, vitamins, and injectable contraceptives, is supported by World Health Organization (WHO) guidelines and is becoming standard practice in many countries. Additionally, SDM can be easily incorporated into an existing menu of methods provided by a clinic or community-based program.³ Changes in policies and guidelines to support paraprofessional distribution of contraceptives can increase access to and decrease unmet need for family planning.

Suggested Resources:

Provision of Injectable Contraception Services through Community-Based Distribution: An Implementation Handbook. FHI, Save the Children USA, 2008. http://www.fhi.org/en/RH/Pubs/booksReports/CBD_DMPA_imp.htm

COC and DMPA Checklists. FHI, 2006. <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/cocchecklists/index.htm>; <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/dmpachecklists/index.htm>

Training and Reference Guides for Family Planning Screening Checklists. FHI, 2008. <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/Guides.htm>

Standard Days Method Implementation Guidelines for Program Personnel. Institute for Reproductive Health of Georgetown University, 2006. http://www.irh.org/SDM_Implementation/

Eliminate unnecessary examinations by using client histories and checklists to determine contraceptive eligibility.

Providers often need to rule out the likelihood of pregnancy among women seeking contraceptive services. Pregnancy can be reliably determined with pregnancy tests, but such tests are neither available nor affordable for many clients. In such cases, clients who are not menstruating at the time of the clinic visit are often denied contraception. Women seeking contraception need not be menstruating, however, for the methods to be provided. A simple provider checklist can be used to rule out pregnancy. Using this checklist ensures that contraceptives are available for eligible non-menstruating women and increases access to essential family planning services. Additionally, few routine examinations or tests, including breast and pelvic examinations, are required before providing contraception to women presumed to be healthy.^{4,5} WHO has established clear and simple guidelines to evaluate women for contraceptive eligibility, which were

To assist programs interested in changing policies or programs to increase access to family planning, FHI can provide:

(1) background data on the safety and effectiveness of the CBD of injectables

(2) policy updates and programmatic implementation guides on the CBD of injectables

(3) copies of FHI's Checklists

FHI can also provide technical assistance to programs wishing to expand and update policies on ECPs or to include ECPs in their service provision.



Research to Practice

This work is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents are the responsibility of Family Health International and do not necessarily reflect the views of USAID or the United States Government. Financial assistance was provided by USAID under the terms of Cooperative Agreement GPO-A-00-05-00022-0, the Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) Program.

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MP-08-01E

updated in 2004 (*Medical Eligibility Criteria for Contraceptive Use*). For women with a known medical or other special condition, a self-reported medical history using simple checklists can determine if a woman is medically eligible to use a hormonal method.

Suggested Resources:

Pregnancy Checklist. FHI, 2006. <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/pregnancy/index.htm>

COC and DMPA Checklists. FHI, 2006. <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/cocchecklists/index.htm>; <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/dmpachecklists/index.htm>

Medical Eligibility Criteria for Contraceptive Use. Third Edition. WHO, 2004. <http://www.who.int/reproductive-health/publications/mec/summary.html>

Institute systematic screening.

Systematic screening allows providers to identify which services a client wants or needs rather than simply providing the service the client is requesting. The proactive provision of multiple services to a client during one visit can improve health by addressing multiple unmet needs and can increase services received by up to 35 percent.⁶ Operations research in Latin America, Asia, and Africa provides evidence of the benefits of systematic screening. These benefits include increased attention to unmet health needs and greater program efficiency.⁷ Systematic screening can be cost-effective. And, the U.S. Agency for International Development (USAID) considers systematic screening to be a best practice. Several countries, such as India, Senegal, and Guatemala, are using screening to improve health care delivery.

Suggested Resources:

Introducing Systematic Screening to Reduce Unmet Health Needs: A Manager's Manual. Population Council, 2006. http://www.popcouncil.org/pdfs/frontiers/Manuals/sys_scr_man.pdf

Systematic Screening: A Strategy for Determining and Meeting Client Reproductive Health Needs. MAQ Global Health Technical Brief. Maximizing Access and Quality Initiative, 2006. <http://www.maqweb.org/techbriefs/tb33screen.shtml>

Introduce or expand the availability of ECPs.

ECPs are a safe, effective, and cost-efficient form of emergency contraception that can be used up to 120 hours after unprotected sexual intercourse or contraceptive method failure. (The effectiveness of ECPs diminishes after this time period.) Research has shown that progestin-only ECPs have the same effectiveness when the two doses are taken at the same time, 12 hours apart,

or 24 hours apart.⁸ Over-the-counter provision of ECPs is safe, as ECPs meet all the customary criteria for over-the-counter use, including low toxicity, lack of potential for overdose or addiction, no teratogenicity, no need for medical screening, self-identification of the need, uniform dosage, and lack of drug interactions. Any service delivery facility that dispenses oral contraceptives (e.g., pharmacies or CBD workers) can safely dispense ECPs. Clients may receive an advance supply of ECPs to ensure that they will have them when needed and can take them as soon as possible after unprotected sex.

Suggested Resources:

Resources for Emergency Contraceptive Pill

Programming: A Toolkit. PATH, 2004. http://www.cecinfo.org/publications/PDFs/resources/Description_of_PATH_toolkit.pdf

Emergency Contraceptive Pills: South East Asia Regional Training Manual. Population Council, 2004. Request from: <http://www.populationcouncil.org>

Additional Resources

Selected Practice Recommendations for Contraceptive Use. Second Edition. WHO, 2004. Emergency contraception: recommendations 13, 14. Reducing medical barriers: recommendations 1, 2, 4, 5, 7, 9, 30. <http://www.who.int/reproductive-health/publications/spr/index.htm>

Medical Eligibility Criteria Wheel. WHO, 2006. <http://www.who.int/reproductive-health/publications/mec/>

References

- 1 Singh S, Darroch JE, Vlassoff M, et al. *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care.* Washington, DC and New York: The Alan Guttmacher Institute and UNFPA, 2004.
- 2 *Task Shifting for a Strategic Skill Mix: Technical Brief No. 5.* Chapel Hill, NC: IntraHealth/Capacity Project, 2006. Available at: http://www.capacityproject.org/images/stories/files/techbrief_5_final.pdf.
- 3 Institute for Reproductive Health of Georgetown University. *Standard Days Method: A Simple, Effective Natural Method.* Global Health Technical Brief. Washington, DC: Georgetown University, 2004.
- 4 Stewart FH, Harper CC, Ellertson CE, et al. Clinical breast and pelvic examination requirements for hormonal contraception: current practice vs evidence. *JAMA* 2001;285(17):2232–39.
- 5 Stanback J, Smith J, Janowitz B, et al. Safe provision of oral contraceptives: the effectiveness of systematic laboratory testing in Senegal. *Int Fam Plan Perspect* 1994;20(4):147–51.
- 6 Foreit JR. *Systematic Screening: A Strategy for Determining and Meeting Clients' Reproductive Health Needs.* FRONTIERS Program Brief No. 6. Washington, DC: Population Council, 2006.
- 7 Foreit JR.
- 8 International Consortium for Emergency Contraception. *Regimen Update.* July 2003. Available at: http://www.cecinfo.org/publications/PDFs/policy/Dosage_Timing_English.pdf.