



Assessing the Impacts of Contraceptive Stockouts: A qualitative study in Uganda

Kate Grindlay
Eleanor Turyakira
Imelda Tamwesigire
Kelly Blanchard

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Defining contraceptive stockouts:

When one or more family planning option is unavailable at a health facility that routinely provides that method, or that based on policy should be providing that method



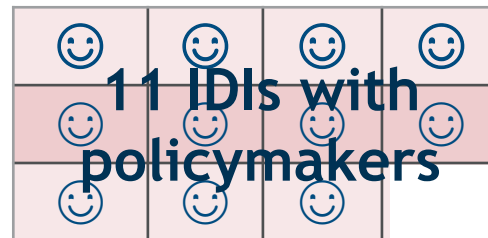
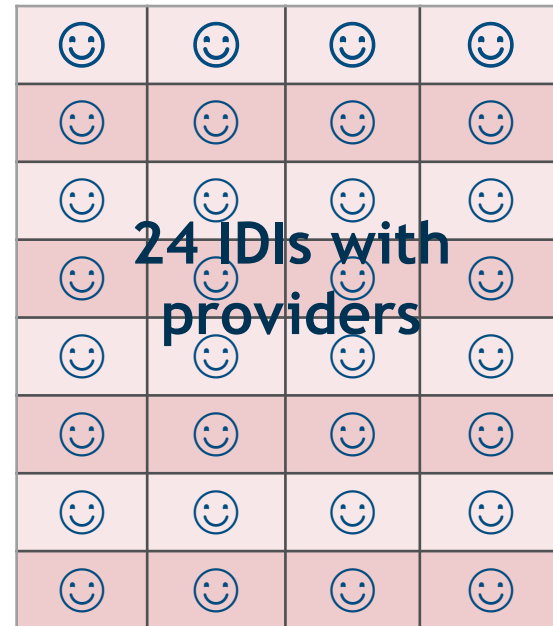
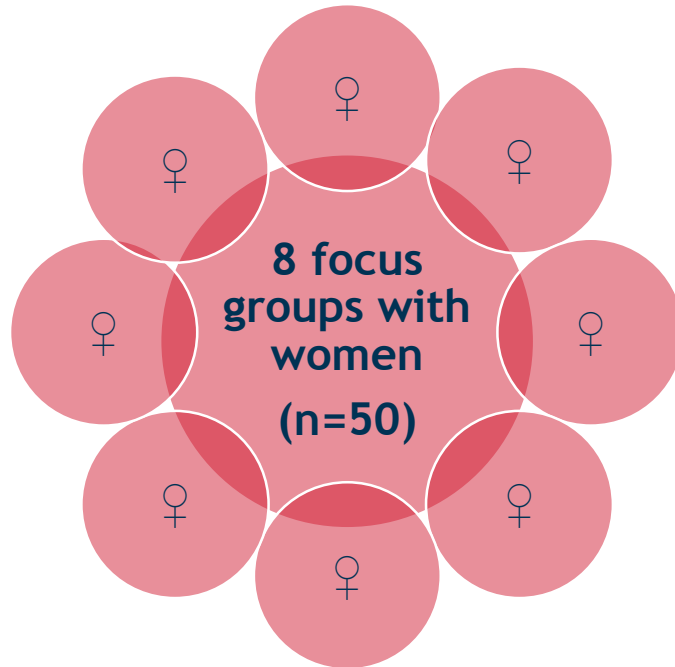
Uganda



Our research partners



Methods



Findings: Frequency and type of stockouts

- Stockouts common and pervasive
 - Oral contraceptives frequently out of stock at all public health facility levels
 - Long-acting methods, expected to be provided by health facility Levels 3 and above, also frequently out of stock
 - Depo-Provera and condoms most frequently available methods
 - Private facilities less likely to experience stockouts than public facilities
- District-level politicians generally not aware of contraceptive stockouts (no complaints, no issue!)

Findings: Coping strategies

- **Obtaining method from another facility, clinic, or pharmacy**
- **Changing to an alternative method**
- **Waiting for supplies or discontinuing use**



Since I do not want to produce more children I try by all means to see that I get it from pharmacies and clinics. You can think hard if it means borrowing 1000 from a friend or you can sell maize to get the money.

-- Women 18-25, LSES, FGD07, Kamuli



We have people in our communities who still find it hard moving to the health facilities due to transport cost and these end up producing many unplanned children.

-- Women 26-45, LSES, FGD-01, Mbarara

Findings: Coping strategies

- Obtaining method from another facility, clinic, or pharmacy
- Changing to an alternative method**
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It is difficult to convince a woman to change the method, and when they do they are always complaining of the small side effects of the new method. Other mothers decide to quit.

-- Provider 16, Public HC4, Mbarara

Most men don't want their women to use family planning... they become quarrelsome so sometimes we have to use family planning without the knowledge of our husbands, which is not easy.

-- Women 26-45, LSES, FGD-01, Mbarara



Findings: Coping strategies

- Obtaining method from another facility, clinic, or pharmacy
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Findings: Consequences for women

- Most women perceived stockouts as ‘normal’
- However, noted they result in:
 - Unplanned and unwanted pregnancies
 - Psychological distress
 - Increased discontinuation of methods
 - Money and time spent seeking methods from alternative sources
 - Domestic conflicts
 - Additional consequences for unmarried adolescents

Findings: Consequences for providers

- Providers universally perceived stockouts as a significant problem that results in:
 - Psychological distress
 - Provider blame
 - Loss of skills
 - Perceived low performance
 - Loss of trust in the facility
 - Loss of clients
 - Low morale

Findings: Causes of stockouts

Public facilities:

- Push system of delivery at lower level health facilities, with no feedback mechanism for supply needs
- Preset order forms at higher level facilities, which exclude some methods (implants and IUDs); lack of accountability for orders
- Family planning not on MOH performance indicator list
- Lack of data on:
 - Actual demand for FP services
 - Family planning forecasting
 - Stockouts

Private facilities:

- Lack of stable suppliers

Conclusions

- Contraceptive stockouts common, effects numerous
- Providers lack recourse or ability to address them
- Lack of political will/recognition of scope of problem at policymaker level
- Efforts are needed to raise the profile of this issue
- Providers may be useful allies in efforts to affect change
- Additional data on magnitude of stockouts may provide further leverage

THANK YOU!

kgrindlay@ibisreproductivehealth.org

