Spotlight 4: Service providers – the battle to serve

Adolescents 360 (A360) is a four-year, $30 million initiative (2016 – 2020) to increase adolescent girls' access to and demand for modern contraception in developing countries, beginning with Nigeria, Ethiopia and Tanzania. The project is implemented by a Population Services International (PSI)-led consortium, and co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation. Itad is working in collaboration with the London School of Hygiene and Tropical Medicine and Avenir Health to independently evaluate and distil lessons from A360. This brief draws out lessons from the Mid-Term Review on the challenges service providers face in delivering quality contraceptive services to girls.

Changing the attitudes of service providers is viewed as key to increasing the availability of services. Where service providers do not view adolescent girls as potential clients – for example because they believe that adolescent girls should not be having sex or assume that young married girls will start families straight away – this can prove a major barrier to access.

In Nigeria and Ethiopia, the process evaluation has found some evidence that A360 has begun to shift the attitudes of service providers, through deliberate engagement accompanied by training and on-the-job support and supervision. For example, in Ethiopia, married adolescents who have not yet had children have not traditionally been a target audience for Health Extension Workers, and Smart Start is felt to have changed this. Across all three countries, providers interviewed through the process evaluation said they wanted to provide adolescent girls with contraception, linked to enabling girls to achieve their dreams and goals, helping married girls space their children, and in some cases reducing unsafe abortions and maternal mortality. It remains unclear how far this self-reported shift is due to A360 training in youth friendly counselling and service provision, and how much it is due to greater interaction with adolescents and understanding of their aspirations.

However, *'provider bias is grounded in culture and takes time to change.'*[1] Biases and capacity gaps are still apparent, throwing up barriers to effective service provision. These include:

- **Methods biases:** Side effects of contraception are often conflated with myths and misconceptions, and beliefs about the appropriateness of particular methods for girls (especially younger adolescents, aged 15-17 years): *'The IUD is for 18-to-19-year olds. The other contraception is for everybody. The IUD is for older girls because personal hygiene is needed for the safety of the girls [who use IUD]. Generally, the older ones can take good care of themselves to avoid complications with use of the method.'*[2]
- **Capacity gaps:** Some providers are unable to offer the full suite of methods, due to a lack of training on how to insert or remove them, specifically in relation to IUDs and implants. *'I need to learn how to insert the IUD. I can place all the other methods but not IUD.'*[3]
- **System challenges:** A360 interventions are largely integrated into public health systems, meaning providers face systemic challenges including periodic stockouts of consumables and commodities, and weaknesses in facility infrastructure.

- **Policy barriers:** In Nigeria, girls under 18 cannot be provided with a long-acting contraceptive method without parental permission. This is perceived by as an acute barrier to the uptake of long-acting methods by younger adolescents. In Tanzania, there are concerns that the policy environment is becoming more conservative. In September 2018, the President publicly denounced family planning: '*Those going for family planning are lazy ... they are afraid they will not be able to feed their children. They do not want to work hard to feed a large family and that is why they opt for birth controls and end up with one or two children only.*'[4] Outreach activities in Tanzania were briefly paused following this statement, and while activities have since resumed the future of the policy environment remains unclear.
- **Seasonal trends:** In rural Ethiopia, adoption and discontinuation are seasonally impacted. The rainy season is associated with discontinuation of short-term family planning methods and unintended pregnancy, as it is challenging for women to reach health posts. This is one of the main reasons the Ethiopian Ministry of Health is promoting long-acting reversable contraception. This emphasis may be skewing choice, and was not initially accompanied by ensuring Health Extension Workers had the skills to remove methods – although this is now being rectified.

All of these factors may contribute to service providers not providing active counseling on all available methods, which has implications for girls' informed choice. This may have attributed to the high numbers of condoms provided by A360 in Nigeria, as well as emphasis on implants in Ethiopia, given the government's 'push' on long-acting methods.

The A360 solutions are operating in the context whereby shifting service providers' attitudes towards providing adolescent girls with contraception is only part of the challenge. A360 is actively seeking ways to overcome some of the challenges service providers face in their desire to serve adolescent girls.

Read more from the Mid-Term Review:

Spotlight 1: Lessons from evaluating A360
Spotlight 2: The A360 experience of HCD
Spotlight 3: Meaningful youth engagement in A360
Find the full Mid-Term Review **here** and a short visual summary **here**.

Notes:

[1] External ASRH Respondent, process evaluation, Tanzania, Pilot Phase.
[2] Service Provider, Nigeria, Participatory Action Research case study (2018). [Link]
[3] Service Provider, Nigeria, Ibid.
[4] President John Magufuli, Tanzania, 9th September 2018. [Link]