Initiation and Continuation of Injectable Contraceptives by Community Health Workers

2

Description: Summarizes the evidence on community health worker (CHW) provision of injectable contraceptives in sub-Saharan Africa that validates the feasibility and safety of CHW initiation and continuation of injectable contraceptives.

Injectable contraceptives are the most popular family planning method in sub-Saharan Africa.[1] When governments allow CHWs to initiate this method away from a facility, they remove a major medical barrier for women in hard-to-reach areas who want to access family planning services. The World Health Organization (WHO) recommends that CHWs screen, initiate, and reinject clients who choose injectable contraceptives.

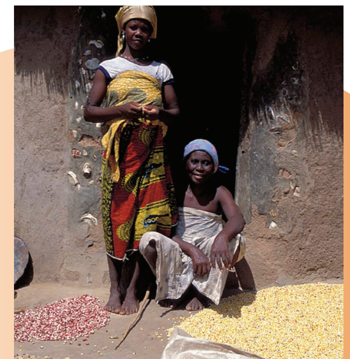

Photo: Curt Carnemark/World Bank

WHO Recommendations

The latest WHO task-sharing[2] recommendations state that trained CHWs can, with targeted monitoring and evaluation, initiate and reinject injectable contraceptives using a standard syringe.[3]

Evidence from the Literature

Initiation

- "The results of this review provide consistent evidence that appropriately trained CHWs can screen depot-medroxyprogesterone acetate (DMPA) [an injectable contraceptive] clients effectively, provide injections safely and counsel on side effects appropriately. Clients of CHWs receiving DMPA had outcomes equivalent to those of clients of clinic-based providers of progestin-only injectables.[4] Clients are satisfied with community-based provision of DMPA, and trained CHWs are comfortable in their ability to provide DMPA. The data also show that provision of DMPA by CHWs expands choice for underserved populations and indicate that community-based services lead to increased uptake of family planning, especially under conditions of low contraceptive prevalence, high unmet need, poor access to a range of methods and limited access to clinic-based services."

  —Malarcher, S., O. Meirik, E. Lebetkin, et al. 2011. "Provision of DMPA by community health workers: what the evidence shows." *Contraception* 83(6):495-503.

[1] United Nations, Department of Economic and Social Affairs, Population Division. *World Contraceptive Use 2011.* New York: United Nations. Available at: http://www.un.org/esa/population/publications/contraceptive2011/wallchart_front.pdf.

[2] See Resource 4 for a detailed description.

[3] World Health Organization (WHO). 2012. *WHO Recommendations: Optimizing Health Worker Roles to Improve Access to Key Maternal and Newborn Health Interventions through Task Shifting.* Geneva: WHO. Available at: http://www.optimizemnh.org/.

[4] The most common progestin-only injectables are Depo-Provera, (depot-medroxyprogesterone acetate, or DMPA) and Noristerat (norethisterone enantate). This category does not include combined injectables, which contain progestin and estrogen.

- “Of the 2,453 injections provided by the CHWs, no cases of injection site infection or needle sticks were reported—an indication that the CHWs provided the services safely.”

  —Olawo, A.A., I. Bashir, M. Solomon, et al. 2013. “‘A cup of tea with our CBD agent … ’: community provision of injectable contraceptives in Kenya is safe and feasible.” *Global Health Science and Practice* 1(3):308-315.

- “Operational guidelines should reflect that appropriately trained CHWs can safely initiate use of DMPA and provide reinjections.”

  —Stanback, J., J. Spieler, S. Iqbal, et al. 2010. “Community-based health workers can safely and effectively administer injectable contraceptives: Conclusions from a technical consultation.” *Contraception* 81(3):181.

- “Among the CRHW [community-based reproductive health worker] clients, 56% received their first injection in the home of their CRHW, 35% received the injection in their own home, 5% went to the clinic and 4% received their injection in another location (some CRHWs reported meeting with clients in the home of mutual friends or in the bush).”

  —Stanback, J., A.K. Mbonyeb, and M. Bekiita. 2007. “Contraceptive injections by community health workers in Uganda: a nonrandomized community trial.” *Bulletin of the World Health Organization* 85:768–773.

Continuation

- “The 12-month continuation rate of 68% (measured by acceptance of a fourth injection at 9 months) seen in the study compares favorably with other studies of DMPA continuation. This reflects well on the ability and performance of CHWs as well as client satisfaction with the method and services. Since the CHWs were based in the community, they were able to follow up with the clients who forgot their re-injection dates, thus helping to enhance DMPA continuation.”

  —Olawo, A.A., I. Bashir, M. Solomon, et al. 2013. “‘A cup of tea with our CBD agent … ’: community provision of injectable contraceptives in Kenya is safe and feasible.” *Global Health Science and Practice* 1(3):308-315.

- “In both follow-up surveys CBRHA [community-based reproductive health agent] clients were overwhelmingly in favour of receiving their injections at home or in the home of the CBRHA.”

  —Prata, N., A. Gessessew, A. Cartwright, et al. 2011. “Provision of injectable contraceptives in Ethiopia through community-based reproductive health agents.” *Bulletin of the World Health Organization* 89(8):556-564.

- “When non-continuers [among CRHW clients and clinic clients] were asked why they did not receive a second injection, it was notable that clinic clients were nearly twice as likely as CRHW clients to report dissatisfaction with the method (40% versus 22%), and 10 times as likely to report that they had forgotten to continue (20% versus 2%).”

  —Stanback, J., A.K. Mbonyeb, and M. Bekiita. 2007. “Contraceptive injections by community health workers in Uganda: a nonrandomized community trial.” *Bulletin of the World Health Organization* 85:768–773.

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