

# Community-Based Access to Injectable Contraception Educational Tour Guidance Package

## Success Stories

Educational tours have proven helpful in advancing community-based access to injectable contraceptives in a number of countries. The following examples illustrate the powerful impact an educational tour can have on a country's efforts to increase access to family planning by initiating community-based access to injectables (CBA2I).

### Kenya

In 2007, a delegation from Kenya participated in an educational study tour of Uganda's CBA2I program. The delegation was comprised of representatives from the Kenya Obstetrical and Gynaecological Society (KOGS), the National Nurses Association of Kenya (NNAK), The Nursing Council, the Kenya Ministry of Health, the Kenya Clinical Officers Association (KCOA), and JHPIEGO. The tour was conducted in part to address the concerns of Kenyan professional medical associations about safety and infection prevention. The delegates' report on the educational tour concluded with a unanimous agreement that Uganda's experience with CBA2I was relevant and that a similar program should be pilot-tested in Kenya. The tour participants had witnessed community-based distributors (CBDs) safely providing injectables and observing infection prevention procedures in Uganda. They also heard directly from satisfied clients who had been receiving CBD services for several years. The delegation recognized that CBA2I had the potential to increase Kenya's contraceptive prevalence rate (CPR). After the tour, Kenya convened an advisory group, held a large stakeholders meeting, and secured commitment from partners to move forward with a pilot study.

Kenya's successful CBA2I pilot project was conducted in Tharaka District from 2009-2010, generating local evidence that confirmed the safety, acceptability, and feasibility of CBA2I. The 2010 final report on the pilot project concluded that given health worker shortages, low CPR, and inadequate access to health services particularly in rural areas, CBA2I represents an important opportunity for Kenya to increase access to family planning, reduce maternal mortality rates, and reach national development goals. The Division of Reproductive Health and its collaborating partners recommended scale up of this service delivery model in Kenya to improve access to family planning services among underserved and hard to reach communities.

### Malawi

In March 2008, Malawi's Ministry of Health (MOH) Senior Management Committee agreed to allow health surveillance assistants (HSAs) to administer injectables at the community level with the understanding that the MOH would first pilot the program in several districts. In June 2008, 12 key family planning stakeholders from the MOH, Christian Health Association of Malawi, the USAID Mission, USAID partner organizations, and the UN Population Fund participated in a one-week study tour of Madagascar's CBA2I initiative. The tour was instrumental in shaping Malawi's plans, as it allowed the delegates to learn how Madagascar's CBA2I program operated.



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After the study tour, the MOH convened a stakeholder's meeting during which lessons learned from the study tour were shared. Findings from the tour guided the identification of necessary steps for CBD provision of injectable contraceptives; facilitated consensus on the strategy and evaluation plan; and informed recommendations on guidelines for training and service provision. The tour provided insight into processes including selection and training of CBDs, supervision, supply chain logistics, waste disposal, and addressing challenges to service provision. Following the meeting, the MOH Reproductive Health Unit worked with collaborating partners to draft guidelines for HSA provision of injectable contraceptives at the community level. The MOH approved the guidelines in December 2008. In 2009, HSAs began providing Depo-Provera in nine pilot districts. An evaluation of the pilot program demonstrated that the provision of Depo-Provera by HSAs was safe, acceptable, and effective at expanding access to family planning.

## Nigeria

Since 2003, Nigeria has implemented CBD of condoms and resupply of oral contraceptive pills by trained CHWs. In early 2008, the Federal Ministry of Health (FMoH) in Nigeria participated in a study tour to Uganda to learn from the experiences of the Ugandan MOH and implementing organizations in implementing and scaling-up CBD of Depo-Provera. In March 2008, the report from the Uganda study tour was presented to the Nigerian National Reproductive Health (RH) Working Group, which provides policy and technical guidance on all reproductive health issues in Nigeria. The RH working group subsequently approved the implementation of the CBA2I with a caveat of adaptation to local contexts, and a CBA Technical Working Group was formed. This provided the platform to engage with a variety of stakeholders at the national and state level and garner support for the CBA project.

While Nigeria's guidelines currently allow provision of injectables by Senior Community Health Extension Workers (CHEWs) in clinics, a pilot project completed in 2010 demonstrated a significantly higher uptake of injectables by clients from community-based compared to facility-based provision and showed that CHEWs can safely administer injections. This evidence fostered a verbal policy change, permitting Senior CHEWs to provide injectable contraceptives at the community level with strong potential for scale-up of this model.

## Rwanda

In 2008, Rwanda's Family Planning Technical Working Group (FPTWG) organized a delegation of family planning stakeholders, including the MOH, family planning and community health desk coordinators, United Nations Population Fund representatives, and other FPTWG members, to participate in a one-week study tour of Uganda's CBA2I program. The July 2008 tour gave the participants the opportunity to review training materials, protocols, checklists used by community health workers (CHWs), logistics, and injection safety procedures. After the tour, the delegates participated in a week-long retreat in order to present their findings to the larger FPTWG and the MOH Senior Management Committee (SMC). The study team recommended that Rwanda move forward with CBD of injectable contraceptives, using the program in Uganda as a model while adapting it to Rwanda's unique context. The team explored several possible

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frameworks to deliver these services, including use of auxiliary nurses and CHWs, who would be supervised by nurses at the health centers.

In July 2008, the SMC of the MOH made the groundbreaking decision to increase access to injectable contraceptives by adding provision of injectables to Rwanda's existing CBD programs, which already distributed oral contraceptives and condoms. Currently, the Rwanda MOH is rolling-out a phased approach to scaling up community-based family planning, including injectables. Under the National Guidelines on Community Based Distribution of Family Planning, CHWs are currently allowed to administer injectable contraception to women who receive their first injection at a health center.

