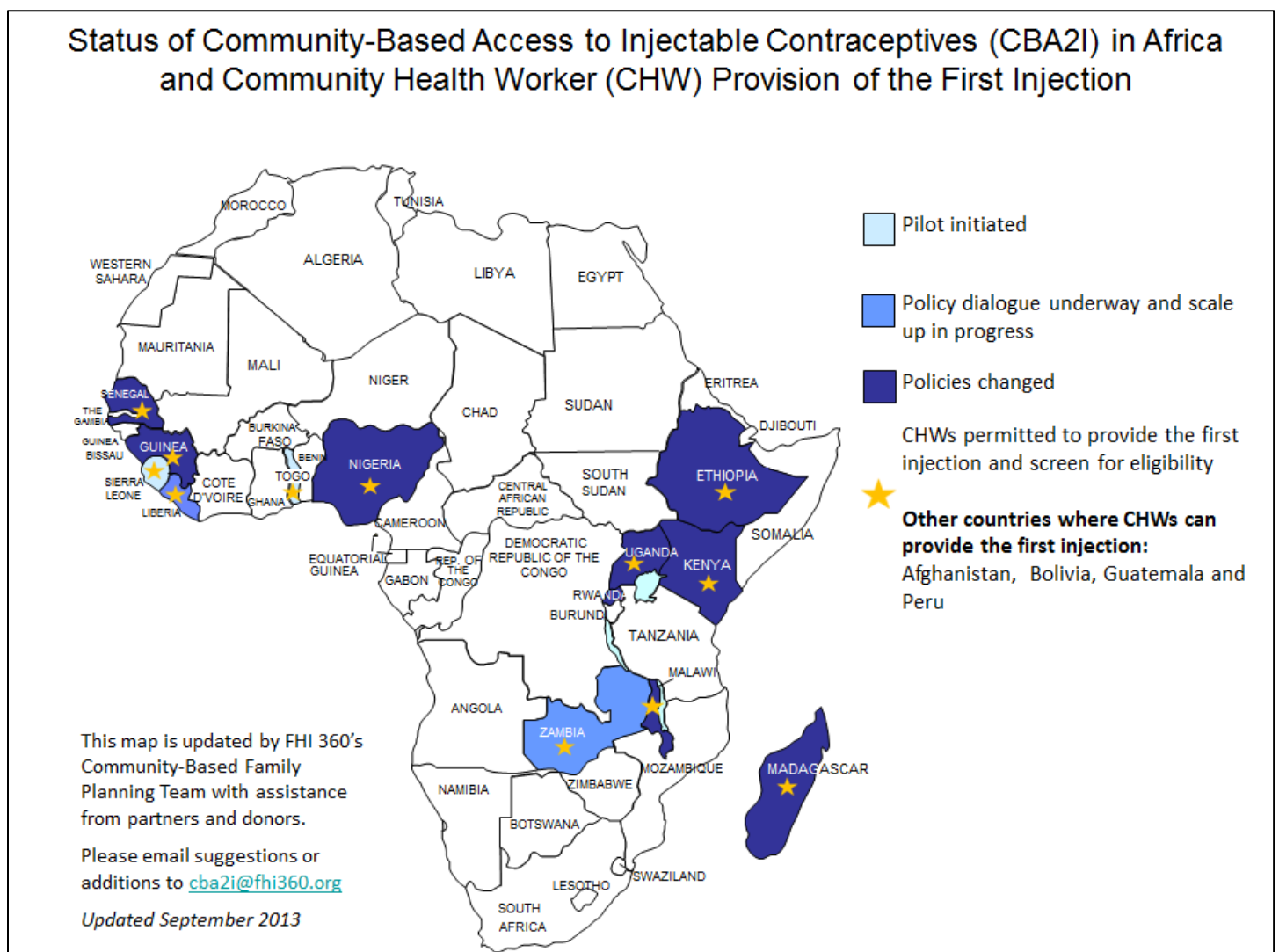


# Initiation of Injectable Contraceptives By Community Health Workers

## STATUS OF COMMUNITY-BASED ACCESS TO INJECTABLE CONTRACEPTIVES (CBA2I) IN AFRICA AND COMMUNITY HEALTH WORKER (CHW) PROVISION OF THE FIRST INJECTION

Programs around the world have demonstrated that allowing trained CHWs to administer injectable contraceptives can expand access to a woman's preferred method, reduce unmet need for family planning in underserved areas, address the critical health workforce shortage faced by many countries, and increase the contraceptive prevalence rate.

**In Africa 13 countries are piloting, scaling up and/or changing policies to support the CBA2I practice. Twelve of these 13 countries permit CHWs to screen clients for eligibility to use injectable contraception and provide the first injection.** Rwanda is the one exception, as their policy limits CHWs' community-based service provision to reinjection only. Governments that allow CHWs to initiate this method outside the facility remove a major medical barrier to expanding access to family planning, as the ability to access a facility prevents many women living in hard-to-reach areas from beginning injectable contraception.



## WHO RECOMMENDATIONS

Recommendations on task sharing state that **lay health workers can initiate and maintain injectable contraceptives** using a standard syringe, with targeted monitoring and evaluation (WHO Recommendations for Optimizing health workers' roles to improve maternal and newborn health, 2012).

## EVIDENCE FROM THE LITERATURE

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

*"Operational guidelines should reflect that appropriately trained CHWs can safely initiate use of DMPA and provide reinjections."*

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

*"DMPA is safe for use among a large majority of women; only few medical conditions make women ineligible to receive progestogen-only injectables [...] the results of this review provide consistent evidence that appropriately trained CHWs can screen DMPA 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. 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."*

Prata, N., Gessesew, A., 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.

*"In both follow-up surveys CBRHA clients were overwhelmingly in favour of receiving their injections at home or in the home of the CBRHA"*

Stanback, J., Mbonye, A. K., et al. (2007). "Contraceptive injections by community health workers in Uganda: a nonrandomized community trial." *Bulletin of the World Health Organization* 85(10): 768-773.

*"Among the CRHW 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). When non-continuers in both groups 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%)."*

Hoke, T. H., Wheeler, S. B., et al. (2012). "Community-based provision of injectable contraceptives in Madagascar: 'task shifting' to expand access to injectable contraceptives." *Health policy and planning* 27(1): 52-59.

*"Prior to initiating injectables service provision, each CBD worker was formally re-introduced into his or her community, typically in a small ceremony officiated by the mayor. CBD workers then proceeded to offer injectable contraceptives along with pills, condoms and referrals for other methods, delivering services in clients' homes and out of their own homes as was customary for CBD services."*

