Evidence-Based Practices in Zambia: Expanding Access to Family Planning Services through Community-Based Provision of Injectable Contraceptives

August 25, 2010 ECSACON conference (Lusaka, Zambia)

Crystal Dreisbach, MPH, FHI/USA
Andrew Kumwenda, MD, FHI/Zambia (ZPCT II)

Co-authors: Dawn Chin-Quee, MPH, PhD, FHI/USA; Reuben Mbewe, MD, Zambia Ministry of Health; & Lydia Jumbe, FP Coordinator, ChildFund Zambia
What is community-based access to injectables (CBA2i)?

Appropriately trained community health workers providing injectable contraceptives as part of the full range of available family planning methods.

History:

- South Asia since 1976
- Haiti since 1980s
- Latin America since 1990s
- Sub-Saharan Africa since 2004
Why the focus on injectable contraceptives?

• **High use:** More than 42 million women worldwide use injectables

• **Demand:** Women express a preference for injectables
  – *In sub-Saharan Africa, 1 out of 2 women using modern FP methods rely on injectables.*

• **Safe:** DMPA has been studied extensively and found to be a safe and highly effective contraceptive.

• **Widely Available:** In 2006, DMPA was registered for use in 179 countries.
Current Status of Community-based Provision of Injectables in Africa, as of May 2010

Pilot or scale-up in progress

Considering introduction

* National policies in Madagascar, Ethiopia and Malawi now permit provision of injectables by community health workers.
Why focus on community-based access to injectables?

- **Evidence-based, replicable model** for increasing uptake of modern contraceptive methods
- **Expands access** beyond health facilities to reach underserved
- **Can alleviate health worker shortages and heavy workload**
Evidence-based model

“Given appropriate and competency-based training, CHWs can screen clients effectively, provide DMPA injections safely and counsel on the side effects appropriately, demonstrating competence equivalent to facility-based providers of progestin-only injectables.”

--- Conclusions of WHO Technical Consultation (June 2009)
For more information on CBA2i

• Knowledge4Health’s Online Toolkit (www.k4health.org/toolkits/communitybasedfp)
• Comprehensive CBA2i Toolkit (coming soon)
• FHI web site (www.fhi.org)
• Contact FHI at cba2i@fhi.org
Zambia pilot study objectives

To evaluate the safety, acceptability, cost and impact of adding provision of Depo-Provera by community based distributors (CBDs) to an existing community-based family planning program in Mumbwa and Luangwa districts of Zambia.
Zambia context

- Total fertility rate (TFR) in Zambia (6.2)*:
  - Urban 4.3
  - Rural 7.5
- Contraceptive prevalence rate (CPR) for modern methods in Zambia:
  - Urban 42%
  - Rural 28%
- Mumbwa and Luangwa districts: Limited access to health care services, low CPR, existing CBD program.

*Zambia DHS, 2007
Study process and timeline

- Stakeholder engagement, protocol input (June-Aug 2009)
- Study design, development of forms, job aids and draft national CBD training curriculum (Aug-Oct 2009)
- Training of national & district-level trainers and ChildFund Zambia staff (Nov 2009)
- Training of 40 CBDs (Dec 2009-Jan 2010)
- Service delivery and data collection (began Feb 2010)
- Continued stakeholder engagement (ongoing)
- **Next:** Structured interviews with CBDs, nurse supervisors and clients (Nov 2010-Jan 2011)
- *Study final results expected to be available March 2011*
Preliminary study results

• 1,927 women clients were counseled, screened and provided with Depo-Provera by CBD agents.
• Preliminary evidence suggests clients are satisfied with services, and nurse supervisors are pleased with CBD performance; no adverse events reported.
Programmatic milestones

- **Capacity building** in national nurse trainers and district-level supervisors and MCH coordinators.

- **Expanding services to community:** All 40 CBDs were certified by nurse supervisors to give Depo injections on their own in the community.

- **Community sensitization:** CBD graduation ceremonies in Jan/Feb 2010, and regular community reflection meetings every six months.
Challenges experienced

- Clinic visit requirement and inadequate access to clinic services
- Commodity security at district level
- CBDs require ongoing mentorship on record keeping and client counseling
Future of CBD of Injectables in Zambia

• If study results positive, Zambia MOH may consider supporting **policy change** and **national expansion** of the model.

• Provision of injectable contraception by trained CBDs is an example of **task sharing**.

• Task sharing in Zambia can have a positive effect on:
  – Overburdened health systems;
  – Contraceptive prevalence and maternal mortality;
  – Health of Zambian women, families and communities;
  – And economic development of Zambia.
Acknowledgements

• Dr. Reuben Mbewe at the Zambia Ministry of Health
• Lydia Jumbe at ChildFund Zambia
• Our FHI colleagues Dawn Chin-Quee, Kirsten Krueger, Bill Finger, Morrisa Malkin and Conrad Otterness
• Zambia’s national Family Planning Technical Working Group (FPTWG)
• ChildFund Zambia’s CBD agents
• District health staff in Mumbwa and Luangwa
• Mumbwa and Luangwa communities and CBD clients
• Project sponsor USAID

Thank you!