Improving Contraceptive Access in Hard to Reach Populations: Community Based Distribution of Injectable Contraceptives

• Background
  – Clinic based services hard to reach
  – Clinicians overburdened
  – Inability to access service an important component of discontinuation
Why CBDs?

- Community based distributors
  - Local residents
  - Involved in social marketing
  - Motivated to provide family planning services
  - Recognized /Trusted in the community as agents for change
- Safety and efficacy of DMPA well established
- Logistical/Training/Programmatic Issues need to be addressed
“Depo Communitaire”

• Uganda study demonstrated good acceptability and reasonable safety
• Logistics not really tested
• Madagascar project testing field logistics, acceptability, capacity for scale up.
Client Profiles (n=303)

- Mean Age: 29.5 yrs (Range 15-49 ans)
- Mean number of Children: 4 (Range 1-11)
- 63% Desire a future pregnancy
Previous Contraceptive Experience (n=303)

- Return DMPA User: 47%
- New FP User: 28%
- New DMPA User: 25%
Continuation
(n=303)

- 200 Clients eligible for reinjection
- 96% of these received a reinjection
- 98% of reinjections were provided by the CBD worker.
Acceptability (n=303)

- Satisfaction
- No morbidity at injection site
- RE-injection at CBD workers house
- Would recommend to a friend

% of clients
Depo by CBD Workers

Project Phases

• Proposal Development/Approvals
• Cultivate MOH “Champion(s)”
  – Strong Government Support
  – “Embedded, Advisor/advocate
  – Multiple NGOS interested and supportive (PSI, SanteNet, FHI, ADRA, ASOS)
• Train CBD Workers
  – Counseling, Injection, Infection Prevention
• Assure supply chain (contraceptive security)
  – Commodities
  – Consummables-water, alcohol, workarounds
• Aim for External Validity
Impact: Policy Change

- Ministry of Health - New “Norms and Standards”
  - Approval of Depo injections by trained CBD workers
  - Budget set aside for commodities
- Scale up to more rural sites followed initial project: All 22 provinces desire services