Provision of Injectable Contraception Services through Community-Based Distribution in Zambia
Acknowledgments

ChildFund Zambia wishes to thank the initial collaborators of this handbook—Family Health International and Save the Children USA—for sharing their wealth of experience with others by creating the initial version of this handbook and for allowing ChildFund Zambia “to adapt and improve these tools to suit our circumstances.” These two pioneering organizations, and many others since the manual first was published in 2009, have greatly assisted the people of the developing world to plan healthy families and to improve their reproductive health. By sharing their knowledge of community health programs in this handbook, many organizations have increased access to family planning by providing injectable contraception to people in need.

This work was originally made possible by the generous support of the American people through the U.S. Agency for International Development (USAID). The contents of this version are primarily the responsibility of ChildFund Zambia and do not necessarily reflect the views of USAID or the United States Government.

While this version of the handbook highlights the Zambia experience, it remains dedicated to the women and men who participated in the pilot and scale-up projects in Zambia, Uganda and Madagascar.

Child Fund Zambia

Lusaka, Zambia

August 2013
About This Handbook

This handbook, adapted and revised from the December 2010 edition, describes how to introduce injectable contraceptives to family planning services offered in an existing community-based distribution (CBD) program. The approach is based on the experiences of three pilot projects -- Zambia, Uganda and Madagascar. These countries are highlighted because of a persistent need for family planning services, the existence of established CBD programs, and the willingness of their governments to adopt this method of providing injectable contraceptives.

By 2004 Sub-Saharan Africa countries were providing Depo-Provera and other contraceptive methods among communities using Community-based Distributors (CBDs) as primary service providers. Currently, injectable contraceptives are the most popular contraceptive method among 16 sub-Saharan Africa (Burkina Faso, Ethiopia, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Togo, Uganda and Zambia all using CBDs. In Ethiopia, CHWs are even inserting implants. CBD provision of injectables is an example of effective task shifting of a clinical practice as a means of extending services to underserved populations without further burdening clinicians. Thus, CBDs play an important role in providing family planning services by “task shifting” from the Health Centre to the community. Evidence from Zambia, Uganda, Ethiopia and other countries in sub-Saharan Africa strongly suggests that the role of CBDs need no longer be limited to distribution of condoms and oral contraceptive pills or referral to higher level providers only.

The Zambia Ministry of Health, in recognition of the growing body of global evidence supporting the community-based provision of DMPA, approved a one-year (2010-2011) USAID-supported pilot study to determine the feasibility, safety, acceptability, cost, and impact of DMPA provision by CBD agents in Zambia. The pilot study was conducted by ChildFund Zambia and FHI360. Two geographically and demographically different districts -- Mumbwa and Luangwa -- were selected as the sites for the pilot because they include some of the most hard-to-reach, poorest communities and have very limited access to health care services.

The handbook exists to meet the demand for information on injectable contraceptives in many African countries as well as other countries around the world. Program managers, policy-makers, and others who are interested in expanding access to family planning will learn from the lessons offered here about the Zambian experience. Readers will be able to visualize the nine steps needed to prepare, initiate, and maintain the CBD of injectable contraception.

Although this handbook focuses on adding injectable contraceptives to an existing CBD program, it contains information that might be useful to those who wish to start a CBD program where one does not already exist. However, it should not be considered as a stand-alone guide to starting a CBD program.

The appendices contain a collection of tools from Zambia CBD program that will help add injectable contraceptives to an existing CBD program. You are welcome to adapt and improve these tools to suit your circumstances.

We are eager to hear your suggestions on how this manual may have been useful to your own CBD program and ways to improve all or parts of this handbook. Please direct your comments or suggestions to:

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Introduction

According to the World Health Organization (WHO), 36 of 46 African countries currently face critical shortages of doctors, nurses, and midwives. This deficit comes at a time when there is a growing demand for family planning services throughout sub-Saharan Africa. This is especially true in rural areas, where modern contraceptives methods are scarce, and few trained personnel can provide these services.

One way to meet this demand is by providing injectable contraceptives to women through community-based distribution (CBD) programmes. “Injectables” are a popular choice for many women because they are safe, effective, and convenient, and they can be used discreetly, without a partner’s knowledge. Although there are several kinds of injectable contraceptives, depot-medroxyprogesterone acetate (DMPA or Depo-Provera) is the most commonly used.

A Note on Terminology

The conventional term “community-based distribution” (CBD) is used throughout this handbook for the sake of consistency. However, the concept of distributing commodities to individuals in communities is gradually being replaced by that of delivering not only commodities, but also services. Thus, the term “community-based services” (CBS), which embraces activities carried out through such vehicles as agricultural extension programs, drug shops, pharmacies, and literacy programs, is increasingly used.

Likewise, alternative terms—such as community health workers (CHWs), community reproductive health workers (CRHWs), community health officers (CHOs), or village health workers (VHWs)—have been used to describe more specific categories of community-based paraprofessionals.

Community-based distributors (also called “CBD agents” or “CBD workers”) are usually trusted members of the community who are trained to provide family planning services and information about reproductive health in a private and confidential setting. Distributors often work closely with community health facilities, district health offices, national ministries of health, and non-governmental organizations (NGOs). The CBD of family planning may take the form of visits to the client’s home, visits to the distributor’s home, or visits to a community health post. Without these distributors, women often travel long distances to reach proper medical clinics, or they may simply do without family planning services. Although CBD programs are traditionally implemented in rural areas, this approach may also be used in regions where there are large disparities in the use of health services.
The CBD of injectable contraceptives is a relatively new concept for most developing countries. Even so, programs in Africa, Asia, and Latin America have shown that the CBD of injectable contraceptives can be an extremely effective way to provide family planning services. Indeed, community-based distributors have repeatedly demonstrated that they:

- Can provide injections safely
- Know when to refer clients to a clinic
- Can maintain their supplies
- Can safely dispose of needles and syringes
- Can counsel their clients about side effects
- Can administer injectables on a regular schedule

Because of its strong record of safety and effectiveness, the CBD of injectables is an increasing component of CBD programs.

**What are Injectable Contraceptives?**

Depo-Provera is an injectable contraceptive that contains a progestin—a synthetic version of the female sex hormone progesterone—called depot-medroxyprogesterone acetate (DMPA).

A woman receives an injection of Depo-Provera once every thirteen weeks to prevent pregnancy. The hormone works by preventing ovulation and thickening the cervical mucus, which makes it difficult for sperm to enter the uterus.

Depo-Provera has other benefits. Women who use the drug are less likely to have endometrial or ovarian cancer, an ectopic pregnancy, or symptomatic pelvic inflammatory disease. Its use may reduce pain crises in women with sickle cell anemia, and it may prevent epileptic seizures.

Depo-Provera also has some disadvantages. Women often experience a delayed return to fertility—by an average of nine months after the last injection. Also, compared to contraceptive methods such as the condom, Depo-Provera provides no protection against HIV and other sexually transmitted infections. There may also be a few side effects, including prolonged, heavy, or irregular menstrual bleeding (spotting), especially during the first three to six months of use. After the first year, many women develop amenorrhea (the absence of menstrual bleeding). Other side effects may include weight gain, headaches, and nausea.
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Depo-Provera can be used by women of reproductive age who are not pregnant and who do not have health conditions that may preclude the safe use of injectable hormones. Injectable contraceptives like Depo-Provera are highly effective, reversible, easy to use, and private. Also, they do not interfere with

### THE NINE STEPS

There are nine basic steps needed to establish and manage a community-based program to distribute injectable contraceptives. These steps will help policy-makers and program managers determine whether they can provide the service. It is important to recognize that many of the steps must be considered together, even during the early stages of a pilot project.

Each step is addressed in detail in the remaining sections of this handbook.

**Step 1:**
Determine the feasibility and the need for the community-based distribution of injectable contraceptives.

**Step 2:**
Evaluate the potential costs of adding injectable contraceptives to a community-based distribution program.

**Step 3:**
Consider how to incorporate the community-based distribution of injectable contraceptives into service delivery guidelines and national health policy.

**Step 4:**
Promote the use of injectable contraceptives and sensitize the community.

**Step 5:**
Set up a logistical system that ensures a steady provision of supplies.

**Step 6:**
Train the community-based distributors to provide the service.

**Step 7:**
Install mechanisms that ensure the high quality and the safety of the service.

**Step 8:**
Plan to document the processes and the outcomes.

**Step 9:**
Ensure the successful scale-up of the pilot project.
STEP 1

Determine the Feasibility and the Need for the Community-Based Distribution of Injectable Contraceptives
STEP 1

Determine the Feasibility and the Need for the Community-Based Distribution of Injectable Contraceptives

Is there a need for this service in your region or your country? Program managers and policy-makers should:

- **Determine whether the government’s policies support the CBD of family planning services.**
  
  These policies may help or hinder your efforts, depending on whether they foster or discourage CBD.

- **Identify an existing community-based program that might benefit from the addition of injectable contraceptive services.**

- **Determine whether the CBD program is strong enough to add injectable contraceptive services.**
  
  You should also consider the relative strengths of the program supervisors and the health facility staff. The questions below may help you determine the relative strengths of the existing program (also see Appendix 5).

  - Is the current CBD program effective? For example, how many “couple-years” of protection does it provide?
  - Does the program currently screen a client’s health before providing family planning (such as oral contraceptives)? Or does it only provide condoms?
  - Does the program have a good history of retaining workers?
  - Has the program been successfully keeping records—including the records kept by the distributors?
  - Does the program have access to reliable, consistent supplies from clinics or other sources?
  - Does the program have strong logistical support?
  - Does the program have a sustained presence in the area?
  - What are the qualifications of the distributors? Do they have the basic knowledge and skills needed to learn about injectable contraception?
  - Is there a need for community-based family planning services that existing clinics cannot provide, but which might be provided by distributors?
Are the CBD workers linked to a health facility? This is crucial for reporting, supervision, supplies, and referrals.

Will staff members from a health facility, or technical supervisors, be willing to supervise the CBD of injectable contraceptives?

Would the current program be sustainable if you added injectable contraceptive services?

Determine how the distributors are compensated or motivated to do the work.

Do the distributors volunteer? Or, do they receive some type of payment (from sale of DMPA or a salary)?

Conduct a needs assessment.

The need for the CBD of injectable contraception may depend on several factors:

- The unmet need for family planning.
- Client demand for the provision of family planning methods in communities without health facilities, including a specific demand for injectable contraception.
- Women’s demands for a family planning method that does not require their husband’s or their partner’s cooperation.
- Women’s requests for a family planning method that breastfeeding mothers can use.
Identify regions that may need injectable contraceptives.

- Is there a specific area of the country that demonstrates a particular need for the CBD of injectable contraceptives?
- Is there a history of community-based services in that area?
- Does the area have links to community-based services?
- Is there a way to ensure the sustainability of community-based services in the area?

Assess the potential success of injectable contraceptives in your country by comparing the relative popularity of different contraceptive methods now in use.

Determine whether there is a lack of clinic-based personnel trained to deliver injectables.

Could this shortage be filled by providing injectable contraception through community-based services?

- Are family planning services readily available in the local health facilities?
- Do local health facilities have enough staff to provide injectable contraception on a continuous basis?
- How large is the health facility’s service area? If the facility is attempting to serve a large area, the clinic’s staff may not be able to travel to the outlying communities.
- Do community members travel great distances to access family planning services at health facilities?

Possible Pitfalls During Step 1

- Assuming that a region will benefit from the CBD of injectable contraception when demand is low and supply is high (at existing health facilities accessible to a majority of the population).
- Deciding to initiate the CBD of injectable contraception in the absence of an established CBD program.
STEP 2

Evaluate the Potential Costs of Adding Injectable Contraceptives to a Community-Based Distribution Program
STEP 2

Evaluate the Potential Costs of Adding Injectable Contraceptives to a Community-Based Distribution Program

A long-standing criticism of CBD programs is that they are simply too expensive. However, this need not be so. The cost of adding injectable contraception to a CBD program can be low if the program is already well resourced and functioning effectively. More often than not, a well-functioning CBD program has already devoted the funds needed to train, supervise, and provide incentives for CBD workers. With these systems in place, the cost of adding injectables to the CBD program can be low. But the payoff can be high in terms of increased effectiveness and a greater number of new clients who accept family planning. Here are some of the factors you must consider before you add injectable contraceptives to a CBD program.

- Determine the costs of introducing and sustaining the CBD of injectable contraceptives.
  - Do women have access to clinic-based family planning? There is little value to adding injectable to a CBD program if women have access to a clinic where they can receive the service.
  - Training the providers is one of the greatest expenses associated with introducing injectable contraceptives. In Zambia, CBDs underwent intensive training to provide injectable contraception. In addition to the trainer’s costs, there are expenses associated with training of trainers, supervision, travel, meals, and supplies. Using trainers connected with the ministry of health can help to forge ties between local health officials and the CBD program.
  - Supervision can also be very costly. Frequent supervision is the key to a strong program, and all programs should have frequent visits from supervisors to ensure that clients are being served in a timely manner with adequate counselling. Frequent supervisory visits will result in higher costs for transportation and daily expenses. In a well-resourced CBD program, supervisory visits are likely to be adequate. Therefore, there may be little or no additional cost for supervision when adding injectables to the method mix. Although a greater number of supervisory visits may be needed in an under-resourced CBD program, they may not actually be conducted because of the lack of funds. In this case, funds will be needed to meet the cost of increasing the number of supervisory visits.

The program in Zambia benefited from support provided by the Ministry of Health. The CBD pilot study and implementation in two districts was sanctioned by the Ministry of Health and conducted by ChildFund Zambia in partnership with FHI360 (with support from USAID/Washington). ChildFund Zambia and FHI360 documented the costs of the pilot program so that the ministries, national stakeholders, donors and local organizations would have a baseline of costs to better plan and budget for the potential scale-up of the CBD program. ChildFund Zambia also conducted several external evaluations of the CBD intervention which enhanced the overall documentation of the pilot program.

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<tr>
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<td>2. Soap &amp; cotton wool</td>
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<td></td>
<td>3. Hand wash basin/stand</td>
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<td>4. Depo-Provera, needles, syringes,</td>
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<tr>
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</table>
Determine the costs of scaling up the program.

Although training is costly, planners may decide that less intensive training is possible during scale-up, so the costs per person may be lower. This would occur if more participants are included in each training session or if the duration of the training is shorter. If the scale-up can take advantage of in-house trainers, then the costs can be met by redeploying these trainers. However, if the scale-up requires a large number of additional trainings, it may be necessary to hire or contract additional trainers and the financial costs will then increase.

What kind of incentives or motivation will you provide to the distributors, given the greater responsibilities and increased workload?

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What kind of incentives or motivation will you provide to the distributors, given the greater responsibilities and increased workload?

Assess the effectiveness of introducing and sustaining the CBD of injectable contraception relative to its costs.

Under the right conditions, adding the CBD of injectable contraception can be very cost-effective. If a program is strong, injectable contraception can be added to the existing methods at a reasonably low cost. Research shows that increasing the range of contraceptive options available to women increases contraceptive use and prevalence.

Find funding to add injectable contraceptives to community-based services.

Will the ministry of health (alone or in collaboration with international partners) support the provision of injectables in an existing CBD program?

Is the program feasible without financial support from the Ministries of Health and Community Development, Mother and Child Health? In the absence of government financial support, it is important to have a commitment from a long-term donor.
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Possible Pitfalls During Step 2

- Introducing a program for the CBD of injectable contraception and assuming (without evaluation) that the national health program or donors will pay for contraceptives.
- Assuming (without evaluation) that clients are willing and able to pay for injectable contraceptives.
- Neglecting to calculate the cost of training (including retraining on technical updates for all contraceptives, including injectables).
Consider How to Incorporate the Community-Based Distribution of Injectable Contraceptives into Service Delivery Guidelines and National Health Policy
STEP 3

Consider How to Incorporate the Community-Based Distribution of Injectable Contraceptives into Service Delivery Guidelines and National Health Policy

- Determine whether national health policy or service delivery guidelines already support such activities, and whether paramedical personnel are allowed to administer injections. If nonmedical personnel occasionally give other injections (e.g., during vaccination campaigns), it may help convince policy-makers that the CBD of injectable contraceptives is acceptable.

- In some countries, official national policy is not essential to start a program for the CBD of injectable contraceptives, but it will help. In one country, national health policy did not officially sanction the practice of distributors giving injections, but key members of the Ministry of Health approved starting a program.

- In 2010, the Zambian Ministry of Health approved a one-year (2010 – 2011) USAID-supported pilot study to determine the feasibility, safety, acceptability, cost, and impact of DMPA provision by CBD agents in Zambia. The pilot study and initial scale-up was conducted from 2010 – 2012 by ChildFund Zambia and FHI360.

- Some countries developed pilot programs before they made policy decisions. Zambia’s pilot CBD program in two Districts has produced impressive results and ChildFund and its partners are in dialogue with the Ministries (MOH & MCDMCH) to certify CBDs as providers of injectables in the national family planning program. CBD of DMPA has been scaled up in Uganda, and in December 2009 the Ministry of Health issued a policy amendment permitting the provision of DMPA by community-level workers. Malawi, Madagascar, and Ethiopia also have enacted policy change to support DMPA provision at the community level. These changes in policy were due to continuous advocacy with Ministries of Health and to donors that was led at the national level by a dedicated health professional.

- Advocate the CBD of injectable contraceptives if a country’s national health policy does not already support the service. Generating support at the national level may influence health policy or service delivery guidelines.

- Convene meetings with ministry of health officials, relevant NGOs, donors, and other partners to discuss the benefits of the CBD of injectable contraceptives to reach women in rural areas, as well as in settings with limited services, such as urban slums. Key benefits include:
  - Expanding access to contraception in areas with unmet need
  - Providing greater choice to women, especially those who prefer a highly effective, discreet, and convenient method
  - Reducing unplanned pregnancy, unsafe abortion, and related maternal morbidity and mortality
  - Promoting better child survival through greater child-spacing

- Use the example of Zambia to demonstrate the effectiveness of a project featuring the CBD of injectable contraceptives, the injection’s safety, the desirability of CBD of injectable contraception, and other factors.
- **If official guidelines cannot be changed before your pilot project begins, obtain support from the ministry of health to help you move forward with your project.** A letter supporting the project, which is sent to district health offices, should suffice.

- **Engage key stakeholders at the national level to secure their support for the service.**
  - In Zambia, a stakeholders meeting was held in July 2009 with Ministry of Health officials, NGO representatives, interested organizations as well as the USAID Mission. This meeting led to the Ministry of Health’s approval of a one-year USAID-supported pilot study in two Districts.
  - In Madagascar, the USAID/FHI Best Practices Team met with officials from the Ministry of Health and Family Planning to discuss incorporating reproductive health best practices, including the CBD of injectable contraceptives, into family planning programs. Afterwards, the Ministry formed a steering committee comprised of the following key players:
    - Steering committee coordinator from the Ministry of Health and Family Planning
    - Project co-investigators from the Ministry of Health and Family Planning
    - Health-sector partners, including Santé Net and PSI
    - NGOs, including ADRA and ASOS
    - USAID representative
    - FHI representative

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**Engaging Key National Stakeholders: Advocacy in Action**

It all starts with convincing one key person in a ministry of health who will act as a catalyst and advocate in the country to introduce a CBD program.

Dr. Christopher Dube, District Medical Officer, Mumbwa District puts it this way: “At the start of the project I was skeptical about the concept of having CBDs provide injectable contraceptives. However, once the 2011 review of the program clearly showed that all requirements were met, I became convinced that such a program would benefit communities and the national family planning program. Overall, it helped us improve services in the district.”

Government leadership and support at national and district levels, as well as ownership and commitment at all levels, is key to introducing an injectable program within a national family planning program. Scaling-up of the program needs to be evidence-based on the safety, effectiveness, and supervision of the pilot program.

Consistent staffing at the national level, including a high-ranking champion within the ministry, is essential to ensure sufficient government support and funding and motivate district teams.

Educational visits for high level government officials, district officials, professional health organizations and development partners will provide opportunities for them to observe how CBDs can play an important role in increasing family planning use, and increase their commitment to scaling-up the national effort.
Engage key stakeholders at the district level—including political leaders, community leaders, religious leaders, and service providers. District-level participation is crucial for (1) engaging health facility staff at the community level, (2) project supervision, (3) maintaining supplies, (4) making referrals to clinics, and (5) linking communities to national authorities.

Keep in mind that some stakeholders may have reservations about nonmedical personnel giving injections. In the Zambia pilot there were no problems with the injections or injection-related infections.

Explain how the CBD of injectable contraceptives may ease the workload of clinic-based providers and help them to increase the availability of contraception, especially to women in remote areas.

In Zambia, key stakeholders in the district included the District Medical Offices, especially the Medical Director and his/her staff, ChildFund local partners and organizations, local chiefs and community leaders who were able to motivate others.

In Madagascar, early involvement of district health authorities helped to build support for the project. Project coordinators approached district health offices to request permission to conduct a pilot project. The national steering committee, once established, held regional coordination meetings.

Building Support for the CBD of Injectable Contraception in Zambia Action

Before the Zambia pilot project began, health officials at national and district levels were hesitant about non-medical personnel giving injections since the idea of CBDs giving injections had never been considered. Many in the medical profession found it hard to accept that someone without medical background could safely give injections. However, they were convinced by observing the results of the pilot program and the fact that CBDs were successfully trained in giving injections.

Medical and health professionals were also influenced by the need to expand healthcare into remote regions due to the scarcity of health workers in these areas. Based on the positive results in sub-Saharan countries starting in 2004, the Zambia Ministry of Health approved a pilot study in 2009. The statistics on health services, particularly for contraceptive prevalence in Zambia has improved over the years. Zambia has made significant progress in expanding its family planning (FP) program. The 2007 Demographic and Health Survey found a contraceptive prevalence rate (CPR) of 33% among currently married women for modern methods and 44% CPR among sexually active unmarried women, up sharply from 2002. However, the rate in urban areas for married women was much higher than in rural areas (42% compared to 28%), and the total fertility rate (TFR) nationwide increased from 5.9 in 2002 to 6.2, also due to lower use in rural areas. In urban areas, TFR remained steady at 4.3, but the rate increased in rural areas from 6.7 to 7.5. Further, the 2007 ZDHS reported unmet need for FP at 27% and estimated that if all currently married women with unmet need used a FP method, the CPR for all methods would increase from 41% to 67%.

While findings from the 2013 ZDHS will not be available until late 2013, the 2007 ZDHS revealed that 33 percent of women used modern contraceptive methods in 2007, with differences between rural (28%) and urban (42%) areas. Unmet need for family planning (27%) did not change between 2001/2002 and 2007. Meanwhile, the total fertility rate was high at 6.2 births per woman nationwide. However, in order for Zambia to achieve its Millennium Development Goal 5.b. a CPR of 58% for modern methods must be reached by 2015. Thus, certifying CBDs to provide Depo-Provera is of vital importance to Zambia’s family planning program since, without them, the program will falter and CPR decrease.
Determine whether local health facilities support the idea of a CBD of injectable contraceptives.

What are the distributors’ relationships with the health facilities? When planning your pilot project, try to build on any existing relationships between the distributors and local health facilities. If these relationships do not exist, make sure you approach the health facilities early in the planning phase. Emphasize the need for their expertise and supervision. You should also point out that distributors can help to reduce the facility’s workload, and they can reach clients who are unable to access health facilities.

In Zambia and Uganda, project coordinators hold monthly supervisors’ meetings to link local health facilities with their communities. In Zambia, distributors review their monthly reports with health facility staff, deliver sharps boxes, other waste and obtain new supplies. Regarding workload shifting, one Health Centre said: “The CBDs are doing good work. We are working hand-in-hand with them.”

In Madagascar and Uganda, distributors turn in monthly reports to community health facilities, that ensures regular contact with the facility’s staff and allows the distributors to get more supplies. The clinic staff members also supervise the distributors.

In Madagascar and Uganda, distributors acquire their supplies from community health facilities.

Mobilize community support for the CBD of injectable contraception.

In Zambia, project coordinators have worked hard to secure the commitment of community leaders and members, as well as the staff of district level health facilities. These staff were hesitant in the beginning, but they are now committed to supporting the project. Project coordinators officially presented the project at community health facilities and held community meetings to introduce distributors.

In Uganda, the Senior Health Educator, who specializes in advocacy and communication at the Ministry of Health’s Reproductive Health Division, was involved in developing an advocacy kit, Improving Access to Family Planning: Community-based Distribution of DMPA (see Appendix 1).

Possible Pitfalls during Step 3

Assuming that the absence of existing national regulations and service delivery guidelines for the CBD of injectable contraception rules out the possibility of starting a program.
STEP 4

Promote the Use of Injectable Contraceptives and Sensitize the Community

- Determine whether local health facilities support the idea of a CBD of injectable contraceptives.
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STEP 4

Promote the Use of Injectable Contraceptives and Sensitize the Community

- **If possible, conduct a mass media campaign.**
  Mass media campaigns could consist of radio or television spots, which advertise the availability of injectable contraception through CBD in the target area. Be sure to consider what proportion of your target population has access to radio or television before undertaking such a campaign.
  - Community mobilization and sensitization through drama, focus groups, youth programs, outreach activities, CBD interactions with potential clients and community members were conducted in Zambia.
  - Radio spots in Madagascar attracted clients to community health facilities, helping distributors to complete their practical training, which included administering six injections.

- **Produce and disseminate printed advocacy materials—such as handbills and posters—about injectable contraception.** Programs can also use or adapt *Improving Access to Family Planning: Community-based Distribution of DMPA* (see Appendix 1).
  - For literate populations, handbills (distributed at local health facilities, community meetings, and other gathering places) and posters (displayed in health facilities, municipal buildings, marketplaces, etc.) may attract community demand and support for the CBD of injectable contraceptives.

- **Convene and coordinate community meetings for opinion leaders.**
  - In Zambia, project coordinators convened community meetings with chiefs, community leaders, and other community members to generate support for the CBD of injectable contraceptives. Coordinators also made an official presentation at community health facilities. After the CBDs were trained to give injections, they were introduced to their communities by ChildFund representatives and village headmen. Word of mouth among clients has also helped to generate demand.

**Possible Pitfalls During Step 4**

- Neglecting to generate support and demand for the CBD of injectable contraception before launching a program.
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- Neglecting to generate support and demand for the CBD of injectable contraception before launching a program.

Government leadership and support at district and community levels is key to the successful introduction and scale-up of an injectable program. A strong District Health Office, with leadership and support by the District Medical Officer and the MCH Coordinator, is essential to drive progress and ensure results.

In Zambia, family planning is often promoted by people who are widely recognized in their community. Chief Mphuka is one of the traditional chiefs in Luangwa. The Chief states the positive benefits of family planning for his people. He believes that children grow well when mothers have the opportunity to space and limit their family size. He further believes that women are able to maintain their health and that of their children when they have more time to care for them. However, he is concerned that men do not share these same concerns. He characterizes them as “always wanting more than they can afford.” Thus, Chief Mphuka gives special attention to men. He reminds them that family planning is important because life is not as it was before. There are limited resources, limited opportunities to earn. As he applies these lessons, he believes that men are coming around to realizing the importance of planning their families for the health of their partners.
Set Up a Logistical System that Ensures a Steady Provision of Supplies
STEP 5

Set Up a Logistical System that Ensures a Steady Provision of Supplies

- Define a specific system that will reliably facilitate the CBD of injectable contraception.
  Work within an established system (governmental or nongovernmental, depending on the circumstances) to procure and distribute contraceptives and related supplies. In some programs, it may prove more practical to supply distributors directly through an NGO or other program sponsor, rather than through local government clinics. For example, this could happen if the NGO has access to donated contraceptive commodities. No matter how the distributors are supplied, the links with local health facilities must be strong to facilitate referrals between the distributor and the clinic.

- Ideally, project coordinators will work within an existing system. Distributors may already be familiar with this system, or coordinators will need to develop collaboration between the distributors, their supervisors, and the clinic staff. The system may function through the national ministry of health or a different partner.

- In Zambia, contraceptives and related supplies and commodities are paid for and distributed by the government through the MOH’s logistics system. The District Pharmacist is responsible for supply chain and logistics management for the district. Distributors receive free contraceptives and supplies from their local Health Centres. Donors (USAID, UNFPA, WHO and DFID) still pay for a large portion of the contraceptives.

- In Uganda and Madagascar, community health facilities (in liaison with district health offices and the ministries of health) are responsible for managing supplies. In Uganda, these contraceptives are free, whereas the clients in Madagascar must pay for contraception.

- Identify the people in charge of logistics management.

- In most places, such as Zambia, there are established systems—typically linked with the ministry of health—that provide access to medical supplies. Where these systems do not exist, you will need to identify people at the national level who can coordinate the supply of commodities. You must also determine how these commodities are distributed to health facilities at all levels.
Managing Supplies in Zambia

In Zambia, CBDs were initially supplied with 10 doses of Depo-Provera, bottles for boiled water for cleaning the injection site and sharps boxes supplied by the Health Centre. ChildFund Zambia supplied soap, cotton wool, buckets and bin liners for waste disposal. CBDs collect service statistics using ChildFund Zambia developed tools – Family Planning registers, monthly return forms and referral forms. For M&E, CBD agents collect the following service statistics using their FP reporting registers and activity log books: client bio-data (new and returning); family planning history; method provided; and referrals. Commodity supply and consumption is tracked on another form.

Assessments of CBD services are conducted quarterly to evaluate progress and adjust the strategy as implementation and scale-up proceeds. CBDs report monthly to Health Centres to submit their monthly returns and resupply their commodities.

Logistics managers at national and district levels responsible for the supply chain need to consider frequency of visits and quantity of supplies when they resupply the CBDs. For example, the Zambia MOH’s Medical Stores, Ltd. supplies district level authorities with sufficient contraceptive supplies to distribute to the CBDs monthly. Stock-outs have been minimized. Other disposable supplies have been problematic (e.g., cotton wool and bin liners for disposable waste).

In Uganda, the District Medical Officer is responsible for overall logistics management for the district. Within a community health facility, the officers in charge or the maternity unit dispensary may be responsible for providing supplies to distributors. Other community-level logistics managers may include midwives, clinical officers, and health facility directors.

In Madagascar, NGOs help monitor and reinforce national logistical systems. If there is a stockout or supply problem, NGOs help to report and resolve the problem.

Procure sufficient stocks of single-use vials, injection safety boxes, and auto-disable syringes.

As Uniject syringes (which are pre-filled with a single dose and cannot be reused) become more widely available, they will facilitate the provision of injectable contraceptives.

Ensure timely submissions of supply orders.

Submitting supply orders at regular intervals (and requesting sufficient supplies) can help avoid stockouts. This can be challenging, because distributors, community health facilities, and district health offices all need to submit their requests in a timely manner. Project coordinators can employ tactics such as:

- Ordering new supplies when one month of stock is left. Tracking the distribution of stocks and estimating future stock needs are an important part of project monitoring and evaluation (see Steps 7 and 8).
- Following the ministry of health’s guidelines for restocking.

In Zambia, distributors return to their local health facility each month to submit the Commodity Tracking Form to their supervisors to reorder and receive new supplies.

Link community-based health workers to community health facilities for supplies, referrals, and waste management.

Your project should encourage community health facilities and distributors to refer clients.
Community health facilities should refer clients to distributors when clients live too far away to access the facility regularly or when the facility does not have time to provide family planning methods. In Zambia, women often have to walk 10 to 15 kilometers or more to a Health Centre to access family planning services. ChildFund CBDs live and work in their communities which improve client access to services and information.

Distributors should refer clients to community health facilities if there is a problem with the injection site, when clients are experiencing serious side effects that warrant medical attention, or when clients need or request a family planning method that the distributors cannot provide (such as an intrauterine device or a contraceptive implant).

- Waste management should not be a problem if distributors receive proper training about the disposal of sharps and if agreements are made between distributors and community health facilities. Project coordinators should keep in mind that it takes a long time to fill a safety box with used syringes.
- Project coordinators can convene monthly meetings with health facility staff to discuss supplies, referrals, and waste management.
- In Zambia, the MOH and the District Medical Office has set up medical waste management according to international standards. CBDs return sharps boxes and other waste for disposal at the Health Centre for incineration.
- In Madagascar, the distributors are told to return their full containers of sharps to the clinics. It is the clinic’s responsibility to properly incinerate the box and its contents.

Make sure you can properly store injectable contraceptives such as Depo-Provera.

- Depo-Provera should be stored upright, away from direct sunlight, out of reach of children and animals, and at a temperature of 20 to 25 degrees Celsius. It should be used within its five-year shelf life.
- A sturdy container—made of metal, if possible—protects injectable contraceptives and syringes and keeps them inaccessible to children and animals.
- To prevent any possible problems with the expiration of the injectable contraceptives, projects can distribute just a few doses at a time to the distributors (e.g., five to ten per visit). The number of doses can be adapted to the number of clients to prevent stockouts.

Possible Pitfalls during Step 5

- Not defining the relationships between the distributors and the local health facilities with respect to the supply of commodities.
- Failing to establish a system for submitting supply orders in a timely fashion; this can result in stockouts. Orders need to be submitted from distributors to local health facilities, from local health facilities to district health offices, and from district health offices to national health programs.
- Informing the District Health office about an upcoming CBD program will assist in maintaining stock levels.
STEP 6

Train the Community-Based Distributors to Provide the Service
STEP 6

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■ Identify competent people who have the potential to be good distributors. It is important to have clear, written criteria for selecting distributors to provide injectable contraception. Together with stakeholders, project coordinators should:
  ■ Develop criteria for selecting the distributors, including a way to ensure adequate geographic coverage.
  ■ Select distributors using an approach that involves the communities.
  ■ Adapt existing curricula or create new ones.
  ■ Translate curricula, as appropriate.

■ Create a training curriculum for the distributors. Make sure that the training curriculum reflects the World Health Organization’s (WHO) Medical Eligibility Criteria for Contraceptive Use and that it meets the approval of the ministry of health. The WHO document is available at: http://www.who.int/reproductivehealth/publications/family_planning/9789241563888/en/index.html.

■ One advantage of testing the distributors’ knowledge of family planning before training is that you may not need to cover every aspect of the subject. You may be able to focus on safe injection techniques and provide detailed information on injectable contraception. In such instances, a few days may be enough to cover the material.

Selecting Distributors for Training in Zambia and Madagascar

In Zambia, distributors had to have the following qualities:
■ Reside in their catchment area
■ Be willing to serve as a volunteer
■ Be able to read and write in English and have completed at least grade 9
■ Have already been trained in the provision of condoms and oral contraceptive pills
■ Be exemplary, honest, trustworthy and respected
■ Be dependable, approachable, and a good listener
■ Be endorsed by their community
■ Between 25 and 45 years of age.
■ Be a good mobilizer and communicator

In Madagascar, distributors were selected for training based on:
■ Literacy
■ Past performance
■ Recommendations from community health supervisors
■ Community acceptance
■ Acceptance of modern family planning methods
■ Location
■ Physical capability and Enthusiasm

In Zambia, all CBD trainings included both pre- and post-training questionnaires. Distributors would have to pass with a 50% mark to continue with the training and at the end of the training an 80% pass was acceptable to proceed in undertaking practicum at the affiliated health facility. During practicum, CBDs counselled clients whilst maintaining infection prevention, and correct sharps and waste disposal.

In Madagascar, project coordinators included a pre-test of family planning knowledge as an entrance exam before they train new distributors. Distributors would need to have a minimum test score to participate in the training.
ChildFund Zambia and FHI 360 collaborated on the development and adaptation of the curriculum and materials used in the training. In Madagascar and Uganda, trainers used curricula on the CBD of contraceptive services that were produced by the respective ministries of health and family planning. This was complemented by a Depo-Provera-specific curriculum prepared by FHI (see Appendix 1).

**Procure the relevant training materials**

These may include the following:

- Checklists or other documents on: (1) ruling out pregnancy, (2) initiating pills and injectable contraception, (3) standards for the provision of counselling, and (4) giving injections (see Appendix 8)
- Visual aids, such as: (1) posters displaying all family planning methods, (2) samples of family planning methods, and (3) calendars, client cards, and referral cards.

**Identify competent trainers.**

Focus on trainers who have the necessary skills. Also, consider the benefits of including local stakeholders and supervisors in the training whenever possible, as this strengthens support and buy-in from key colleagues.

In Zambia training of trainers was conducted by FHI360 and included ChildFund Zambia personnel, MOH Family Planning master trainers and District MCH Coordinators. Collectively, these trainers trained CBDs selected for the pilot and scale-up, as well as their supervisors from supervising health centres.

In Uganda, trainers came from the training teams of district health offices. Coordinators provided them with orientation on community-based services before training began. In Madagascar, trainers included staff from the Ministry of Health and Family Planning, district health supervisors, and NGO implementing partners.

In Zambia, CBDs were initially trained for six weeks (2 weeks classroom and 4 weeks practicum at an affiliated Health Centre) on condoms and oral contraceptive and family planning counselling. When Depo-Provera was introduced, CBDs were again trained for one week of theory followed by competency-based supervised practice in a Health Centre for a period of 6 weeks. Once the CBD demonstrated competency and achieved proficiency in the provision of six injections, she/he was certified. Checklists are used to observe and assess the CBD’s proficiency while at the Health Centre. Once trainees met competency standards during the practicum phase of the training at the Health Centre, including the correct administration of six injections using an observation checklist, they were given a certificate at a graduation ceremony certifying that they could provide DMPA. In addition, they were presented to the community with the endorsement of the District Health Officer. These measures were designed to help the community have confidence in the CBD agents’ skills in providing DMPA injections.

In Uganda, training lasted for three weeks. During the first week, training took place in the classroom. The distributors practiced their injection techniques on tomatoes and oranges, and they learned how to dispose of the used needles. The second and third weeks involved practical training at health posts under the supervision of medical personnel. In addition to the topics mentioned above, trainers discussed community mobilization, health education talks, how to counsel, logistics management, and recordkeeping.
Conduct training.
- Follow the Ministries of Health and Community Development, Mother and Child Health recommendations on training, as well as the curricula you have adapted or created.
- The length of the training will depend on the number of topics and the depth of information you choose to cover (see Appendix 6 and the sidebar, “Two Possible Training Models.”)
- Be sure to include practical training on giving injections. You may choose to have distributors practice on fruits or vegetables, but they will also need to practice on people. Ideally, distributors should give a minimum number of supervised injections to people—during training or after training on theory has ended. Such competency-based training should probably take place at local health facilities. This has the additional benefit of developing the relationship between CBD workers and the health workers who may supervise them.
- Include sessions on recordkeeping in the training. Distributors should follow a regular schedule of submitting their statistics to project managers. Accurate records are important for monitoring and evaluating the program.

Evaluate all training.
- Test the distributors before and after they are trained to measure their knowledge and skills (See Appendix 7).
- Survey the distributors after the training to elicit their comments on the trainers, the curricula, the materials, the injection practice, and their confidence in providing injectable contraception.
- Observe the distributors as they give injections and counsel clients about family planning.
- Monitor the distributors in the coming weeks and months to see how well they retain the knowledge and skills they gained during training.
- Review the distributors’ reports and registers.

Possible Pitfalls during Step 6
- Neglecting to establish criteria for selecting the distributors—including a minimum score on a test of family planning knowledge administered before the selection.
- Spending too much time reviewing family planning issues that should already be familiar to distributors.
- Not spending enough time on practical training—especially administering injections, making referrals, and maintaining good waste management.
- Not providing adequate numbers of auto-disable syringes and DMPA vials for the practice sessions.
- Neglecting to mobilize clients for the distributors’ injection-practice sessions. Injecting fruits and vegetables may be a good way to begin, but is not sufficient for practical training.
The durations of the training sessions in Zambia, Uganda and Madagascar are significantly different. Zambia provides an initial training of two weeks after which the CBDs are assigned to the Health Centres nearest to their villages for a month long practicum. For those qualifying to be trained for the provision of injectable Depo-Provera, they have one week of classroom training. The training includes both theory and the practicum on injection technique in a classroom setting. During the training, participants complete a pre- and post-questionnaire to assess their knowledge and competency.

Concurrent with the CBD training, a two-day orientation for the Health Centre supervisors is conducted using a Supervisor’s Curriculum. This training provides supervisors with guidance on how to provide supportive supervision to the CBDs. During the orientation, supervisor roles and responsibilities are discussed, written out and agreed upon by the project implementation team. One important role of the supervisor is the supervision and observation of CBDs during their six-week practicum at the Health Centre. Use of the observation checklist is explained and the supervisors instructed to certify the CBD candidates once they successfully accomplish proficiency in the provision of Depo-Provera. The orientation also involves the supervisors in the CBD training activities and clinical practicum. Issues and challenges that come out during the training of CBDs are immediately clarified and consultations undertaken immediately between the Health Centre staff and CBDs.

Training in Uganda lasted three weeks, whereas Madagascar’s training lasted three days. However, practical training in Madagascar continued until newly trained distributors had each given six injections while they were supervised at a Health Centre. Uganda the distributors were trained through five supervised injections. In Uganda, the Save the Children staff learned that distributors needed more practice than theory. Some distributors, especially those who are semiliterate, needed a lot of practice giving injections. Small groups also provided the best learning environment.

In Madagascar, project coordinators believe that one day of training was not enough to orient the trainees and to provide a refresher course on reproductive health. They also feel that smaller groups of trainees would have enhanced the learning experience by providing more individualized attention. Smaller groups would also have allowed the distributors to complete all of their supervised injections during the training. The trainees also didn’t have enough needles and syringes for the practice injections. Although a radio campaign advertised a day of free contraception at community Health Centres, not enough clients came for the injections to allow all trainees a sufficient amount of supervised practice. Project coordinators also believe that if training dates could have been set three months before, and if key staff members at the community Health Centres would have known these dates, they might have been able to recruit clients for the practice sessions. Because of the shortage of clients, distributors who were trained in November did not complete the required number of supervised injections until January.

Coordinators also felt that a test to determine a distributor’s eligibility would have increased the quality of the people chosen for training. On a positive note, the trainers were capable, everyone completed the training, and all but one distributor were authorized to begin offering Depo-Provera within six weeks of the training.
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Evaluating Training in Zambia, Uganda and Madagascar

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STEP 7

Install Mechanisms that Ensure the High Quality and the Safety of the Service

The following actions will help ensure that project staff can carry out their responsibilities competently and efficiently.

- **Assign tasks for logistics management, equipment, referrals, and waste management.**
  - Project coordinators will need to decide:
    - Who will maintain a steady supply of contraceptives, syringes and needles, cotton, alcohol (if used), and other necessary articles. Within a national health care system, community-level personnel will need to interact with district-level staff, which will need to communicate with the ministry of health (or other people at the national level) to ensure smooth and continuous logistics management.
    - Who will dispense equipment to the distributors? This may be within a community health facility that is sponsored by the government or an NGO. It may be a doctor, a nurse, a dispenser, a midwife, a clinical officer, or someone else.
    - How to handle referrals to other providers for questions that distributors cannot answer or for services the distributors cannot provide (see Appendix 11).
    - Who will manage the waste—such as a safety box full of needles and syringes and other waste—that is generated by the service?

- **Establish a system for maintaining injection schedules.**
  - The schedule will depend on how often injections need to be given. Injections of Depo-Provera are administered every twelve weeks. According to the 2011 WHO guidelines, a client can receive a reinjection if she is up to two weeks early or four weeks past her schedule reinjection date, without ruling out pregnancy.
  - Provide distributors with a calendar and note cards that clearly state the dates of future injections (see Appendix13).
  - One advantage of using distributors is that they tend to live near their clients, which allows them to maintain close contact.

**Supervision in Zambia**

It is particularly important to emphasize that Community-based distribution programs cannot work in isolation. To ensure a fully functional health system, all health systems need to be periodically monitored and strengthened since access to and quality of health services and information are key elements at health facilities. The support of district health teams, a functional referral system and supportive supervision are essential.

In Zambia, monitoring and evaluation (M&E) are important components in the provision of sustainable, quality injectable services at community level. ChildFund Zambia staff along with MCH coordinator teams in each district ensure continued quality of services through quarterly supportive visits to the CBDs.
These teams utilize the quarterly supervision check list to assess the performance of the CBDs. Simultaneously, Health Centre staffs provide monthly supervision to the CBDs when the CBDs take monthly reports to the Health Centres and collect their supplies.

Monitoring and evaluation of the CBD’s provision of Depo-Provera continues to be strengthened within the existing systems. Supervisors emphasize the need for correct, consistent and complete documentation, record keeping and reporting of service statistics during supervisory visits using the national HMIS forms. At the community level the CBDs collect service statistics using ChildFund Zambia developed tools - Family Planning Registers and Monthly Return forms.

In Mumbwa District, the MCH Coordinator, Harriet Phiri is very engaged with and supportive of the family planning services that CBDs provide in her District. She supervises and mentors the CBDs affiliated to the Mumbwa Health Centres. She takes stock outs and other commodity issues seriously and tries to resolve them immediately so that the CBDs can continue functioning smoothly in their communities.

In addition to the quarterly visits by the teams, Child Fund’s National Office Health and Family Planning Coordinator conduct regular supportive supervision and mentoring visits to the CBDs.

- **Provide supportive supervision according to a prescribed schedule.**
  - Project coordinators should develop and use a checklist that includes questions on counselling, referral, injection technique, waste disposal, and supply of materials (see Appendix 12).
  - Ensure that the staff members are trained and available to provide supportive supervision to distributors at the field level. This may involve regular visits or the provision of staff at the district or sub-district level, if feasible, to assist distributors as needed and to ensure services of high quality.
  - Hold a sensitization meeting with supervisors at health facilities or within the program to ensure buy-in and understanding. Hold regular meetings of distributors, supervisors, and health facility staff to discuss safety, quality, and supply issues, as relevant.
  - Supervisors should visit distributors at regular intervals to monitor their work—including counselling, health talks, waste management, and storage of supplies.
  - Determine the types of supportive supervision that are already in place within the NGOs and the district health offices. Can the CBD of injectable contraceptives be easily incorporated into the existing supervisory systems? If not, determine the additional costs of increased supervision (e.g., salaries, transportation costs, or communication).

- **Conduct an on-site performance evaluation of trained distributors at scheduled intervals.**
  - Supervisors—from district health offices or partner NGOs—should be able to evaluate the distributor’s performance on a monthly or quarterly basis. The first evaluation should take place soon after the distributors begin providing injectable contraceptives. This will ensure that the distributors are providing correct information about family planning and safe injections to their clients.
Evaluations should focus on the following questions:

- Are distributors providing clients with complete and accurate information about family planning—including potential side effects and the need for dual protection in settings with a high prevalence of HIV?
- Are distributors using their pregnancy screening checklists?
- Are distributors correctly determining whether clients are eligible for injectable contraceptives?
- Are distributors filling out forms—activity reports and client cards—correctly? Do they have enough copies of blank forms?
- Are distributors using the calendars correctly?
- Are distributors administering injections properly?
- Do distributors refer their clients to health facilities when necessary (e.g., for family planning methods that might be unavailable or for the evaluation of side effects)?

Conduct refresher training for the distributors as needed.

In Zambia, monitoring and evaluation (M&E) are important components in the provision of sustainable, quality injectable services at community level. Monitoring and evaluation of the provision of DMPA by CBDs needs to be consistently strengthened within existing health systems. Supervisors need to emphasize correct, consistent and complete documentation, record keeping and reporting of service statistics (Community HMIS) during supervisory visits and ensure that the reporting registers and monthly return forms are completed correctly. At the community level the CBDs need to collect and accurately record service statistics using ChildFund Zambia developed tools. The CBD Family Planning Register, Monthly Returns and activity log books are used to collect and record service statistics. These registers include client bio-data (new and returning); family planning history; method provided; referrals; commodity supply; tracking form and monitoring.

Possible Pitfalls During Step 7

- Not clearly explaining to distributors how to give their clients a return date by using a calendar.
- Neglecting to supervise how distributors fill out forms and activity reports.
- Neglecting to ensure that distributors correctly counsel clients about the availability and the potential side effects of various family planning methods. (Not doing so may lead to discontinuation.)

Refresher Training for CBDs in Zambia

While the Zambia ministries have been supportive of the pilot study and interventions in two districts, they have been slow to certify the CBDs or approve expansion to other districts.

The motivation of the CBDs is an important consideration for such expansion both because they are unpaid volunteers and without them the national family planning program would suffer with declining contraceptive prevalence. One way to keep the distributors involved and active is to provide refresher training sessions that remind the distributors that they are part of a bigger picture.

The Zambia program held initial refresher training in March 2012. The training focused on gaps in service provision and new trends. The CBDs were provided with new information about family planning methods, shared lessons learned with other CBDs, and continuing development of their professional skills.
Evaluations should focus on the following questions:

- Are distributors providing clients with complete and accurate information about family planning— including potential side effects and the need for dual protection in settings with a high prevalence of HIV?
- Are distributors using their pregnancy screening checklists?
- Are distributors correctly determining whether clients are eligible for injectable contraceptives?
- Are distributors filling out forms—activity reports and client cards—correctly? Do they have enough copies of blank forms?
- Are distributors using the calendars correctly?
- Are distributors administering injections properly?
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Conduct refresher training for the distributors as needed.

Not clearly explaining to distributors how to give their clients a return date by using a calendar.

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Evaluating the Performance of Distributors

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Possibilities During Step 7

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STEP 8

Plan to Document the Processes and the Outcomes

Programs should be routinely monitored (1) to maintain or improve the quality of the services and (2) to track the results. Project coordinators should establish a mechanism to characterize the program’s progress, its successes, its challenges, and the important lessons learned from these events. Consider the following actions.

- **Start early.**
  Ensure that monitoring and evaluation (M & E) is built into your program from the very beginning.

- **Allocate time, money, and staff for M & E.**
  About 5 percent to 10 percent of the program’s budget should be dedicated to monitoring and evaluating activities.

- **Involve program stakeholders in all M & E activities from the beginning.**
  This is critical to ensuring a common understanding of the program, to maximizing participation, and to fostering a sense of program ownership.

- **Develop a conceptual framework.**
  Use the framework to articulate your program goals and objectives. Start with your desired impact and work backwards (see the sample framework on the following page).

- **Use the M & E framework to establish performance standards.**
  Performance standards are program-level goals—the predetermined targets that you should use to evaluate a project. Selecting useful performance standards requires careful thought, a process of refinement, and consensus building among stakeholders. As a rule, performance standards should follow the SMART criteria—Specific, Measurable, Achievable, Realistic, and Timely. An example of a SMART standard is: “The program will establish a functioning system of referrals with at least one health care facility in each of the five participating districts by a certain date.”

- **Develop a limited set of key and measurable process and impact (results) indicators.**
  These indicators are based on the established performance standards. An appropriate indicator will be based on data that are reasonably easy to collect and is reliable. It will help you to gauge in meaningful units the amount of change that occurred. These indicators will eventually help you to determine whether performance standards have been met. For example, ChildFund Zambia initially used the following types of process indicators to measure the Depo-Provera program progress identified in the sample conceptual framework above:

  - Number of CBD agents trained and certified to administer Depo-Provera
  - Number of stock-outs reported by level
  - Frequency of supervision meetings conducted
  - Percent of supervision meetings that discussed the required topics (e.g., proper referrals, adverse events, record keeping, etc.)
  - Number of new acceptors (uptake)
  - Per cent of CBD clients who switched to Depo-Provera from another method
  - Number of referrals CBD agents made to the clinic for side effects
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- Number of referrals CBD agents made to the clinic for other contraception methods
- Number (Percentage) of CBD agents who reported needle sticks
- Number (Percentage) of CBD agents who reported stock out of Sharp boxes
- Number (Percentage) of CBD clients who reported abscesses or infection
<table>
<thead>
<tr>
<th>Inputs</th>
<th>Program Outputs</th>
<th>Mid-level outcomes</th>
<th>Long-term outcomes</th>
<th>Desired Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>Obtain support for the CBD program from clinicians, local leaders, and community groups</td>
<td>Increased access to contraceptives</td>
<td>Increased contraceptive use</td>
<td>Reduction in the number of unwanted pregnancies</td>
</tr>
<tr>
<td>Financial Resources</td>
<td>Establish a referral system with health facilities</td>
<td>Increased contraceptive choices</td>
<td>Increased contraceptive continuation</td>
<td>Improved birth spacing</td>
</tr>
<tr>
<td>Injectable contraceptives and other supplies</td>
<td>Establish systems of supervision, remuneration, and incentives</td>
<td>Increased quality of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Favourable policy environment</td>
<td>Develop a supply-management system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training curricula and materials</td>
<td>Select eligible CBD workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Train CBD workers in counselling skills, injection provision, and making referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assign supervisors to regularly monitor CBD workers and adjust program activities as needed</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Once the program has been established, the M&E focus should shift from process to impact indicators to best measure the results of the program. This progression is shown in the framework here as the program works toward long-term outcomes and desired impacts (two boxes on the far right).
Identify your data sources.
Data sources may include monthly service statistics, supply inventory logs, CBD worker notes, input from community leaders on their perceptions of the program, client testimonials and surveys, or other sources. **It is very important that the data sources, especially from service statistics, be as accurate and reliable as possible.** Accurate and reliable data is a critical source of data-for-decision making for policy makers, planners and program implementers to monitor and evaluate program progress and impact.

Establish a timeline and develop a plan for data collection.
A table showing your data collection plan—complete with indicators, a timeline, and persons responsible for each activity—is a good way to organize M & E activities (see the sample table, below).

<table>
<thead>
<tr>
<th>Performance standard</th>
<th>Indicator</th>
<th>Data source</th>
<th>Data-gathering method</th>
<th>Frequency of data collection</th>
<th>Expected completion date</th>
<th>Person responsible</th>
</tr>
</thead>
</table>

Design data-collection tools.
Data-collection forms used by CBD workers should be simple to understand and easy to carry (see Appendices 9 – 13). The data points needed should be included on records maintained by the CBD worker. Think carefully about the information you need to collect to adequately measure the program’s progress. Do not include indicators just because they are “interesting.” Make sure you can rationalize how each indicator will be used to manage and improve the program. Be sure to field test all forms with CBD workers and others, and try to minimize the information-gathering burden you place on the distributors.

CBD workers and Supervisors must collect the same information on:
- Total population in her/his catchment area
- Married Women (MWRA) or Women of Reproductive Age (WRA) in her/his catchment area
- Name and address of client
- Client information (age, level of education, number of living children, etc.)
- Date of first visit and follow-up visits
- For all contraceptive methods provided by methods:
  - New acceptor
  - Continuing acceptor/Current user
  - Dates of injections
- Dates of referrals made and nature of referrals
- Clients lost during follow-up and the reason (e.g., they discontinued family planning, they switched methods, or they get the method from a health facility)
- Unused stock at the end of the month

Supervisors should also collect information
- Name of agent
- Zone or district assigned
- Number of clients and visits per client
- Contraceptives and supplies provided
Train distributors and supervisors to record accurate and complete information.

Emphasize the importance of capturing accurate and complete statistics of their work and the important role that Health Centre supervisory staff have in mentoring CBDs and carefully checking registers and log books. It is very important for both the distributors and the Health Centre staff to collect and review the same service statistics from Family Planning Reporting Registers and activity log books. By having the same disaggregated information, both the proportionality of the workload and the shifting of workload from Health Centre to CBDs will clearly indicate the contribution made by CBD distributors to national program goals and objectives.

Compile information for activity reports, quarterly reports, and annual project reports.

Consider including reports on contraceptive supplies, as well as statistics from the community health facility, to determine the total number of people who use the different family planning methods. You might also include reports on trips, trainings, and finances.

Consider the programmatic implications of your findings.

Did the number of contraceptive acceptors increase during the course of the program? Did the program maintain an adequate supply of commodities?

Disseminate the reports when appropriate.

Depending on the type of report, it may be appropriate to distribute information on the program’s output and outcome to stakeholders, including officials at the ministry of health, international donors, NGO partners, district health offices, and community health facilities.

Share the results with those involved in the program, including distributors and staff members at the community health facility.

Those closest to the work often have the best ideas about how to improve it. Seeing the sum total of their work can also serve as an incentive for distributors and health facility staff.

Use the approved formats when submitting your findings to the district health office.

Standard forms and indicators, particularly those that are already in place for the national health management information system, should be used whenever possible to accommodate the needs of established data collection systems.

Encourage use of the findings.

Evaluation results are only good if they are put to use. Advocate new measures to improve the program based on your results. For example, if data collected from CBD worker logs and participant surveys reveal that women in certain districts are not receiving their injections on time, it should be reported immediately to program managers so that program activities can be suitably modified.
Neglecting to plan for M & E early in the project.

Neglecting to develop some predetermined, quantifiable indicators to measure program outputs.

Failing to adequately train CBD workers and supervisors to record relevant data about their services.

The Importance of Monitoring and Evaluation in Zambia

Documenting how various aspects of the CBD program are working is very important to share with national stakeholders and policy makers, donors and other organizations interested in national family planning programs. The work that CBDs do, how they are supervised, and what is happening in the field is very important to document and share on a periodic basis.

Evidence from a growing number of sub-Saharan African countries, many with critical staff shortages of doctors, nurses and midwives, are providing important examples of effective task shifting of a clinical practice as a means of extending family planning services and information to underserved populations without further burdening clinicians.

At the present time in Zambia, the DHMT service statistics include the performance of the CBDs working in the district. In future, it will be necessary to disaggregate CBD performance from these provided at the Health Centres to demonstrate their contribution to national family planning program goals.
Ensure the Successful Scale-up of the Pilot Project

If your pilot project is successful, the final step is scaling up the program to other regions of the country. Scaling up is easier to accomplish if it is part of the program’s goals and activities from the outset — as early as the developmental phase of the pilot project. Many of the steps previously described set the stage for a successful scale-up. However, there are other factors to consider:

- How will you define scaling up?
- What is the strategy for scaling up?
- Who will take responsibility for guiding scale-up activities?
- How much will it cost, and who will finance the scale-up?

Based on the positive findings of the pilot study and initial scale-up in Zambia and the body of global evidence, the stakeholders and in-country partners met in October 2011 to present the results on the safety, feasibility, and acceptability of Depo-Provera provision by CBD agents. As a result of the resolutions made at this meeting, a Road Map for National Scale Up was adopted, policy guidance was provided to the MOH, and service delivery continued in the pilot sites. Meeting participants endorsed the draft Road Map and several in-country partners committed to supporting the implementation of the scale up plan. With funding from USAID/Zambia, FHI 360 implemented the first phase of scale-up from January 2011 through March 2013 in collaboration with ChildFund Zambia. Scale-up activities included:

- ChildFund Zambia continued service delivery in the pilot sites, expanded to new sites in the pilot districts (Mumbwa and Luangwa), and expanded to new sites in one new district (Nyimba);
- Conducting qualitative and quantitative monitoring and evaluation activities;
- Advanced the Road Map for National Scale Up and provided technical assistance to the Ministries of Health and Community Development and Mother and Child Health concerning policy change;
- At the request of the Ministries of Health and Community Development and Mother and Child Health, the Family Planning Technical Working Group (FPTWG) met on April 17, 2013 to review the draft Road Map for National Scale Up and develop a revised plan to move forward with the issue of Community Based Distributors to be able to provide Depo-provera in their communities. It was agreed that the global evidence as well as evidence from the national pilot study, the Rwanda study tour and from data from ChildFund and other partner CBD programs are currently doing provided the impetus to move forward. The FPTWG has been tasked with finalizing an implementation plan with clear guidelines to include, but not limited to the following:
  - Quality assurance
  - Selection criteria
  - Maintenance of national CBD data base/register
  - Who protects the CBDs in an event of an accident/mismanagement of clients
  - Monitoring CBD Depo implementation (including from all stakeholders)
  - Provision of basic medical supplies for CBDs
  - Supply chain management/accessibility, storage and disposal of commodities and supplies
  - Community follow up of clients
STEP 9

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  - Provision of basic medical supplies for CBDs
  - Supply chain management/accessibility, storage and disposal of commodities and supplies
  - Community follow up of clients
The members then agree to renew, complete and finalize the roadmap and draw up a draft implementation plan.

Uganda began to extend its program to the Luwero and Nakaseke Districts in 2006, including the training of 25 more distributors. Here are some lessons learned from that experience.

- **Scaling up may need to be gradual and selective.**
  - It may not be possible to scale up your pilot project to all regions of the country at the same time. Focus on the regions with the greatest need and the necessary infrastructure (including the existing CBD programs).
  - It may not be desirable to extend the CBD of injectable contraceptives to all parts of the country. Regions with large urban populations and an extensive network of health facilities may not have the same need for community-based distribution as rural areas.

- **Budget carefully for scale-up activities.**
  It is important to sustain the scale-up. If you obtain support from international donors and NGOs for your pilot project, will it continue during the scale-up? [See: Appendix 5 - The Zambia Experience]

- **Official support for the CBD of injectable contraception is helpful, especially for scale-up.**
  National health policy and service delivery guidelines may not officially support the CBD of injectable contraception during your pilot project. However, you can take advantage of a successful pilot project to advocate for official support, which can facilitate the scale-up.

### Institutionalizing and Sustaining the Scale-up in Zambia

Sustainability within a national health program can be difficult to achieve given limited national budgets for the health sector. Nonetheless, it is a goal worth striving for especially if health systems can be institutionalized within public-private-NGO sectors.

As stated in the Step 2 Sidebar, ChildFund Zambia and FHI360 documented the costs of the pilot program so that the ministries, national stakeholders, donors and local organizations would have a baseline of costs to better plan and budget for the potential scale-up of the CBD program. ChildFund Zambia also conducted several external evaluations of the CBD intervention which enhanced the overall documentation of the pilot program.

For Zambia, it is important for the ministries and their partners to carefully consider ChildFund Zambia’s documented experience of the pilot CBD program as they develop a national scale-up strategy and plan for the CBD intervention within the national family planning program. Careful consideration must be given to developing a realistic remuneration package for CBDs (fee for service or in-kind contributions for service from the community). Without some form of remuneration, it will be difficult for CBDs to continue voluntarily. Communities have an important role to play in developing this remuneration package. Thus strategic planning will ensure that the gradual scale-up of the CBD program is based on realistic interventions and costs.

- **Stakeholder buy-in is essential for the success of scaling up.**
  - South-to-south exchanges or educational tours are helpful in creating collaborative environments and creating stakeholder buy-in.
You may need to adapt your model for the CBD of injectable contraception over time as the environment changes. At the same time, it is important not to lose the essential characteristics of the model in this process.

One example of a program element you may need to modify is the incentives for the distributors. Providing training and basic supplies may be sufficient in the beginning, but that may not be enough to maintain a distributor’s motivation over time.

Monitoring and evaluation are necessary for a successful scale-up.

Monitoring and evaluation will help you refine your pilot project while it is under way. It will also convince key partners and stakeholders that the CBD of injectable contraceptives is valuable, and thereby create greater support for scale-up activities.

Scaling up is also a process that requires evaluation and documentation. Scale-up activities should be measurable and transparent so that other programs can learn how to scale up effective and essential programming.

Possible Pitfalls During Step 9

- Not planning for scale-up while the pilot project is in progress.
- Not designating a group of individuals responsible for guiding the scaling-up process.
- Not understanding what is being scaled up. Failure will be more likely if you only scale up the clinical or technical aspects of the model. The most overlooked aspects are the “softer” ones, such as supportive supervision, building community awareness, and advocacy for policy change. Identify the essential aspects to be scaled up so that the effectiveness and quality of the program are maintained.
- Failing to secure supportive policies for scale-up at the national level.
Distributors can play an important role in the delivery of health care services. This is recognized by stakeholders at all levels.

Across-the-board collaboration is essential for a program to succeed.

Community participation is crucial to the success of programs for the CBD of injectable contraception.

Gaining public-policy support can play an important supportive role in the CBD of injectable contraception, although it is not essential for launching a pilot project.

A steady supply of commodities is essential for the CBD of injectable contraception.

Be sure to implement monitoring and evaluation during your pilot-project phase.

Community-based distribution is a complement to the services available at the local health facilities, not a replacement.
Distributors can play an important role in the delivery of health care services. This is recognized by stakeholders at all levels. Across-the-board collaboration is essential for a program to succeed. Community participation is crucial to the success of programs for the CBD of injectable contraception. Gaining public-policy support can play an important supportive role in the CBD of injectable contraception, although it is not essential for launching a pilot project. A steady supply of commodities is essential for the CBD of injectable contraception. Be sure to implement monitoring and evaluation during your pilot-project phase. Community-based distribution is a complement to the services available at the local health facilities, not a replacement.
APPENDIX 1

Resources

Training providers

FHI360 and ChildFund Zambia: Training for Community-based Delivery of Injectable Contraceptives, FHI360, November 2011

FHI360 and ChildFund Zambia: Training for Community-based Provision of Depo-Provera, FHI360, November 2011

ChildFund Zambia: Community Health Worker Counselling Flipchart, 2009


Monitoring and evaluation


**Advocacy**

FHI. *Improving Access to Family Planning: Community-Based Distribution of DMPA.* Research Triangle Park, NC: FHI, 2007. (This advocacy kit is available from FHI by writing to: publications@fhi.org. It is available in English and French. The kit includes the topics cited below, which are available online.)


**Useful Websites:**

[www.k4health.org/toolkits](http://www.k4health.org/toolkits)


- Expanding access to injectable contraception. Available at: [www.fhi.org/en/RH/Pubs/servdelivery/cbd_dmpa/brief1.htm](http://www.fhi.org/en/RH/Pubs/servdelivery/cbd_dmpa/brief1.htm)
- Selected CBD of DMPA resources. Available at: [www.fhi.org/en/RH/Pubs/servdelivery/cbd_dmpa/resources.htm](http://www.fhi.org/en/RH/Pubs/servdelivery/cbd_dmpa/resources.htm).
- Steps to begin providing DMPA through community-based services. Available at: [www.fhi.org/en/RH/Pubs/servdelivery/cbd_dmpa/steps.htm](http://www.fhi.org/en/RH/Pubs/servdelivery/cbd_dmpa/steps.htm).


**Scale-up**


## APPENDIX 2

### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBD</td>
<td>Community-based distribution or community-based distributor</td>
</tr>
<tr>
<td>CRHW</td>
<td>Community reproductive health worker</td>
</tr>
<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
</tr>
<tr>
<td>DMO</td>
<td>District Medical Officer</td>
</tr>
<tr>
<td>DMPA</td>
<td>Depot-medroxyprogesterone acetate</td>
</tr>
<tr>
<td>FDA</td>
<td>U.S. Food and Drug Administration</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernmental Organization</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>USAID</td>
<td>U.S. Agency for International Development</td>
</tr>
</tbody>
</table>
APPENDIX 3

Glossary

**Acceptor:** A woman who agrees to use a contraceptive method.

**CBD agent or CBD worker:** See community-based distributor.

**Community-based distributor:** Trusted members of the community who are trained to provide injectable contraceptives in a private and confidential setting.

**Couple-year of protection:** The contraceptive protection provided by a family planning method to a couple for one year. Often used as an index to compare the relative costs of two or more methods.

**Depo-Provera:** A brand name of depot-medroxyprogesterone acetate.

**Depot-medroxyprogesterone acetate:** A synthetic version of the female sex hormone progesterone. The most commonly used injectable contraceptive. Usually abbreviated as DMPA.

**Distributor:** See community-based distributor.

**Inputs:** The resources, contributions, and investments that go into a program.

**Injectable:** A hormonal contraceptive, such as Depo-Provera, that is introduced to the body by means of a syringe.

**Monitoring and Evaluation:** The process of evaluating performance and impact using indicators that measure progress toward achieving intermediate targets or ultimate goals. Data collection, analysis, and reporting are used to monitor the progress.

**Outcomes:** Results or changes for individuals, groups, communities, organizations, and systems.

**Progestin:** A synthetic version of the female sex hormone progesterone.

**Program outputs:** Activities, services, events, and products that reach the people targeted by a specific program.

**Provider:** See community-based distributor.

**Sharps:** Used needles and other sharp objects that can cause serious injuries.

**Stock out:** When the demand exceeds the supply of a product, and the inventory is zero.

**Uniject:** A single-use, non-reusable, prefilled injection device.
APPENDIX 4

Rapid Assessment Guide for Site Identification of the CBD of DMPA

This assessment tool may be adapted and used to determine whether a particular CBD program is suited for the addition of injectable contraceptives to the existing method mix. Sections include information about the geographic location, local health system, CBD program details, and supervision resources.

NAME/POSITIONOFRESPONDENT:

____________________________________________________

DISTRICTAND CONTACT INFORMATION:

ASSESSMENT DATE:

Assessment sites (please list):

____________________________________________________

____________________________________________________

About the district

Sources of information (please list):

____________________________________________________

____________________________________________________

1. What is the district contraceptive prevalence rate? _________________________________________

2. What is the main challenge in the district with respect to family planning (FP) services? ______

3. Are there underserved populations? What special characteristics do these populations have? ______

4. How many health facilities are there in the district? Hospital– level II and above (by name)______
5. How many health workers are trained in FP at each of the health facility levels? (indicate facility and number trained) ___________________________________________________________________

6. What FP services are provided at level II? _____________________________________________________________________

7. What is the FP commodity status of the district? Is stock-out common? __________________________________________________________________

8. What is the most used FP method in the district? _____________________________________________________________________

9. Does the use of FP services vary by other geographic boundaries in the district, such as divisions or service delivery points? (indicate exact variations by locations) ____________________________________________________________________

10. Did you participate in the stakeholders’ meeting on increasing access to injectable contraceptives through CBD systems? ____________________________________________________________________

11. Are you familiar with the practice of CBD of DMPA (Depo-Provera)? __________________________________________________________________

12. Are you aware of the country’s interest in and plans for implementing a demonstration project for the CBD of DMPA? ____________________________________________________________________

13. Would the district be interested in an intervention to improve access to DMPA through CBD systems? ____________________________________________________________________
A. Information about CBD Activities in the District

Sources of information (please list):

____________________________________________________________________________________

1. In which specific areas of the district is the CBD of contraceptives implemented? ____________
   ____________________________________________________________________________________

2. Which specific health facilities have linkages with the CBD activities?
   ____________________________________________________________________________________

5. How long has the CBD program been running? ___________________________________________

6. How is it funded? ____________________________________________________________________
   ____________________________________________________________________________________

7. What is the duration of current funding? If funding ends soon, what are the plans for securing new funds?
   ____________________________________________________________________________________

8. What is the total number of CBD workers? ______________________________________________

9. What are the CBD workers’ activities? _________________________________________________
   ____________________________________________________________________________________

10. Is there regular reporting of CBD activities at the health facilities? ________________________
    ____________________________________________________________________________________

11. What is the average number of clients per worker every month? __________________________
    ____________________________________________________________________________________

12. Are there records showing the quantity of commodities supplied by the health facility to CBD agents?____
    ____________________________________________________________________________________

13. Are there referral records for the CBD workers? What is the most common reason for referral? ______
    ____________________________________________________________________________________
14. How are CBD workers selected? What are the criteria? __________________________________________

15. How are CBD workers trained? Are trainings on a routine schedule? If so, when? When was the last
training conducted? ________________________________________________________________

16. How are CBD workers supervised? ______________________________________________________

17. How is follow-up of clients monitored? _____________________________________________________

18. Are CBD workers linked to the government health facilities? What is the nature of the link? ______

19. Are there any incentives for the CBD workers? (please specify) _________________________________

20. Who are the point people for CBD activities within the district? ________________________________

21. Please provide your opinion about the current and past operation of the CBD program. ____________

22. Which areas of the CBD program need improvement? __________________________________________
23. Assuming the CBD of DMPA was to be implemented in your district, how would you ensure the following?
   a. Adequate stocks _____________________________________________________________
   b. Quality control (hygiene, safety)______________________________________________
   c. Adequate supervision________________________________________________________
   d. Referral ___________________________________________________________________
   e. Integration into the district health system________________________________________
   f. __________________________________________________________________________

24. If not already present at today’s meeting, who would be the district-level point person for coordination of a pilot project? Are there other key stakeholders who should be involved? __________

25. Is there someone you consider to be a champion or leader—such as a district official, supervising nurse or physician, or CBD worker—within the CBD program? ________________________________
A. Information about DMPA Provision at Health Facilities Linked to CBD

Source of information (facility supervisor):

1. What is the average monthly number of clients who receive all family planning methods (e.g., combined oral contraceptives, injectables, implants, and IUDs) from this facility? ________________

2. What is the average monthly number of clients who receive DMPA injections at this facility? ______

3. What is the average monthly number of patients who are attended to at this facility? ________________

4. How many trained health workers provide DMPA injections at this facility? ________________

5. Do you think there are an adequate number of trained health workers who can provide DMPA injections to clients at this facility? __________________________

APPENDIX 5

Provision of Depo-Provera by Community-based Distributors in Zambia

CBD of DMPA in Zambia

The Zambia Ministry of Health, in recognition of the growing body of global evidence supporting the community-based provision of DMPA, approved a one-year (2010-2011) USAID-supported pilot study to determine the feasibility, safety, acceptability, cost, and impact of DMPA provision by CBD agents in Zambia. The pilot study was conducted by ChildFund Zambia and FHI360.

In 2009, Mumbwa and Luangwa districts were selected as the sites for the study because they include some of the most hard-to-reach, poorest communities and have very limited access to health care services. Luangwa is located in Lusaka province where the provincial TFR was 6.4 and the CPR for modern method use was 27%. Mumbwa is located in Central province where the provincial TFR was 4.1 with 40% modern method use. The CPR for modern method use in Mumbwa and Luangwa districts was 33% among women of reproductive age who are currently married or in union, while the unmet need for FP was estimated at 56.5%.

Study Objectives

The study examined the incremental or additive effect of CBD agents providing DMPA, including: 1) their ability to provide DMPA to clients safely and effectively; 2) the acceptability of, and client satisfaction with, CBD agent delivery of DMPA, including continuation rates; 3) if and how the workload of CBD agents and their supervisors changed with the addition of CBD provision of DMPA; and 4) the additional cost per couple-years of protection (CYP) of adding DMPA to the existing CBD-delivered FP program of ChildFund Zambia, the implementing partner in the study.

Methods

Cross-sectional and longitudinal data were collected in a pre-test, post-test design. Forty CBD agents were trained to provide DMPA in two districts. The pre-intervention cross-sectional data came from interviews with 16 supervisors and 40 structured observations during the practical training; the post-intervention data came from interviews with 11 supervisors, 253 clients (randomly selected), and the 40 trained CBD agents. Longitudinal data on more than 4,241 clients who received DMPA, pills, or condoms from the trained CBD agents during the 12-month pilot provision of services came from FP registers (2010-2011) and from the district monthly service statistics. Calculations of the cost of the intervention used data from key informant interviews, record reviews, and periodic progress reports to identify all intervention-related activities and resources used.

1 ChildFund Zambia is part of the international child protection and development agency. ChildFund International has been working in Zambia since 1983 and currently operates in 32 communities in eight districts (Chibombo, Chongwe, Kafue, Luangwa, Masaiti, Mumbwa, Lusaka, and Nyimba) in Central, Copperbelt, Eastern, and Lusaka provinces.
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Training Curriculum

ChildFund Zambia and FHI 360 collaborated on the development and adaptation of the curriculum and materials used in the training. The curriculum was used in other countries such as Uganda and Rwanda where FHI360 had already conducted CBD pilot studies. The training highlighted the use of a checklist developed by FHI360 for safe provision of DMPA based on medical eligibility criteria from WHO, the Family Planning Global Handbook for Providers from WHO, appropriate use of auto-disable syringes, and measures for infection prevention and safe sharps disposal. The methodology considered during the training includes brainstorming, lecturing, group work, presentations and discussions, role plays, demonstrations, assignments, coaching and exercises. After the initial training of two weeks the CBDs were assigned to the health centers nearest to their villages for practicum for a month. For those qualifying to be trained for the provision of injectable Depo-Provera (Appendix 6), they had one week of classroom training. The training included theory and practice giving injections in classroom. During the training, participants completed a pre and post questionnaire to assess how much they knew before and after the training (Appendices 7).

Training topics (Appendix 6) covered the benefits of family planning (FP), review of all FP methods, how to use job aids including the eligibility checklists (for pill and Depo-Provera use), counselling on the full range of available contraceptive methods, rumors and misconceptions about FP, Sexually Transmitted infections (STIs) including HIV and AIDS, and community mobilization. The classroom sessions were conducted using PowerPoint presentations, small group work and learning activities. Trainers and training manuals, counselling flipbooks and other job aids were used during the training. Classroom demonstrations on injection administration were conducted with the use of tomatoes.

Concurrent with the CBD training, a two-day orientation for the supervisors (health centre staff) was conducted using supervisor’s curriculum. The content of the curriculum is as outlined in the objectives below (Appendix 8). The supervisor’s training is conducted in order to offer supervisors guidance on how to provide supportive supervision to the CBD agents. During the orientation, supervisor roles and responsibilities were discussed, spelt out and agreed upon by the project implementation team. One of their important roles was the supervision and observation of CBD agents during the two-week plus practicum at the Health Centres. Use of the observation checklist was explained and the supervisors were instructed to certify the CBD candidates after they successfully accomplished at least six (6) passes of proficiency in the provision of injectable Depo-Provera (Appendix 8). The orientation also involved the supervisors in the CBD training activities and clinical practicum; and clarified issues and challenges that came out during the training of CBD agents. In this case consultations were undertaken immediately between the Health Centre staff and CBDs.

After the classroom training CBDs were allocated to the Health Centres again for two (2) to three (3) weeks for practicum on giving Depo-Provera injection. They had the opportunity to perfect the art of counselling and administering Depo-Provera while under supervision by their district Health Centre supervisors. After demonstrating competency and achieve proficiency in the provision of six (6) injections they were certified and received a certificate. Checklists were used to observe and assess the CBD agents’ proficiency while at the Health Centres.
**Supervision Structure**

Monitoring and evaluation are important components in the provision of sustainable, quality injectable services at community level. ChildFund Zambia staff and MCH coordinator teams in each district ensure continued quality of services through quarterly supportive visits to the CBD agents and use the quarterly supervision check list to assess the performance of the CBD agents (Appendix 8). At the same time the Health Centre staff provides supervision to the CBDs monthly at the time that the CBDs take monthly reports to the Health Centres.

Monitoring and evaluation (M & E) of CBD agent provision of DMPA shall continue to be strengthened within the existing systems. Supervisors will emphasize the need for correct, consistent and complete documentation, record keeping and reporting of service statistics during supervisory visits using the national HMIS forms. At the community level the CBD agents will continue to collect service statistics using ChildFund developed tools – Family Planning registers and monthly return forms (Appendices 9 - 13). Assessments of DMPA services will be conducted quarterly to evaluate progress and the strategy adjusted as scaling up proceeds. For M&E, CBD agents will have FP reporting registers and activity log books to collect service statistics which include biodata of clients (new and returning), FP history, method provided, and referrals, and monthly return forms, commodity supply, tracking form and monitoring.

**Pilot Study Implementation**

In November 2009, a training of trainers including ChildFund Zambia personnel and MOH Family Planning master trainers was conducted by FHI 360. After receiving the letter of authorization from the MOH to undertake the DMPA CBD study training on 11th December, 2009, the MOH, Family Planning master trainers, FHI 360 and Child Fund Zambia trainers trained 40 CBD agents selected for the study, as well as their supervisors from supervising health centres. The training of CBD agents was conducted from 14th to 18th December in Luangwa and from 11th to 15th January 2010 in Mumbwa. CBDs were provided with an initial training on condoms and oral contraceptives for a period of two (2) weeks. The training consisted of one week of classroom training followed by a supervised clinic-based practicum over a period of about two weeks.

Once trainees met competence standards during the practicum phase of the training, including correct administration of six injections at Health Centre using an observation checklist (Appendix 8), they attended a graduation ceremony where they were given a certificate certifying that they could provide DMPA. In addition, they were presented to the community with the endorsement of the District Health Officer (DHO). These measures were designed to help the community have confidence in the CBD agents’ skills in providing DMPA injections. Upon graduation in February 2010, the CBD agents were able to return to their communities and begin providing DMPA on their own.
Monitoring and Evaluation
The coordinator for the study was based at the FHI 360 Zambia Prevention, Care and Treatment (ZPCT)/FHI 360 Office in Lusaka and they supervised the overall data collection process. The Study Coordinator supervised the collection of longitudinal data on more than 3,600 clients who had DMPA injections by CBD agents during the 12-month collection period of February 2010 to February 2011. For the cross-sectional data, the Study Coordinator conducted pre- and post-test interviews with the District Health Office and ChildFund Zambia supervisors and also trained and supervised two teams that administered interviews to CBD agents and clients in the two pilot study districts. These data were collected from November 2010 through February 2011.

Key Findings
- CBD provision of DMPA is acceptable and expands access to FP methods. About 35% of the women who received a method reported that their first DMPA injection was their first use of a FP method.
- CBD agents can safely provide injectable contraceptives.
- CBD provision of DMPA is having an impact on some aspects of the health system, including the workload of the CBD agents, the level of training needed for this new service, and the impact of supervisors.
- Some programmatic aspects of the pilot program need to be strengthened if the program is going to continue and expand, including better training on reinjection windows and systems to ensure less stock outs.
- Continuation rates were much higher than pills and the standard 50% expected for DMPA generally, with 63% of the CBD clients continuing after one year (at least four injections). The cost per CYP for the intervention ranges from about US$11 to $61, depending on the level of DMPA continuation attributable to CBD provision. The cost per CYP will be on the lower end of the range if more women begin accessing DMPA from CBD agents.

Pilot Study Conclusions/Local Impact
The findings of the study are in line with global evidence, indicating that CBDs providing DMPA is safe, feasible and acceptable and can increase women’s access to their method of choice. There is evidence that communities are accepting DMPA provision by CBD agents and the service is expanding access to FP. A substantial percent of new DMPA users had never used FP, while other women are switching from other contraceptive methods such as pills and condoms. Women using DMPA report that they like it for its effectiveness and ease of use and they like CBD provision of it because it is more convenient to go to a CBD agent compared to the Health Centre. Even though many clients experienced side effects, almost all indicated that they are satisfied with using DMPA. The high continuation rates over a 12-month period support the high levels of satisfaction. Most supervisors and all CBD agents reported that their workload increased. Adding agents could help lighten the load as could making sure needed supplies and support are available at the Health Centres when the agents come to them so that their time is not wasted.
Regarding the added cost, effective protection against unwanted pregnancy enables the health system and individuals to avoid downstream costs of antenatal care and delivery, as well as PMTCT costs in the case of HIV-infected mothers.

Since the inception of the pilot study and the continued provision of DMPA by CBDs, women have benefited tremendously from the services. CBD agents are successfully providing services at community level and clients have been counselled, screened and provided with condoms, oral contraceptives and DMPA.

Scaling Up Community-based Distribution of Injectable Contraception in Zambia

Based on the positive findings of the pilot study and the body of global evidence, the Family Planning Technical Working Group (FPTWG), MOH Director of Public Health and Research, ChildFund Zambia and FHI 360 met at MOH headquarters on 31 May, 2011 to present the results on the safety, feasibility, and acceptability of DMPA provision by CBD agents. Meeting participants also discussed the implications of the results and the way forward. Based on recommendations made by the FPTWG at the May 2011 meeting, the MOH agreed that the way forward was to:

- Provision of Depo-Provera by CBD agents in pilot sites to continue without interruption
- Develop policy to allow provision of DMPA by CBD agents
- A phased scale up plan (Road Map) should be developed and implemented

As a result of the resolutions made at this meeting CBDs have continued to provide services, a road map was developed and the policy dialogue is still in progress. At the dissemination of the final study results on 11 October, 2011 in Lusaka, a Road Map for National Scale Up was presented by MOH to a large group stakeholders meeting. Meeting participants endorsed the draft Road Map and several in-country partners committed to supporting the implementation of the scale up plan. With field support from USAID/Zambia, FHI 360 began implementing the first phase of scale up in October 2011 in collaboration with ChildFund.

Field-supported activities include:

1. Work with ChildFund Zambia, continue service delivery in the pilot sites, expand to new sites within the pilot districts (Mumbwa, Luangwa), and expand to new sites in one new district (Nyimba)
2. Conduct qualitative and quantitative monitoring and evaluation activities
3. Advance the Road Map for National Scale Up and provide TA to the MOH around policy change

As of 2013, a total of 112 CBD agents have been trained to administer DMPA and are providing FP services to their communities. Community mobilization and sensitization has been conducted in all 3 districts, and data collection for M&E has commenced for the indicators as outlined in the M&E Plan.
APPENDIX 6

Outline of CBD Training in Zambia

Selection Criteria, Job Description and Training of Community Based Distributors in Zambia

1. CBD Selection Criteria:
The following criteria shall be used when selecting CBD agents. The CBD agent must:

1. Reside in their catchment area
2. Be willing to serve as a volunteer
3. Be a good mobiliser and communicator
4. Be able to read and write in English and have completed at least grade 9
5. Have already been trained in the provision of condoms and oral contraceptive pills
6. Be exemplary, honest, trustworthy and respected
7. Be dependable, approachable, and a good listener
8. Be endorsed by their community
9. Between 25 and 45 years of age

2. CBD Job Description:

1. Mobilize and sensitize communities on family planning services being provided at community level;
2. Provide counselling to women, men and youth on modern FP methods;
3. Provide contraceptives to clients at community level;
4. Refer clients to the nearest health centre for further management;
5. Collect service statistics (community health management and information system) at community level,
6. Report the service statistics to the affiliated health centre monthly;
7. Maintain infection prevention procedures during the provision of injectable Depo-Provera;
8. Dispose of sharps boxes and other waste materials at the health centre;
9. Follow up lost clients and assess progress and any complications;
10. Order supplies and keep records;
11. Collaborate with other community health workers

3. Training of CBDs

The program structure for the training of Community Based Distributors is in two parts as follows:

- Initial training on Condoms and Oral contraceptives with duration of two (2) weeks classroom theory, demonstrations and classroom practicum.
- Injectable Depo-Provera classroom theory, demonstrations and classroom practicum.
**Program Structure:**

**a. Initial training on Condoms and Oral contraceptives:**

**Two (2) weeks classroom theory, demonstrations and classroom practicum**

Objectives:
1. List at least three functions and qualities of a good CBD agent;
2. Define the terms population and population growth
3. Explain the relationship between family size, population growth, and resources available to the family, the community and the country
4. Explain at least six clients’ rights to a health service.
5. Describe the female and female reproductive organs in relation to family planning.
6. Define family planning
7. Discuss benefits of family planning for the individual, community and nation
8. Identify four groups of women who are at high risk should they become pregnant.
9. List the eight golden rules of family planning
10. List at least six methods of family planning available at health facilities and community level in Zambia and describe how each method works
11. Describe four common rumours and misconceptions about family planning;
12. State at least two ways of dealing with rumours and misconceptions about family planning.
13. Explain the procedures for distribution of selected family planning methods.
14. Demonstrate the ability to order and distribute pills using the checklist
15. Demonstrate counselling skills in family planning.
16. State the role of the Agent in the National Health Management Information System (HMIS).
17. Explain the reasons for referring clients to the next level of care and follow up of clients
18. Define community diagnosis and give reasons on importance of community diagnosis.
19. Describe factors that contribute to successful communication.
20. Discuss danger signs in pregnancy and care of the new-born
21. Discuss importance of male involvement in I.R.H.
22. Discuss the groups at highest risk of illness and death from Malaria.
23. Define STIs/HIV/AIDS and state signs and symptoms.
24. State how to prevent spread of TB.
25. List reasons for community mobilization
<table>
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<tr>
<th>Topics</th>
<th>Theory Hours</th>
<th>Total Hours</th>
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<tr>
<td>Zambian population and development</td>
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<td>1 hour 30 minutes</td>
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<td>Rights of clients</td>
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<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>basic female and male anatomy re: family planning</td>
<td>2 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>Concepts and benefits of family planning</td>
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<td>Family life education</td>
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<td>Record keeping and reporting</td>
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<tr>
<td>Referral</td>
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<tr>
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<tr>
<td>Interpersonal communication</td>
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<td>Safe motherhood</td>
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<td>2 hours 30 minutes</td>
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<td>Male involvement</td>
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<tr>
<td>Well child</td>
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<td>1 hour</td>
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<tr>
<td>Immunisation</td>
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<td>2 hours 45 minutes</td>
</tr>
<tr>
<td>Fevers</td>
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</table>

On completion of the initial classroom training, CBDs are allocated for practicum to their affiliated health centres nearest to their villages for a period of one (1) month for practice under the supervision of qualified health centre staff. After mastering the concepts on client counselling and distribution of commodities the CBDs are allowed to practice at community level.

Objectives:
1. Define of family planning
2. List the benefits of family planning for the community and the country of Zambia
3. List four groups of women who are at high risk should they become pregnant
4. Provide counselling on the full range of family planning (FP) methods
5. Use screening checklists to decide if a woman can safely use her family planning method
6. Initiate Injectables (e.g., postpartum, breastfeeding or non-breastfeeding, switching from other methods).
7. Review the parts and function of the male and female reproductive systems
8. Review all of the family planning methods (what they are, how they work, how effective each one is, how each is used, advantages and disadvantages)
9. Define Depo-Provera and explain how it works
10. Discuss the effectiveness of Injectables
<table>
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<tr>
<th>Topic</th>
<th>Hours</th>
<th>CBDs</th>
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<tr>
<td>Nutrition</td>
<td>2 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>Management of malaria</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Sexually transmitted infections (STIs)</td>
<td>1 hour 30 minutes</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>Introduction to HIV and AIDS</td>
<td>5 hours</td>
<td>5 hours</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Community mobilization</td>
<td>1 hour 30 minutes</td>
<td>1 hour 30 minutes</td>
</tr>
</tbody>
</table>

On completion of the initial classroom training, CBDs are allocated for practicum to their affiliated health centres nearest to their villages for a period of one (1) month for practice under the supervision of qualified health centre staff. After mastering the concepts on client counselling and distribution of commodities the CBDs are allowed to practice at community level.

b. **Training on Injectable Depo-Provera:**

**One week of classroom theory, demonstrations and classroom practicum.**

**Objectives:**

1. Define of family planning
2. List the benefits of family planning for the community and the country of Zambia
3. List four groups of women who are at high risk should they become pregnant
4. Provide counselling on the full range of family planning (FP) methods
5. Use screening checklists to decide if a woman can safely use her family planning method
6. Initiate Injectables (e.g., postpartum, breastfeeding or non-breastfeeding, switching from other methods).
7. Review the parts and function of the male and female reproductive systems
8. Review all of the family planning methods (what they are, how they work, how effective each one is, how each is used, advantages and disadvantages)
9. Define Depo-Provera and explain how it works
10. Discuss the effectiveness of Injectables
11. List the common, non-harmful side effects of Injectables
12. Explain how to safely give Depo-Provera injection
13. Discuss how to counsel the client about Depo-Provera (benefits and side effects, how it works in
   the body, etc.)
14. Discuss how to use the Counselling Flipbook with their clients
15. Describe how the injection is administered and what to do post injection.
16. Explain how to address common concerns, misconceptions, and myths clients may have
17. Discuss the prevention of infection (washing hands and safely disposing of needles)
18. Explain what to do in the event of a needle-stick injury or other unexpected event
19. Explain how to locate the correct Depo-Provera injection site on the arm
20. Conduct proper injection technique by having practiced on fruits or vegetables

Program Structure:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Theory Hours</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals of the training, overview of week’s training</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>agenda, and introduction to the materials in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>training package</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-training questionnaire</td>
<td>30 minutes</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Benefits of family planning</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Review of reproductive system(male and female)</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Overview of all family planning methods</td>
<td>1 hour 30 minutes</td>
<td>1 hour 30 minutes</td>
</tr>
<tr>
<td>Overview of DMPA learning objectives, Characteristics of DMPA, and Why Women Like/Dislike DMPA</td>
<td>1 hour 15minutes</td>
<td>1 hour 15minutes</td>
</tr>
<tr>
<td>Who Can Use and Who Should Not Use DMPA</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Injection Demonstration - Demonstrate/Present step</td>
<td>45 minutes</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Safe disposal of syringes and other used injection</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle Safety and Accidental Needle Stick</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
</tbody>
</table>
### Program Structure:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Theory Hours</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals of the training, overview of week's training agenda, and introduction to the materials</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Pre-training questionnaire</td>
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</tr>
<tr>
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<td>45 minutes</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Safe disposal of syringes and other used injection supplies</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Needle Safety and Accidental Needle Stick Injury</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Finding Injection Site on Arm – Demonstration, then practice with partner</td>
<td>45 minutes</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Review of injection steps and giving practice injections to tomatoes</td>
<td>2 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>Giving Practice Injections (to tomatoes)</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Family Planning Counselling and Informed Choice</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Review of making referrals to health facilities</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Counselling about Depo-Provera</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Determining the Re-injection Date</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Conducting Client Re-injection Visits</td>
<td>45 minutes</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Record keeping - Overview/Practice Form Filling</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>CBD relationship with district clinic: Safe disposal, re-supply, supportive supervision</td>
<td>2 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>Role Playing – Practice Case</td>
<td>2 hours 45 minutes</td>
<td>2 hours 45 minutes</td>
</tr>
<tr>
<td>Orientation to the Clinical Practicum + CBD kits you will receive after graduation</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Post training questionnaire</td>
<td>30 minutes</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Results from post-course questionnaire and review of correct answers</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>Review of participants expectations</td>
<td>30 minutes</td>
<td>30 minutes</td>
</tr>
</tbody>
</table>
On completion of the training CBDs are allocated for practicum to their affiliated health centres nearest to their villages for a period of one (1) month of practice under the supervision of qualified health centre staff. Once trainees met competence standards during the practicum phase of the training, including correct administration of six injections at health centre using observation checklist they attended a graduation ceremony where they were given a certificate certifying that they could provide DMPA. In addition, CBDs were presented to the community with the endorsement of the DHO. These measures were designed to help the community have confidence in the CBD agents’ skills in providing DMPA injections. Upon graduation the CBD agents were able to return to their communities and begin providing DMPA on their own.

4. Supervision of CBDs

Monitoring and evaluation are important components in the provision of sustainable, quality injectable services at community level. ChildFund Zambia staff and MCH coordinator teams in each district ensure continued quality of services through quarterly supportive visits to the CBD agents and use the quarterly supervision check list to assess the performance of the CBD agents. At the same time the health centre staff provides supervision to the CBDs monthly at the time that the CBDs take monthly reports to the health centres.

Monitoring and evaluation (M & E) of CBD agent provision of DMPA shall continue to be strengthened within the existing systems. Supervisors will emphasize the need for correct, consistent and complete documentation, record keeping and reporting of service statistics during supervisory visits using the national HMIS forms. At the community level the CBD agents will continue to collect service statistics using ChildFund developed tools - FP registers and monthly return forms. Assessments of DMPA services are be conducted quarterly to evaluate progress and adjust the strategy as scaling up proceeds. For M&E, CBD agents will have FP reporting registers and activity log books to collect service statistics which include biodata of clients (new and returning), FP history, method provided, and referrals, and monthly return forms, commodity supply, tracking form and monitoring.
APPENDIX 7

Training Pre- and Post-tests, Answer Key, and Training Feedback Form for the CBD of DMPA in Zambia.

These tests were used with community-based distributors before and after training in Zambia to assess whether they were ready to add injectable contraceptives to their services. These tests should be adapted to match the content of the training, which may vary depending on the need to review family planning methods or to include other stakeholders. Some programs may consider using the test as one of the selection criteria for CBD workers to provide injectables. In areas where literacy is very low, the pre-test may identify distributors who have unacceptable reading and writing skills.

Pre-Training Questionnaire for CBD Training on injectable Depo-Provera

**Directions:** Read each statement and decide what the best answer is. Check/tick “yes” if the statement is true, or “No” if the statement is not true.

**ROLE OF CBDs**

1. The most important responsibility of a CBD worker is referring clients to health facilities.
   - [ ] Yes  [ ] No

**GENERAL**

2. Family planning benefits women, infants, families, and communities.
   - [ ] Yes  [ ] No

3. Most family planning methods are not suitable for a client who is HIV+.
   - [ ] Yes  [ ] No

4. Condoms can be given to a client who is using another method.
   - [ ] Yes  [ ] No

**ORAL CONTRACEPTIVES (OCS)**

5. A woman with malaria is not a suitable candidate for combined oral contraceptives (COCs or Pills).
   - [ ] Yes  [ ] No
6. Emergency contraceptive pills are effective up to five days after unprotected sex (although they are more effective the sooner they are used).
   □ Yes □ No

DEPO-PROVERA

7. Depo-Provera helps prevent HIV and STI infections.
   □ Yes □ No

8. Many women who use Depo-Provera have changes in their monthly bleeding.
   □ Yes □ No

9. Women with very high blood pressure should not use Depo-Provera.
   □ Yes □ No

10. Depo-Provera can lead to infertility if used by young women less than 20 years old.
    □ Yes □ No

11. Depo-Provera clients can have a reinjection up to two weeks early and four weeks late.
    □ Yes □ No

IUCD

12. The IUCD is one of the most effective methods of contraception.
    □ Yes □ No

13. Some IUCDs last for 12 years.
    □ Yes □ No

SURGICAL STERILIZATION

14. During a vasectomy or tubal ligation (TL) the provider cuts or blocks the man’s or woman’s tubes so that the egg and sperm cannot meet.
    □ Yes □ No

COUNSELING

15. Counselling a client includes asking about their reproductive health goals.
    □ Yes □ No

16. When counselling a client, the CBD workers should do almost all of the talking.
    □ Yes □ No
INFECTION PREVENTION

17. Washing hands before and after giving an injection is a good practice.
   □ Yes □ No

18. All health care workers who are accidentally stuck with a needle that was used on a person with HIV will also be infected with HIV.
   □ Yes □ No

19. Needles should always be recapped before putting them in the safety box.
   □ Yes □ No

20. Safety boxes for used syringes should be taken to the health facility when it is not possible to fit any more syringes into the box.
   □ Yes □ No

Post Training Questionnaire for CBD Training on Depo-Provera

Directions: Read each statement and decide what the best answer is. Check/tick “yes” if the statement is true, or “No” if the statement is not true.

ROLE OF CBDs

1. The most important responsibility of a CBD worker is referring clients to health facilities.
   □ Yes □ No

GENERAL

2. Family planning benefits women, infants, families, and communities.
   □ Yes □ No

3. Most family planning methods are not suitable for a client who is HIV+.
   □ Yes □ No
4. Condoms can be given to a client who is using another method.

☐ Yes ☐ No

**ORAL CONTRACEPTIVES (OCS)**

5. A woman with malaria is *not* a suitable candidate for combined oral contraceptives (COCs or Pills).

☐ Yes ☐ No

6. Emergency contraceptive pills are effective up to five days after unprotected sex (although they are more effective the sooner they are used).

☐ Yes ☐ No

**DEPO-PROVERA**

7. Depo-Provera helps prevent HIV and STI infections.

☐ Yes ☐ No

8. Many women who use Depo-Provera have changes in their monthly bleeding.

☐ Yes ☐ No

9. Women with very high blood pressure should *not* use Depo-Provera.

☐ Yes ☐ No

10. Depo-Provera can lead to infertility if used by young women less than 20 years old.

☐ Yes ☐ No

11. Depo-Provera clients can have a reinjection up to two weeks early and four weeks late.

☐ Yes ☐ No

**IUCD**

12. The IUCD is one of the most effective methods of contraception.

☐ Yes ☐ No

13. Some IUCDs last for 12 years.

☐ Yes ☐ No
SURGICAL STERILIZATION

14. During a vasectomy or tubal ligation (TL) the provider cuts or blocks the man’s or woman’s tubes so that the egg and sperm cannot meet.
   □ Yes □ No

COUNSELING

15. Counselling a client includes asking about their reproductive health goals.
   □ Yes □ No

16. When counselling a client, the CBD workers should do almost all of the talking.
   □ Yes □ No

INFECTION PREVENTION

17. Washing hands before and after giving an injection is a good practice.
   □ Yes □ No

18. All health care workers who are accidentally stuck with a needle that was used on a person with HIV will also be infected with HIV.
   □ Yes □ No

19. Needles should always be recapped before putting them in the safety box.
   □ Yes □ No

20. Safety boxes for used syringes should be taken to the health facility when it is not possible to fit any more syringes into the box.
   □ Yes □ No
Answer Key for Training Questionnaire for CBD on Depo-Provera

Directions: Award 5 points for each correct response. Correct responses are checked/ticked.

ROLE OF CBDS

1. The most important responsibility of a CBD worker is referring clients to health facilities.
   
   □ Yes   ☑ No   CBD workers provide services in addition to referring clients.

GENERAL

2. Family planning benefits women, infants, families, and communities.
   
   ☑ Yes   □ No

3. Most family planning methods are not suitable for a client who is HIV+.
   
   □ Yes   ☑ No   Most methods are suitable for clients with HIV.

4. Condoms can be given to a client who is using another method.
   
   ☑ Yes   □ No

ORAL CONTRACEPTIVES (OCS)

5. A woman with malaria is not a suitable candidate for combined oral contraceptives (COCs or Pills).
   
   □ Yes   ☑ No   It is safe for women with malaria to use Pills.

6. Emergency contraceptive pills are effective up to five days after unprotected sex (although they are more effective the sooner they are used).
   
   ☑ Yes   □ No

DEPO-PROVERA

7. Depo-Provera helps prevent HIV and STI infections.
   
   □ Yes   ☑ No   Depo-Provera users must use condoms to prevent STIs/HIV.

8. Many women who use Depo-Provera have changes in their monthly bleeding.
   
   ☑ Yes   □ No
9. Women with very high blood pressure should **not** use Depo-Provera.
   ☑ Yes   ☐ No

10. Depo-Provera can lead to infertility if used by young women less than 20 years old.
    ☐ Yes   ☑ No  *Young women can safely use Depo-Provera.*

11. Depo-Provera clients can have a reinjection up to two weeks early and four weeks late.
    ☑ Yes   ☐ No

**IUCD**

12. The IUCD is one of the most effective methods of contraception.
    ☑ Yes   ☐ No

13. Some IUCDs last for 12 years.
    ☑ Yes   ☐ No

**SURGICAL STERILIZATION**

14. During a vasectomy or tubal ligation (TL) the provider cuts or blocks the man’s or woman’s tubes so that the egg and sperm cannot meet.
    ☑ Yes   ☐ No

**COUNSELLING**

15. Counselling a client includes asking about their reproductive health goals.
    ☑ Yes   ☐ No

16. When counselling a client, the CBD workers should do almost all of the talking.
    ☐ Yes   ☑ No  *CBD workers should encourage clients to express their wishes.*

**INFECTION PREVENTION**

17. Washing hands before and after giving an injection is a good practice.
    ☑ Yes   ☐ No

18. All health care workers who are accidentally stuck with a needle that was used on a person with HIV will also be infected with HIV.
    ☐ Yes   ☑ No  *The chance of HIV infection is less than 1 in 300.*

19. Needles should always be recapped before putting them in the safety box.
    ☐ Yes   ☑ No  *Used needles should never be recapped.*
20. Safety boxes for used syringes should be taken to the health facility when it is not possible to fit any more syringes into the box.

☐ Yes  ☑ No  *Boxes should be taken to the clinic for disposal when \( \frac{3}{4} \) full.*
Training Feedback Form

Name: ______________________________ Date: ____________

Please respond to the following questions regarding this training by circling the number that best reflects how you are currently feeling. We’d love for you to tell us why you feel that way as well.

1. This training was:
   ☑ NOT GREAT 1……………2………………3………………4………………5 ☑ GREAT
   Why? ______________________________________________________________

2. The mix of lecture, exercises, participation, and breaks was:
   ☑ NOT GREAT 1……………2………………3………………4………………5 ☑ GREAT
   Why? ______________________________________________________________

3. The speed with which information was covered was:
   ☑ NOT GREAT 1……………2………………3………………4………………5 ☑ GREAT
   Why? ______________________________________________________________

4. How the materials/topics were organized was:
   ☑ NOT GREAT 1……………2………………3………………4………………5 ☑ GREAT
   Why? ______________________________________________________________

5. The usefulness of this training for me was:
   ☑ NOT GREAT 1……………2………………3………………4………………5 ☑ GREAT
   Why? ______________________________________________________________

6. What part(s) of the training did you find the most useful?
   __________________________________________________________________

7. What part(s) of the training did you find the most difficult?
   __________________________________________________________________

8. What topics covered in the training will you not forget?
   __________________________________________________________________

9. What topic covered in the training are you still confused about?
   __________________________________________________________________

10. What suggestions do you have to improve the training?
    __________________________________________________________________

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APPENDIX 8

Training of Supervisors for the CBD of DMPA in Zambia

Concurrent with the CBD training, a two-day orientation for the Health Centre supervisors is conducted using a Supervisor’s Curriculum. This training provides supervisors with guidance on how to provide supportive supervision to the CBDs. During the orientation, supervisor roles and responsibilities are discussed, written out and agreed upon by the project implementation team. One important role of the supervisor is the supervision and observation of CBDs during their six-week practicum at the Health Centre. Use of the observation checklist is explained and the supervisors instructed to certify the CBD candidates once they successfully accomplish proficiency in the provision of Depo-Provera. The orientation also involves the supervisors in the CBD training activities and clinical practicum. Issues and challenges that come out during the training of CBDs are immediately clarified and consultations undertaken immediately between the Health Centre staff and CBDs.

Learning Objectives for Supervisors

The following is a suggested list of learning objectives for supervisors prior to starting a demonstration project on community-based access to injectables. Consider holding the supervisor orientation in a separate room but simultaneously to CBD training, if possible. This will allow CBDs and supervisors to have some sessions together so they can begin to build good relationships and get to know each other’s respective responsibilities.

1. Background and introduction to the pilot project
2. Brief overview of the CBD training agenda and review of topics CBDs will be learning
3. Brief overview of the training materials and job aids CBDs received, including Counselling Flipbook and Depo-Provera brochure
4. Clarify that DHMT supervisors have the following roles and responsibilities:
   a. Participation in (this) orientation during CBD classroom training
   b. Participation in 2-week clinical practicum for CBDs to observe CBDs counselling and providing methods to real clients
   c. Participation in CBD graduation ceremony, if possible
   d. Management of ¾ full sharps disposal boxes
   e. Re-supply of Depo, syringes, disposal boxes and other injection materials, in addition to pills and condoms
5. Review of how supervisors will use the Structured Observation Checklist during clinical practicum
6. Clarify that CBDs will be using Screening Checklist for Medical Eligibility to determine whether women can use Depo. If Screening Checklist indicates that further evaluation is needed, CBDs will refer clients to clinics.
7. Overview of CBD referral process
8. Review of CBD sharps disposal procedures at clinic level
9. Review of how resupply will work (Depo, syringes, disposal boxes, cotton wool, pills, condoms, etc.)
10. Introduction to the forms and registers the CBDs and data retrievers will be completing during the pilot project
11. How to provide supportive supervision during pilot project (What is supportive supervision? How is it provided?)

Monitoring Indicators

Conduct monitoring and evaluation of the scale up in both pilot and new sites using the following proposed indicators, including an indicator to monitor quality of services provided:

1. Number CBD agents trained and certified to administer DMPA
2. Number of stock-outs reported by level
3. Frequency of supervision meetings conducted
4. Percent of supervision meetings that discussed the required topics (e.g. proper referrals, adverse events, record keeping, etc.)
5. Number of new acceptors (uptake)
6. Percent of CBD clients who switched to DMPA from another method
7. Number of referrals CBD agents made to the clinic for side effects
8. Number of referrals CBD agents made to the clinic for other contraception methods
Training of Supervisors for the CBD of DMPA in Zambia

Concurrent with the CBD training, a two-day orientation for the Health Centre supervisors is conducted using a Supervisor’s Curriculum. This training provides supervisors with guidance on how to provide supportive supervision to the CBDs. During the orientation, supervisor roles and responsibilities are discussed, written out and agreed upon by the project implementation team. One important role of the supervisor is the supervision and observation of CBDs during their six-week practicum at the Health Centre. Use of the observation checklist is explained and the supervisors instructed to certify the CBD candidates once they successfully accomplish proficiency in the provision of Depo-Provera. The orientation also involves the supervisors in the CBD training activities and clinical practicum. Issues and challenges that come out during the training of CBDs are immediately clarified and consultations undertaken immediately between the Health Centre staff and CBDs.

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1. Background and introduction to the pilot project
2. Brief overview of the CBD training agenda and review of topics CBDs will be learning
3. Brief overview of the training materials and job aids CBDs received, including Counselling Flipbook and Depo-Provera brochure
4. Clarify that DHMT supervisors have the following roles and responsibilities:
   a. Participation in (this) orientation during CBD classroom training
   b. Participation in 2-week clinical practicum for CBDs to observe CBDs counselling and providing methods to real clients
   c. Participation in CBD graduation ceremony, if possible
   d. Management of ¾ full sharps disposal boxes
   e. Re-supply of Depo, syringes, disposal boxes and other injection materials, in addition to pills and condoms
   f. Manage supply logistics between DHMT and the health centre (Including Medical Stores)
   g. Review of CBD service delivery data
   h. Supportive supervision throughout project
5. Review of how supervisors will use the Structured Observation Checklist during clinical practicum
6. Clarify that CBDs will be using Screening Checklist for Medical Eligibility to determine whether women can use Depo. If Screening Checklist indicates that further evaluation is needed, CBDs will refer clients to clinics.
7. Overview of CBD referral process
8. Review of CBD sharps disposal procedures at clinic level
9. Review of how resupply will work (Depo, syringes, disposal boxes, cotton wool, pills, condoms, etc.)
10. Introduction to the forms and registers the CBDs and data retrievers will be completing during the pilot project
11. How to provide supportive supervision during pilot project (What is supportive supervision? How is it provided?)

Monitoring Indicators

Conduct monitoring and evaluation of the scale up in both pilot and new sites using the following proposed indicators, including an indicator to monitor quality of services provided:

1. Number CBD agents trained and certified to administer DMPA
2. Number of stock-outs reported by level
3. Frequency of supervision meetings conducted
4. Percent of supervision meetings that discussed the required topics (e.g. proper referrals, adverse events, record keeping, etc.)
5. Number of new acceptors (uptake)
6. Percent of CBD clients who switched to DMPA from another method
7. Number of referrals CBD agents made to the clinic for side effects
8. Number of referrals CBD agents made to the clinic for other contraception methods
9. Number (Percentage) of CBD agents who reported needle sticks

10. Number (Percentage) of CBD agents who reported stock out of Sharp boxes

11. Number (Percentage) of CBD clients who reported abscesses or infection at the injection sites
Before the orientation begins, facilitators should:

- Determine logistically when it will be possible to conduct the supervisor orientation. Ideally the supervisor orientation will be conducted during the latter part of the week that the CBD agents are being trained. This arrangement allows the supervisors to be oriented to their roles and responsibilities, to meet the CBD agents that they will be supervising, and to observe the performance of the CBD agents during the role play activities that occur near the end of the CBD agent training. Separate training spaces must be available for the supervisors and CBD agents because although some sessions during the supervisor orientation will be conducted jointly with the CBD agents, many of the sessions are for supervisors only.

- Read carefully through all the session plans you will be leading.

- Make decisions about which slides, materials, and activities you will use to meet the needs of the participants, and adjust the presentation, job aids, hand-outs, and activities accordingly.

- Compile the participant packets and become very familiar with the materials that both the CHWs and the supervisors will use during their orientation and to accomplish their job tasks (e.g., tracking forms, supervision checklists, Counselling Flipbook, and Job Aids) so that you can reinforce their use during the orientation activities.

- Prepare to answer questions about the technical information and processes and procedures to follow during project implementation, and to provide explanations and instructions for the group discussions and activities.

Facilitator Tip:
Setting up the room for the orientation can take several hours. If possible, the day before the orientation:

- Set up the room with round tables of 5-6 people per table. Try to arrange the seats and tables so that all participants have a clear view of the front of the room.

- At each seat, place the participant packet, a name tent, a name badge, and a pen.

- On each table, put water and drinking glasses and several different color markers.

- Ensure that the temperature in the room is comfortable.

- Test the laptop and LCD equipment ahead of time to ensure PowerPoint slides can be projected properly.
**Welcome, opening remarks and introductions of facilitators**

**Instructions for the facilitator:**

1. Greet participants as they arrive and attend to any logistical issues they may have (e.g., luggage storage).
2. Ask them to sign the training register.
3. Have slide or flip chart entitled “Welcome” with the instruction to “Make a Name for yourself” posted as participants arrive. They will create a personalized name tag and name tent to sit on the table. Allow participants to get settled into their seats.
4. When it is time for the orientation to begin, welcome all of the participants and thank them for coming.
5. Introduce the person who will be giving the opening remarks for the supervisor orientation.
6. Ask any other VIPs (leaders of local institution/site, FHI 360/ChildFund leaders etc.) to come to the front of the room to introduce themselves and welcome the trainees. This should be very brief—just two or three minutes.
7. Briefly introduce all of the facilitators.
8. Inform participants of the location of the restrooms and encourage them to be comfortable.

**Icebreaker: Getting to know each other – The Name Chain**

**Instructions for the facilitator:**

- Ask participants to stand in a circle.
- Tell the participants that before getting started they are going to do a short warm-up activity to learn each other’s names and where everyone is from. To do this we’re going to do a name chain. When you introduce yourself you will say your name, where you are from, and provide an adjective that helps describe you (e.g., Lucky Lee, Timid Thomas, Creative Christopher, Happy Hannah).
- Ask each participant in turn to say the names of everyone else who has already introduced themselves and then introduce him or herself. For example, the third person would say the adjective and name of the first two people prior to introducing him or herself.
- Continue around the circle until everyone has been introduced including the facilitators. Keep the exercises moving quickly so that it is light-hearted and fun.
## Session 1: Overview of Supervisor Orientation and Introduction to CBD Provision of Depo-Provera Project

By the end of this session, participants will be able to:
- State the objectives and expectations of the supervisor orientation
- Describe the goals and key components of the CBD of Depo-Provera Project

### Facilitator instructions for conducting the session

<table>
<thead>
<tr>
<th>Time</th>
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<th>Required materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 min</td>
<td>Review the <strong>learning objectives</strong> for the orientation using a slide or flip chart (prepared in advance). Ask participants to follow along using the list in their packet. Ask several participants to describe which of the objectives are of greatest interest or concern to them and why.</td>
<td>Agenda (flip chart prepared in advance and/or as individual hand-outs)</td>
</tr>
<tr>
<td></td>
<td>Review the <strong>agenda</strong> with the participants. Describe the general flow of activities and how the orientation is structured. For example, we’re giving the supervisors an opportunity to meet each other first and learn a little about the project and what you are expected to do. Later in the orientation you will have an opportunity to meet the CBD agents that you will be supervising and to observe during their skills practice.</td>
<td>Learning objectives (flip chart prepared in advance; leave posted throughout)</td>
</tr>
<tr>
<td></td>
<td>Establish <strong>norms</strong> for the group using a quick brainstorming. The facilitators should list the norms on a flip chart. Some items to consider if no one mentions them maybe:</td>
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<tr>
<td></td>
<td>- Participate in all the discussions and activities</td>
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<td></td>
<td>- Don’t be afraid to ask questions—there are no dumb questions</td>
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<td></td>
<td>- Show respect to each other; do not interrupt</td>
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<td></td>
<td>- Mobile phones off or on vibrate</td>
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<td></td>
<td>- No side conversations</td>
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<td></td>
<td>- Be on time in the morning and after breaks</td>
<td>PowerPoint slides for this session</td>
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<td></td>
<td>Packet of orientation materials for each participant including:</td>
<td>Flipchart paper, markers</td>
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<tr>
<td></td>
<td>- List of objectives for supervisor orientation</td>
<td>- List of supervisor roles and responsibilities</td>
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<td></td>
<td>- Supervisor job aids</td>
<td>- Supervision forms (blank and completed samples)</td>
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<td></td>
<td>- Hand-outs used during the supervisor orientation to support learning activities</td>
<td>- Agenda and list of learning objectives from CHW training</td>
</tr>
<tr>
<td></td>
<td>- Be on time in the morning and after breaks</td>
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</tbody>
</table>
4. Give participants a **brief history** of CBD provision of Depo-Provera and the background and **goals of this project** using PowerPoint slides or a prepared flip chart. As much as possible engage participants in discussing the anticipated benefits among communities and how the success of the project depends on the collaboration of everyone involved. Address any questions or concerns raised by participants. If participants raise issues that will be discussed later, inform them that you will discuss it in a later session—encourage them to ask again if their question is not addressed.

5. Orient participants to the **materials** in their folder. Ask the participants to open their folders and look **briefly** at the contents—do not spend more than a minute on this as each form will be reviewed in detail later. The folders contain materials such as forms and job aids that participants will use to complete their supervisory tasks and some materials needed to complete activities during the orientation. The folders will also contain key information about the roles and responsibilities of the CBD agents that they will be supervising along with some of the key job aids that CBD agents will be utilizing.

6. Encourage the participants to put their names on their folders and to take notes and **write in their folders**.

7. Clarify how participants should address any **administrative issues** (e.g., meals, accommodation, stipend, transport). Avoid dealing with issues that are specific to only one or two individuals—tell participants to ask a facilitator during breaks, at lunch or at the end of the day.

<table>
<thead>
<tr>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be positive and HAVE FUN!</strong></td>
<td><strong>List of CBD agent roles and responsibilities</strong></td>
</tr>
<tr>
<td>4. Give participants a <strong>brief history</strong> of CBD provision of Depo-Provera and the background and <strong>goals of this project</strong> using PowerPoint slides or a prepared flip chart. As much as possible engage participants in discussing the anticipated benefits among communities and how the success of the project depends on the collaboration of everyone involved. Address any questions or concerns raised by participants. If participants raise issues that will be discussed later, inform them that you will discuss it in a later session—encourage them to ask again if their question is not addressed.</td>
<td><strong>Job aids</strong> (screening checklist, reinjection job aid)</td>
</tr>
<tr>
<td>5. Orient participants to the <strong>materials</strong> in their folder. Ask the participants to open their folders and look <strong>briefly</strong> at the contents—do not spend more than a minute on this as each form will be reviewed in detail later. The folders contain materials such as forms and job aids that participants will use to complete their supervisory tasks and some materials needed to complete activities during the orientation. The folders will also contain key information about the roles and responsibilities of the CBD agents that they will be supervising along with some of the key job aids that CBD agents will be utilizing.</td>
<td><strong>4.</strong> <strong>Clarify how participants should address any administrative issues</strong> (e.g., meals, accommodation, stipend, transport). Avoid dealing with issues that are specific to only one or two individuals—tell participants to ask a facilitator during breaks, at lunch or at the end of the day.</td>
</tr>
</tbody>
</table>
Session 2: Overview of Supervisor and CBD Agent Roles and Responsibilities

By the end of this session, participants will be able to:

- Describe their roles and responsibilities as CBD agents supervisors
- Describe the roles and responsibilities of the CBD agents that they will be supervising
- Describe how to use the eligibility screening checklist and reinjection job aid that CBD agents will use to support their job tasks

<table>
<thead>
<tr>
<th>Time</th>
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</tr>
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</table>
| 60 min | 1. Ask several participants to describe (in a single sentence) other supervision roles that they have had previously or currently. Thank participants for sharing. Inform them that their previous supervision experience will be valuable as they take on these new tasks.  
2. Ask participants to open their folders and find the page containing the list of roles and responsibilities for supervisors.  
3. Ask participants to take turns reading the list of items aloud. As the list is read, discuss each item in turn to clarify what it specifically entails. As items on the list are discussed, alert participants about which roles and responsibilities will be covered in more detail during later sessions. Solicit and provide answers to any participant questions.  
4. Ask participants to open their folders and find the page(s) containing the list of roles and responsibilities for CBD agents and the list of learning objectives from the CBD agent training.  
5. Ask participants to take a moment to review the learning objectives from the CBD agent training. Post a prepared flip chart listing the roles and responsibilities of the CBD agents. Read each item on the CBD agent roles and responsibilities list and challenge the participants to identify how each role/responsibility corresponds to a specific CBD agent learning objective.  
6. Ask participants if they are surprised or concerned about any of the roles or responsibilities those CBD agents have been charged with completing. Ask participants if they have any questions about how specific learning objectives for the CBD agents are being addressed.  
7. Ask participants to open their folders and find the agenda for the session. |

Required materials:
- Power Point slides or flip charts (prepared in advance) for this session
- Packet of orientation materials
- Agenda from CBD agents training (summary flip chart prepared in advance)
- Sample of the Counselling Flipbook, Depo client brochure, and Job Aids Packet (for show-and-tell)
- Flipchart paper, markers
- CBD agent lesson plans on how to use the screening checklist and reinjection job aid
CBD agent training. Using the prepared flip chart and/or the printed agenda, quickly review which sessions the CBD agents have already completed and highlight the sessions that the supervisors will be attending along with the CBD agents (recordkeeping, relationship with district clinic, role plays, and orientation to the practicum).

8. Provide an overview of the materials that the CBD agents are using during and after training to support learning and job performance. Conduct a “show-and-tell” of the CBD agent materials, especially the Counselling Flipbook, Job Aids Packet, and client brochure. Pass around samples for participants to review. Mention to participants that they have copies of two of the job aids in their packets, the screening checklist and the reinjection job aid, which they will review in greater detail. Ask participants to open their folders and locate the job aids.

9. Show the participant’s how to use the screening checklist and the reinjection job aid. The methodology used should be based on the participants’ familiarity with the job aids and the processes that the job aids are designed to support; adapt the activities in the CBD agent session plans as needed to train the participants how to use the job aids. Remind participants that these job aids support critical tasks that CBD agents and clinicians do together to address client needs (e.g., refer clients who require evaluation to determine medical eligibility). Along with safely administering injections, supervisors will be evaluating and supporting these tasks during the practicum.

10. Ask the participants if they have any questions or concerns about their roles and responsibilities or the roles and responsibilities of CBD agents before moving to the next session.
## Session 3: Characteristics of Effective Supervisors*

By the end of this session, participants will be able to:

- Describe the characteristics of effective supervisors.

*This session should be completed prior to asking participants to observe the role play sessions with the CBD agents.

### Time | Facilitator instructions for conducting the session | Required materials
--- | --- | ---
60 min | 1. Form groups of three/four participants each.  
2. Write on a flip chart, three or four characteristics or basic functions that they would include in a resume for the **ideal CBD supervisor**. Explain that the goal is to identify the key skills and characteristics that supervisors need to provide effective supervision. Allow five minutes.  
3. Ask a spokesperson from each group to post and present their ideal supervisor resume. Prompt participants to compare and note the common characteristics and highlight the unique additions as each group presents.  
4. Look at the list below and if one of these characteristics/functions has not been mentioned, ask participants if they would agree that this is a characteristic that they might include on the resume. If yes, add the item to the groups’ resume.  

**Characteristics and Functions of the Ideal Supervisor**

- Person with excellent communication skills (attends to an individual’s issues of interest and concern)  
- Builds rapport/trust; establishes/maintains strong relationships  
- Good teacher and mentor with real-world application experience  
- Good diagnostician; identifies the most feasible solutions  
- Flexible and accommodating under often challenging conditions  
- Responds to requests in a consistent and timely manner  
- Recognizes his/her limitations and follows up on promises  
- Helps CBD agents diagnose and solve problems. During visits with CBD agents, identifies what the CBD agent perceives to be their major needs, problems, and successes so that the supervisor can provide appropriate assistance and on-going support.  
- Provides information and support that will help CBD agents better perform their jobs and comply with program policies and requests. For example, explains the reasons for certain work processes and reviews with the CBD agent his/her service reports or records and

### Required materials

- PowerPoint slides or flip charts (prepared in advance) for this session  
- Flipchart paper, markers  
- Masking tape or wall adhesive
describes how data is used by decision-makers.

• Looks for things to praise and also provides constructive feedback on CBD agent performance as needed.
• Shows a willingness to learn from the experience of the CBD agent as well as to teach.
• Shares new ideas or techniques or reports on some action taken as a result of a discussion during a previous visit.
• Provides moral support and recognition to sustain motivation, particularly to those in remote locations where CBD agents may feel isolated and forgotten.
• Conveys legitimate concerns of CBD agents to higher organizational levels and use this awareness of problems at the operating level to influence policies in the CBD program.

5. Ask each participant to think about previous supervisors and share with the members of their small group a situation from your past that demonstrated a particularly effective (or ineffective) supervisor.

6. After the participants have shared their experiences with their team members, ask if there were any particularly striking situations or stories that clearly demonstrated effective and ineffective supervision.
Session 4: Providing Constructive Feedback*

By the end of this session, participants will be able to:

• Demonstrate how to provide constructive feedback while using the Structured Observation Checklist.

* This session should be completed prior to asking participants to observe the role play sessions with the CBD agents.

<table>
<thead>
<tr>
<th>Time</th>
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<th>Required materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>90+ min</td>
<td>1. Tell participants that this next set of activities is designed to help them be more like the effective supervisor that they defined in the previous activity.</td>
<td>(PowerPoint slides or flip charts (prepared in advance) for this session</td>
</tr>
<tr>
<td></td>
<td>2. Show the picture on the slide or pass several printed copies of the picture around to the participants and ask the question: <em>Who lives here?</em></td>
<td>Copies of the picture of the apartment (at least one per table)</td>
</tr>
<tr>
<td></td>
<td>3. Encourage the participants to look carefully at the picture. Depending on the energy in the group, have each table discuss and describe who they think lives here or ask participants in the large group to volunteer their ideas. If done in groups, ask a few to report out who they thought lived here—many will be very similar no need to ask each table.</td>
<td>Flipchart paper, markers</td>
</tr>
<tr>
<td></td>
<td>4. Then ask the individual participants (or table spokespersons), what they saw in the picture (i.e., the information) that led to that answer (i.e., conclusion).</td>
<td>Masking tape or wall adhesive</td>
</tr>
<tr>
<td></td>
<td>5. Draw out the distinctions in conclusions made by the participants. Highlight how some used the exact same bit of information to come to radically different conclusions. Ask participants to speculate why/how it happens that people draw different conclusions from the same situations. What happens when this occurs?</td>
<td>Packet of orientation materials</td>
</tr>
<tr>
<td></td>
<td>6. Ask participants: <em>Why as a supervisor is it important for you to appreciate the perspective of others?</em> Probe for responses like: When supervising you observe others and make judgments about their performance; these judgments are based on personal experience (which includes individual biases and baggage). Because no two people have the exact same experiences the reference points that help us make sense of our surroundings are all different. Your background will influence how you observe and the ultimately the judgments that you make. As you observe CBD agent performance, consider the assumptions that influence your judgment and remember that you are only observing a glimpse of the entire picture during a short span of</td>
<td>Extra copies of the Structured Observation Checklist to use during the role play</td>
</tr>
</tbody>
</table>

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7. Ask participants **what is meant by feedback?** Take suggestions from participants and agree on a rough definition. Possible response: Feedback is the return of information about a process or behaviour in order to increase one understands about that processor behaviour. It is usually used to foster behaviour change.

8. By show of hands, ask participants whether they routinely *provide* constructive feedback as part of their job. Ask how many routinely *receive* performance feedback from their supervisors.

9. Ask participants what **guidelines** they think should be followed for **giving and receiving feedback**. Record their ideas on a flipchart.

10. Ask participants to locate in their packets the hand-out titled, *Giving and Receiving Feedback*. Ask participants to review the items on the hand-out and compare them with the list that they generated on the flip chart. Ask: *What is the same? What is different? Do you agree or disagree with the guidance on the hand-out?*

11. Tell participants that in this next exercise they will work in groups of three to role play a situation where one of the team completes a simple task—**folding a paper airplane**. Another team member provides constructive feedback while the other member of the group observes and makes notes.

12. After the role play, ask the participants to discuss what happened using the questions below. The discussion can take place in either the small or the large group depending on the energy of the participants.

   - How did it feel to get this feedback?
   - What feedback will you most likely act on? Why?
   - What have you learned from this?

13. Repeat the exercise, until each participant has an opportunity to provide constructive feedback. Summarize this portion of the session by reminding participants to think about the way they felt after receiving feedback during the role play and to recall this experience when giving feedback to CBD agents.

14. Ask participants to retrieve the **Structured Observation Checklist for Evaluating CBD’s Depo-Provera related Skills** from their packets. Describe the purpose of the checklist and how it is intended to be used. Answer any questions. Tell the participants they will have an opportunity to practice using it—first by observing a demonstration.
and then while observing CBD agents during one of their training sessions.

15. Ask participants to arrange themselves around the “fish bowl” a suitable location in the room where the facilitators will role play an interaction between a “CBD agent” and a “client” with a “supervisor” observing and then providing feedback using the skills checklist. If there are not enough facilitators to act in the role play, participants can volunteer to act the part of the CBD agent and the client. The facilitator must take the role of the supervisor to demonstrate how to use the form and model how to provide constructive feedback. The facilitator may elect to “demonstrate” both “effective and appropriate” feedback and “ineffective and inappropriate” feedback during the interaction so that participants can see how the CBD agent reacts in each instance.

16. Instruct participants to observe the role play and use the skills checklist to record their observations.

17. After the role play, ask participants to explain what the supervisor did that showed skill (or lack of skill) in giving feedback. Use these discussion questions to process the “fish bowl” role play:

   i. How did the supervisor address the CBD agent? What did this convey?

   ii. Was there any discussion of why the feedback was being provided—the background or event that prompted the feedback?

   iii. How did the CBD agent react to the supervisor?

   iv. How did the CBD agent react to the feedback? Was she/he defensive, argumentative, or open to the feedback received?

   v. How did their body language convey their feelings—sitting, standing, eye contact, fidgeting, rigidity, etc.?

   vi. Did the supervisor give positive as well as negative feedback? Give examples.

   vii. Did the supervisor allow the CBD agent to explain why a situation arose or did he/she make assumptions? Give examples.
viii. What questions did the supervisor ask to better understand the CBD agent’s situation?

ix. Was the supervisor judgmental? Did he/she use labels or exaggerate?

x. In your experience, how do most supervisors give feedback? Why do you think this is the case?

18. Inform participants that they will have another opportunity to practice using the checklist and providing feedback during the joint training sessions with the CBD agents.

**Joint Training Sessions with CBD agents (CBD sessions 17, 18, 19 part 2, and 20)**

By the end of this session, participants will be able to:

- Describe their role in facilitating recordkeeping by the CBD agents that they supervise
- Describe how they will support the relationship between the CBD agents and the district clinic
- Demonstrate during role plays conducted by the CBD agents how they will use the skills checklists to document performance and provide feedback to CBD agents they will supervise
- Describe the expectations of the CBD agents and the supervisors during the practicum

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<tbody>
<tr>
<td>TBD</td>
<td>1. Use an appropriate icebreaker activity to introduce the CBD agents to their supervisors.</td>
<td>CBD agent lesson plans</td>
</tr>
<tr>
<td></td>
<td>2. Use the session plan developed for the CBD training to conduct the joint sessions. When conducting the activities, ensure that both the CBD agents and the supervisors are clear about who is responsible for what and exactly how they are expected to work together to accomplish the tasks. Allowing the supervisors to participate in the CBD sessions allows them to learn first-hand exactly how CBD agents are expected to perform the recordkeeping duties, how the logistics of resupply will be handled, how to manage sharps boxes, when and how to collect and submit service data, how to manage referrals, when CBD agents can expect home visits (if any) from their supervisors, and generally how to ensure that the quality of client care is maintained at the highest level.</td>
<td></td>
</tr>
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</table>
What questions did the supervisor ask to better understand the CBD agent's situation?

Was the supervisor judgmental? Did he/she use labels or exaggerate?

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**Time** | **Facilitator instructions for conducting the session** | **Required materials**
---|---|---
TBD | 1. Using mock cases and samples of completed and blank forms, move step-by-step through the process of completing all the forms that supervisors are expected to complete. Ensure that all participants understand the purpose of the data being collected.  
2. Review the standard procedures for disposing of full sharps boxes.  
3. Review the procedures for managing the additional supplies and commodities required to supply the CBD agents.  
4. Review the guidance for determining whether a CHW is competent to provide Depo-Provera services to clients in the community and has successfully completed the requirements to the practicum.  
5. Solicit and answer any questions that participants have. Provide them with information about who to contact for assistance with any problems or questions that they may have. | Packet of orientation materials  
Pencils for completing the forms used in the sample cases
Quarterly Supervision Checklist

*Child Fund Zambia Supervision Tool*

*This form should be used as a data collection tool and for the creation of a data base to aggregate data*

**QUARTERLY CBD SUPERVISION CHECK LIST**

**SECTION ONE**

**Purpose:**

1. Determine target population reached.
2. Determine contraceptive supply and requirements for each CBD.
4. Monitor activities CBDs undertake and determine the support to be provided.

Name of CBD: ________________________________________________________________________

Name of PHC/Village: _____________________________________________________________________

Health Facility: _______________________________________________________________________

Name of CBD Supervisor: _____________________________________________________________________

Date of supervision visit: __________ Start Time of supervision ______

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<th>FUNCTIONAL AREA</th>
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<th>RECOMMENDATIONS</th>
</tr>
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<tbody>
<tr>
<td>Client Coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of Map for catchment area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of Households</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of WRA</td>
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**Quarterly Supervision Checklist**

**Child Fund Zambia Supervision Tool**

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**Health Facility:** ____________________________________________

**Name of CBD Supervisor:** ___________________________________

**Date of supervision visit:** ____________________

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<td></td>
<td><strong>Total number of WRA</strong></td>
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<tr>
<td></td>
<td><strong>Status of Registers</strong></td>
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<tr>
<td></td>
<td>Check activities undertaken during the month</td>
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<tr>
<td></td>
<td><strong>Check correctness of data collected</strong></td>
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<tr>
<td></td>
<td>Check entering of data each month</td>
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<tr>
<td></td>
<td>Check problems in entering, keeping and maintaining records</td>
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<tr>
<td></td>
<td><strong>Supply Systems</strong></td>
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<tr>
<td></td>
<td>Check contraceptive stock outs</td>
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<td></td>
<td><strong>Storage of contraceptives</strong></td>
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<td></td>
<td><strong>Administration</strong></td>
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<tr>
<td></td>
<td>Conducting of zonal meetings by CBDs</td>
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<td></td>
<td>Check supervision by zonal chairpersons</td>
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<td></td>
<td><strong>Is community Based Distributor active</strong></td>
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<td></td>
<td>Support to CBDs by the community</td>
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<td></td>
<td>Availability of community reports</td>
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</tbody>
</table>
SECTION TWO

Depo-Provera Injections, Counselling, Quality Assurance procedures and commodity management

Answers to be recorded by the supervisor:

1. Did you experience any problems while screening your clients with the DMPA checklist since our last visit/discussion?
   - No
   - Yes
     (explore the nature of the problems, record below, and clarify issues for the CBD)
     ______________________________________________________________________
     ______________________________________________________________________

2. Did you deny any Family Planning method to any of your clients based on the screening checklist?
   - No
   - Yes, tick appropriate method (record the reasons for not providing the method).
     - Injection (reasons)__________________________________________________
     - Pill (reason)_______________________________________________________
     - Condoms (reasons)___________________________________________________
     - Other (reasons)___________________________________________________

3. Since we last met, do you have clients who were late for their next DMPA injection by more than 4 weeks?
   - Yes
   - No
   - Discussed strategies with the clients to ensure timely injections
     ____________________________________________________________________

4. Did you have any clients who came earlier than their return date?
   - Yes
   - No
   - How early? Discussed strategies with the clients to ensure timely injections
     ____________________________________________________________________

Supervisors — once above section is complete, log current time here: ______________________
SECTION TWO

Depo-Provera Injections, Counselling, Quality Assurance procedures and commodity management

Answers to be recorded by the supervisor:

1. Did you experience any problems while screening your clients with the DMPA checklist since our last visit/discussion?
   - [ ] No
   - [ ] Yes (explore the nature of the problems, record below, and clarify issues for the CBD)

2. Did you deny any Family Planning method to any of your clients based on the screening checklist?
   - [ ] No
   - [ ] Yes, tick appropriate method (record the reasons for not providing the method).
     - Injection (reasons)
     - Pill (reason)
     - Condoms (reasons)
     - Other (reasons)

3. Since we last met, do you have clients who were late for their next DMPA injection by more than 4 weeks? (explore what the CBD worker is currently doing to ensure timely injections and what could be done differently if needed)
   - [ ] Yes
   - [ ] No
   - Discussed strategies with the clients to ensure timely injections

4. Did you have any clients who came earlier than their return date?
   - [ ] Yes
   - [ ] No
   - How early? Discussed strategies with the clients to ensure timely injections
5. Did any clients drop out or refuse services from you?
☐ No
☐ Yes

(How many and please explain) ________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. How have you been calculating dates for next injections? Did CBD mention the following about DMPA window?
☐ (Client coming two weeks early)
☐ (Four weeks after scheduled date)
☐ Does CBD use calendar.
☐ Using condoms as back up when later than four weeks till next menstruation.

Quality Assurance/Control and Infection Prevention Techniques

7. Briefly describe your counselling sessions with new DMPA clients. (record whether the CBD worker addressed the following by ticking in the box)
☐ Safety and effectiveness
☐ How it prevents pregnancy
☐ How it is used
☐ Common side effects
☐ Return to fertility (possible delay getting pregnant after DMPA is stopped)
☐ When to return for the next injection
☐ Where to go in case of symptoms (such as profuse bleeding and severe headache), questions, or concerns

8. Briefly describe your counselling sessions with returning DMPA clients. (record whether the CBD worker addressed the following)
☐ Asked the client about any new health conditions since the last visit
☐ Asked if the client had any questions or concerns about DMPA
9. Ask the CBD agent to state the steps for giving DMPA injection or to demonstrate giving an injection on fruit or client.
Ask client please bring out all the supplies you use to provide Depo-Provera to your clients. Using your supplies and pretending that this piece of fruit is your client, please demonstrate as you describe all the steps you follow—starting with preparation of the supplies before you administer an injection, such as washing your hands, then ....

DO NOT READ ANSWERS

<table>
<thead>
<tr>
<th>Step</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check expiration date of injection bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn bottle upside down 2-3 times</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Open sterile package containing syringe and needle</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Remove plastic covering fluid</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Insert needle into rubber cover and fill syringe</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Don’t know/Unsure _______________________________

PROBE: “ANY OTHER STEPS TO PREPARE FOR GIVING AN INJECTION

10. What do you do to the injection site once you empty the syringe’s content and withdraw the needle?

<table>
<thead>
<tr>
<th>Step</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gently press injected site with cotton ---------</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Unsure ..................................................</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any other answer ....................................</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

(Explain)

99
11. Describe how you dispose of used syringes and needles. (record whether the CBD does the following)

- Place the syringe with needle in the sharps container immediately after use without recapping, breaking, or bending the needle.
- Place the sharps/safety container within reach when giving an injection.
- Do not recap the needle.
- Do not overfill sharps containers (fill to ¾ level).
- Do not re-use containers; take to the nearest health facility for disposal (incineration).

12. Describe how you dispose of waste such as swabs, vial, and wrappers

13. Did you suffer any needle-stick injuries?

- No
- Yes (record if the CBD sought treatment for a needle stick injury within 48 hours and any immediate actions taken)

Does CBD agent mention the following?

- Letting blood drip freely without squeezing
- Rinsing injury site under running water (Pouring water from cup or container)
- Find out HIV status for client and counsel client on need to test for HIV status
- Report incident to supervisor/Health facility
- Seek HIV counselling and testing to know status
- Talk of when PEP can be initiated (HIV positive client or unknown status and CBD HIV negative).

14. Do you experience any problems maintaining or receiving supplies; DMPA, Syringes, cotton wool, sharp boxes etc. If concerns or issues are raised, ask him/her what could be done differently. Supervisor and CBD to discuss strategies.

15. Check data on referrals from the monthly returns forms to find out whether the CBD follows up to see whether clients referred to Health facility followed through on the referral check feedback forms.
11. Describe how you dispose of used syringes and needles.

- Place the syringe with needle in the sharps container immediately after use without recapping, breaking, or bending the needle.
- Place the sharps/safety container within reach when giving an injection.
- Do not recap the needle.
- Do not overfill sharps containers (fill to ¾ level).
- Do not re-use containers; take to the nearest health facility for disposal (incineration).

12. Describe how you dispose of waste such as swabs, vial, and wrappers.

_______________________________________________________________________

13. Did you suffer any needle-stick injuries?

- No
- Yes (record if the CBD sought treatment for a needle stick injury within 48 hours and any immediate actions taken)

Does CBD agent mention the following?

- Letting blood drip freely without squeezing
- Rinsing injury site under running water (Pouring water from cup or container)
- Find out HIV status for client and counsel client on need to test for HIV status
- Report incident to supervisor/Health facility
- Seek HIV counselling and testing to know status
- Talk of when PEP can be initiated (HIV positive client or unknown status and CBD HIV negative).

14. Do you experience any problems maintaining or receiving supplies; DMPA, Syringes, cotton wool, sharp boxes etc. If concerns or issues are raised, ask him/her what could be done differently. Supervisor and CBD to discuss strategies.

_________________________________________________________________________
_________________________________________________________________________

15. Check data on referrals from the monthly returns forms to find out whether the CBD follows up to see whether clients referred to Health facility followed through on the referral check feedback forms.

__________________________________________________________________________

Supervisor’s General Comments.

_____________________________________________________________________________________
_____________________________________________________________________________________
## Structured Observation Checklist for Evaluating CBD’s Depo-related Skills During Practicum

**Instructions:** This form is to be completed by the CBD’s supervisor – one for each client who is counselled and receives an injection from the CBD during the practicum component of training. Once CBD has completed at least 4 passing counselling sessions and injections (called “Observations”), supervisor signs the bottom of form to indicate that CBD has passed competency standards and may begin providing Depo-Provera on his/her own. Supervisor may recommend that CBD needs more training or practice.

| CBD name: ____________________________ | Observation # | 1 | 2 | 3 | 4 | 5 | 6 | Supervisor name: ____________________________ | Date: __________ |
| CBD agent’s signature granting permission to be observed: ____________________________ |

**Client’s permission to participate in practicum obtained:** ______ client's initials ______ supervisor’s initials

<table>
<thead>
<tr>
<th>Overall</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Give DMPA Injection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes and maintains rapport ……</td>
<td></td>
<td></td>
<td></td>
<td>1. Describes injection procedure for client.…..</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect and does not judge client …………………………………</td>
<td></td>
<td></td>
<td></td>
<td>2. Asks client which arm she would like to receive the injection in</td>
<td></td>
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</tr>
<tr>
<td>Uses simple, clear language ……………</td>
<td></td>
<td></td>
<td></td>
<td>3. Washes hands well with soap and water. ….</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actively listens to client ……………..</td>
<td></td>
<td></td>
<td></td>
<td>4. Dries hands with a clean towel or let them air dry. ……………</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourages client participation …………</td>
<td></td>
<td></td>
<td></td>
<td>5. Cleans injection site with water-soaked cotton ball. ……………</td>
<td></td>
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<tr>
<td>Explains what will occur during visit and procedures …………………………………</td>
<td></td>
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<td></td>
<td>6. Double-checks the bottle for content, dose, and expiration date. ……………</td>
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<tr>
<td>Ensures client understanding and corrects misunderstandings …………………</td>
<td></td>
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<td></td>
<td>7. Rolls bottle between palms or shakes gently. ……………</td>
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<tr>
<td>Ensures confidentiality and privacy ……</td>
<td></td>
<td></td>
<td></td>
<td>8. Removes plastic cap from bottle. ……………</td>
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<tr>
<td>Uses eligibility checklist for Depo Provera …………………………………</td>
<td></td>
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<tr>
<td>Uses re-injection tool ……………………………………………</td>
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</tbody>
</table>
to avoid STIs ...........................................

Provide Assistance to Support
Client’s Decision
Counseled on side effects of Depo Provera ............................................
Counseled on re-injection schedule ......
Counseled about grace period .............

9. Opens sterile package and removes syringe ....
10. Fills syringe with contents of the bottle. ..
11. Expels air from syringe. ......................
12. Locates the exact site for injection. ..........  
13. Inserts needle straight into the muscle.  ........
14. Injects the entire contents of the syringe. ........
15. Gently presses the injection site with clean cotton wool. ......
16. Places the used syringe into the sharps container ........
17. Washes hands with soap and water. ........
18. Instructs the client not to massage the site.
19. Arranges for re-injection visit in 12 weeks. ..............
20. Encourages client to return if there are any questions or concerns........................
21. Records information on client card & FP register.........................

Observation #  1  2  3  4  5  6
Specific Notes/Observations Regarding CBD’s Performance

................................................................................................
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Overall Score for this observation:

______ Passed

______ Failed

CBD signature for this observation:

_________________________________

Supervisor signature for this observation:

_________________________________

When CBD has completed at least four passing observations, supervisor signs to certify that CBD has completed competency standards and may begin provision of injectable contraceptives on his/her own:

_________________________________

Supervisor signature

Date
APPENDIX 9

ChildFund Zambia Family Planning Register

Name of PHC Unit/CBD……………………………………………………………………

Family Planning Register

<table>
<thead>
<tr>
<th>FP NO</th>
<th>Date First Visit</th>
<th>Name</th>
<th>Address</th>
<th>Age</th>
<th>No of Preg. (Live)</th>
<th>FP Method Received (Brand)</th>
<th>Last method and where obtained (put N/A if none)</th>
<th>Re visit (Indicate Month of Depo Injection or No. of Pill Cycles)</th>
</tr>
</thead>
<tbody>
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</table>

(Pill Inj Cdm) (CBD PHC Oth) D J F M A M J J A S O N D

Example: D P
APPENDIX 10

Depo-Provera Client Log Book

Depo-Provera Client Log Book

FP Number: ____________

Client Name: ________________________

Is this a client from your catchment area: Yes □ No □

Village: _____________________________

<table>
<thead>
<tr>
<th>Date of First Injection (dd/mm/year)</th>
<th>Next Injection Due (dd/mm/year)</th>
<th>Date injection Given (dd/mm/year)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
APPENDIX 11

ChildFund Zambia Referral Form

CHILDFUND ZAMBIA REFERRAL FORM

COMMUNITY BASED DISTRIBUTION OF FAMILY PLANNING SERVICES

THE STAFF ON DUTY

Health Centre ........................................................................................................................................

Date ..............................................................................................................................................

I request that ............................................................aged............................comes to you for assessment,

investigations and treatment. She has the following complaint..........................................................

For the past .........................days

Name of
CBD...............................................................Signature.............................................

FEEDBACK FROM HEALTH CENTRE

..............................................................who is / was suffering from.............................................................

..............................................................has been treated with.................................................................Please continue monitoring recovery for .................................................................days

Name of staff..........................................................designation......................................................
APPENDIX 12

CBD Stock Tracking Form

— These columns to be completed by supervisor

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much Product I Started With</td>
<td>How Much Product I Gave to Clients</td>
<td>How Much Product is Left in My Supply Now</td>
<td>Quantity CBD Needs for Next Month</td>
<td>Quantity CBD Received from Health Facility</td>
<td>Total Supply of Product Available after Re-supply</td>
</tr>
<tr>
<td>Write the number from column F on last month’s form.</td>
<td>Indicate number of cycles, injections and condoms given to clients in each box each day.</td>
<td>Count how many you have left in your supply now.</td>
<td>D=(B x 2) – C Double the number in column B, then subtract the number in column C.</td>
<td>Should be the same amount as column D.</td>
<td>F=C+E Add the amounts in column C and column E. Write this number in column A on the next month’s form.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depo</th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pills</th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Male condoms</th>
<th></th>
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<th></th>
</tr>
</thead>
</table>
APPENDIX 13

CBD Monthly Return Form

CHILDFUND ZAMBIA

CBD MONTHLY RETURNS

Name of PHC/Village: --------------------------  Catchment Area Population: --------------------------

Name of CBD: -------------------------------  No of Women of Reproductive Age: -------

Supervising Health Facility: -------------------  Reporting Period: -------------------------------

Reporting Date: -------------------------------

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of Clients</th>
<th>Total Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Acceptors:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Condom------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pill--------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Depo-Provera-----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-attendances:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Condom------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pill--------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Depo-Provera-----------------</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No. of clients switching to Depo-Provera from other Method</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>No of Clients Switching from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Condom to Depo-Provera------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pill to Depo-Provera--------</td>
<td></td>
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<tr>
<td>• Noresterat to Depo-Provera--</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No of Clients Referred to HF with:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Side Effects----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other Methods---------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2nd Depo-Provera Injection----</td>
<td></td>
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<tr>
<td>Which Contraceptive was out of stock during the Month:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Condoms----------------------</td>
<td></td>
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</tr>
<tr>
<td>• Pill-------------------------</td>
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<td></td>
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<tr>
<td>• Depo-Provera----------------</td>
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<tr>
<td>How long did the stock out last for the following Contraceptives:</td>
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<tr>
<td>• Condoms----------------------</td>
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</tr>
<tr>
<td>• Pill-------------------------</td>
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<tr>
<td>• Depo-Provera----------------</td>
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</table>
Comments from CBDs:-----------------------------------------------------------------------------------------
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Comments from Supervising HC:-------------------------------------------------------------------------------
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