I. The CBD of Injectable Contraception

Injectable contraceptives are an increasingly popular method of family planning because they offer users privacy and convenience. But many eligible women — particularly in rural areas — do not have access to injectable methods, which are usually provided in health facilities.

II. Adding Injectables to a CBD Program

One way to expand access to injectable contraceptives is to train community health workers to provide them. Community health workers in several Asian and Latin American countries have been providing these methods to their clients for years.

Community-based distribution (CBD) of injectables is rare in sub-Saharan Africa. But evidence from a successful pilot project in Uganda and the increasing availability of safer injection equipment are generating new interest in this approach.

III. Requirements

Community-based distribution (CBD) of injectables is clear has the potential to increase access to family planning, particularly in countries with large rural populations, low contraceptive prevalence, and a high unmet need for contraception. CBD programs also can help the many programs facing critical shortages of trained clinic personnel.

CBD programs can increase contraceptive use by making family planning services convenient and by involving trusted community members. But most CBD programs provide only pills and condoms.

Experience from Asia, Latin America, and now sub-Saharan Africa shows that properly trained paramedical personnel can safely and effectively provide injectable contraceptives.

In Bangladesh, adding injectables to the method mix in a CBD program in three subdistricts more than doubled contraceptive use. The percentage of contraceptive users choosing injectable methods rose from 0.1 percent to 25 percent.

In Guatemala, a CBD program of the Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM) that provided depot-medroxyprogesterone acetate (DMPA) to 750 women in four districts achieved the same contraceptive continuation rate as the districts’ clinics. As a result, all community-based promoters in APROFAM’s rural development program in 22 districts are trained to provide injectable contraceptives.

Innovations in Family Planning: The Accelerating Contraceptive Use Project in Afghanistan describes how Afghanistan's Ministry of Public Health and US-based Management Sciences for Health pilot tested the provision of injectable contraceptives by community health workers. The success of
this pilot project led to a change in national policy allowing community health workers to administer injectable methods.

Final Report: Safety and Feasibility of Community-Based Distribution of Depo Provera in Nakasongola, Uganda summarizes the results from a pilot study conducted by Family Health International and Save the Children USA in 2004 and 2005. The study found no significant differences in client satisfaction, contraceptive continuation at six months, or side effects between DMPA users who received their injections from CBD workers and those who received them at local clinics.

Clients in both groups reported few problems resulting from their DMPA injections and no accidental needle sticks. Contraceptive prevalence in the Nakasongola District, where the pilot study was conducted, increased by about five percentage points after CBD of DMPA was introduced.

II. ADDING INJECTABLES TO A CBD PROGRAM

Lessons Learned

Improving Access to Family Planning: Community-based Distribution of DMPA offers information and resources that can help decision-makers advocate for and initiate the community-based distribution of DMPA. This advocacy kit from FHI consists of seven briefs summarizing the evidence and the lessons learned about safe and effective CBD of DMPA.

Experience with the CBD of injectables suggests that this approach is most likely to succeed when it is added to a strong, stable CBD program that is well integrated into a country’s public health system. Building on an established program also increases the likelihood that the CBD of injectables will be sustained.

Other factors identified as contributing to successful CBD of DMPA include government support, a strong service delivery organization, state-of-the-art service guidelines, properly trained service providers, an effective commodity logistics system, and the flexibility to adapt program models to different circumstances and to changes over time.

Ensuring Safety

Guidance based on the experiences in Uganda, Guatemala, and other countries can help programs train and support community-based family planning workers to safely administer injectable contraceptives. Safe administration involves proper client screening, counseling, injection technique, and waste disposal.

Screening

FHI’s Checklist for Screening Clients Who Want to Initiate DMPA [or NET-EN] can help CBD workers screen potential DMPA users for medical conditions that contraindicate DMPA initiation. Such conditions are rare in potential users and were easily identified by CBD workers in a study conducted in Nepal. The checklist consists of 13 simple “yes” or “no” questions. It is based on the World Health Organization’s (WHO’s) Medical Eligibility Criteria for Contraceptive Use, and it has been field tested extensively.

How to Be Reasonably Sure a Client is not Pregnant is another checklist that FHI developed to facilitate client screening. CBD workers can use this simple tool to rule out pregnancy in clients who wish to begin using an injectable method. The questions on the checklist can also help a CBD worker determine whether it is safe to administer a DMPA shot to a woman if she returns for her reinjection more than two weeks late.

Counseling

Side effects, such as menstrual changes, headaches, and weight gain, are the primary reason that women stop using DMPA. Studies have shown that providing full and intensive counseling can significantly increase continuation rates for DMPA.
CBD workers can be trained to counsel women on changes to expect when they begin using DMPA and to refer them to other levels of care when necessary. Experience from a number of countries, however, suggests a need to improve counseling by both clinic- and community-based workers.

Counseling About Injectables was published by the INFO Project at the Johns Hopkins Bloomberg School of Public Health as a supplement to Population Reports. This practical tool guides family planning providers through a discussion with a client about using DMPA or Net-EN.

Giving injections

CBD workers have demonstrated that they can safely give intramuscular injections. In a project in the Matlab subdistrict of Bangladesh, infections after injections by CBD workers were extremely rare — about three per 10,000 injections. No infections were reported after more than 1,000 injections in a similar program in Afghanistan.

Scientists have developed a subcutaneous DMPA formulation, depo-subQ provera 104 or DMPA-SC, that is less painful to receive and easier to administer than the current intramuscular formulation because it can be injected under the skin with a shorter needle.

Disposing of needles and syringes

Concerns that needles and syringes be disposed of properly and not reused have been reduced by the availability of disposable injection devices that become automatically disabled after a single use. One such device, the SoloShot FX, has been available since 2002 and is packaged with all DMPA shipments supplied by the U.S. Agency for International Development.

Introducing Auto-Disable Syringes and Sharps Disposal Containers with DMPA from the Program for Appropriate Technology in Health (PATH), provides guidance to managers of family planning programs, including messages to use in training sessions.

Nonreusable devices can be easily disposed of through burning. However, proper waste disposal requires careful planning and follow-up to ensure public safety.

Safe Injection and Waste Management: A Reference for Logistics Advisors, from the DELIVER Project managed by John Snow, Inc., offers information and resources that can help logistics advisors design and support programs for safe injections and safe disposal of injection waste.

Management of Waste from Injection Activities at District Level: Guidelines for District Health Managers provides simple guidelines from the WHO to help district health managers develop realistic plans for managing waste from medical injections.

III. Requirements

1) Assess the costs of introducing and sustaining CBD of injectables

The cost of including injectables in a mature CBD program with well-trained, highly motivated workers will be relatively low compared with the cost of adding them to a weaker CBD program, which may have to be strengthened before it can provide injectable contraceptives.

Adding injectables may also make CBD programs more cost-effective, because workers may recruit many more new clients and achieve higher continuation rates by providing local women’s preferred method.

2) Provide training to CBD workers and their supervisors

Most CBD programs that have introduced injectable contraceptives have devoted one to three weeks to training CBD workers. Part of this time is spent in the classroom learning how to screen clients for medical conditions that would rule out their use of DMPA, to counsel clients about common side effects, to keep...
records, and to make referrals to clinics. Participants also practice injection techniques, usually using pieces of fruit.

Such training should be participatory; new skills can be reinforced through role playing and observation of trained providers. Training programs may require successful completion of a written exam or of a certain number of supervised injections before a CBD worker can be “certified” to provide DMPA.

**Comprehensive Family Planning and Reproductive Health Training Curriculum Module 6: DMPA Injectable Contraceptive.** This module is part of a comprehensive training manual for family planning service providers developed by Pathfinder. It includes specific guidance for trainers and handouts for participants.9

3) Ensure quality of care

A quality-assurance system is essential to ensure that CBD workers use proper screening, counseling, and injection procedures. In some programs, supervisors visit trainees and evaluate their performance three to six months after the initial training. Periodic refresher courses for CBD workers are also strongly encouraged.

Injectable contraceptives are among the most effective family planning methods as long as women receive their injections on time. CBD workers must be trained to keep accurate records of scheduled reinjections. Some projects have developed a simple system that helps CBD workers track which clients need reinjections by filing client information cards in the chronological order that the injections were given.

4) Maintain supplies and distribution systems

A logistical system must be developed or strengthened so that a program can predict demand and deliver supplies to ensure uninterrupted supplies of DMPA, needles, and syringes. CBD providers will also need information on how and where to obtain supplies. Fortunately, DMPA can be stored at room temperature and has a shelf life of four to five years. It is now on the WHO’s essential drug list and is generally available in most countries.

**Pipeline Software Tool**10 A user’s guide explains how to install and use this software tool designed by the DELIVER Project of John Snow, Inc., to help program managers regularly monitor the status of their product pipelines and product procurement plans.

**Procuring Single-Use Injection Equipment and Safety Boxes: A Practical Guide for Procurement Staff and Programme Managers,**11 from the WHO, describes in detail how to procure supplies of assured quality at reasonable prices.

We would like to thank Family Health International (FHI) for writing this technical update.

If you wish to receive the monthly Community Based FP Technical Updates, please join the Community Based FP listserv by contacting Mia Foreman at Mia.Foreman@macrointernational.com.

1 Afghanistan case study
Afghanistan case study

2 Uganda case study

3 Advocacy kit

4 Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)

5 Pregnancy checklist

6 Counseling About Injectables
http://www.infoforhealth.org/pr/k5/k5 gather.shtml

7 Introducing auto-disabling syringes

8 WHO guidelines for managing waste from injections
http://www.who.int/water_sanitation health/medicalwaste/mwinjections.pdf

9 Training module on DMPA
Pipeline 4 User’s Guide

Procuring Single-Use Injection Equipment and Safety Boxes