



How Family Planning Programs Can Meet Rising Demand for Injectable Contraceptives

- *As demand for injectable contraceptives continues to rise rapidly, programs are challenged to expand access and improve the quality of care.*
- *To expand access programs need to keep injectables in stock, train more providers, and find ways to offer injectables in rural and isolated areas.*
- *Good-quality services ensure that providers counsel clients well, give injections safely, and properly dispose of used needles and syringes.*

Use of injectable contraceptives has risen dramatically. Worldwide between 1995 and 2005, the number of married women using injectables nearly tripled—from about 12 million to over 32 million. By 2015 use is projected to reach nearly 40 million. Today, injectables are among the most popular methods in many countries, including Haiti, Indonesia, Kenya, Malawi, and South Africa.

Women choose injectables because they are highly effective, long acting, reversible, and private. Many women do not choose them or stop using them, however, because of side effects—changes to regular bleeding patterns or weight gain—or because they have trouble returning to the clinic for repeat injections.

To meet rising demand and to help clients use injectables effectively, family planning programs can develop a strategy to deliver expanded good-quality injectables services.



Increasingly, family planning clients are asking for injectables because they are effective, long-acting, and reversible.

What programs can do to plan for expanded services:

Maintain adequate supplies. Family planning programs generally offer a progestin-only injectable—DMPA (depot medroxyprogesterone acetate) injected every three months, or NET-EN (norethisterone enanthate) injected every two months. Some programs offer a combined hormonal injectable (progestin + estrogen) injected monthly. Stockouts of injectables are a common problem, however. Better forecasting has enabled some programs to anticipate increases in demand and place timely orders to manufacturers, donors, or procurement agents. To respond quickly to unexpected demand, emergency shipments are available from the United Nations Population Fund (UNFPA) and from USAID for USAID-funded programs.

Train providers to offer injectables. Training health care workers who are unfamiliar with injectables requires a comprehensive approach—covering screening, counseling, giving safe injections, conducting return visits, and managing side effects. Training a range of providers to offer injectables can increase access. In Honduras in the 1990s, for example, auxiliary nurses were trained to give injections, which enabled rural clinics where the nurses were posted to offer injectable contraception.¹



Give safe injections. Of the 16 billion injections given for all purposes in developing countries each year, nearly two in every five are thought to be unsafe. The spread of infection can be avoided by ensuring that all injections are given with sterile equipment, that disposable syringes are placed in sharps disposal containers immediately after use, and that waste is safely buried or burned. Disposable syringes (ideally auto-disable syringes) are recommended. Reusable equipment must be sterilized above 121°C (250°F) in high-pressure steam for at least 20 minutes.

Increase efficiency. Programs can hold down the costs of expanding services by increasing efficiency. To increase efficiency, programs can shorten client waiting times, buy supplies in bulk to get low prices, and encourage clinic staff to decrease unproductive time on the job. Programs can also recover some costs from users who can afford to pay and are willing to pay for injectables. Computer software, such as the *COPE*[®] (Client Oriented, Provider Efficient) process and the CORE (Cost Revenue Analysis) tool, have helped programs model how client flow, prices, and staff time affect efficiency and cost recovery.²

Consider community distribution. Community provision has given access to injectables to women in Bangladesh, Ghana, Mexico, Thailand, and other countries. Programs offer injectables from mobile clinics or community clinics, or at clients' or providers' homes. A trial in Uganda found that community services for injectables can be comparable in quality to clinic services.³ As more programs try community distribution of injectables or scale up existing programs, attention to hiring and retaining providers, screening for medical eligibility, counseling, and waste disposal can help ensure good-quality services.

Develop communication messages. Communication programs can reach people who know about injectables but hesitate to try them. Many people need to see satisfied users among their peers or be encouraged by opinion leaders before they try something new. Interacting with a trusted source of information via a telephone hotline or in face-to-face discussions has helped potential and current users of injectables get accurate information.

Help women make informed choices and be informed users. Good counseling helps women decide whether injectables will suit them, and it can help them return on time for injections and cope with side effects if they occur. Good counseling will enable more women to make informed choices and continue using injectables successfully.

References:

¹Mendoza, I. and Vernon, R. Promoting reproductive health services in rural communities in Honduras. Population Council, *Frontiers in Reproductive Health*, Jun. 15, 2001. 11 p. (http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Honduras_Nurse_roles.pdf)

²EngenderHealth. *COPE*[®] (client-oriented, provider-efficient services) (<http://www.engenderhealth.org/ia/sfq/qcope.html>) 2005. Management Sciences for Health. Cost Revenue (CORE) Analysis Tool (<http://erc.msh.org/mainpage.cfm?file=5.10.htm&module=toolkit&language=English>) 2006.

³Stanback, J., Mbonye, A., Lemelle, J., Bekiita, M., Ssekito, G., and Kajura, N.J. Safety and feasibility of community-based distribution of Depo-Provera in Nakasongola, Uganda. Final Report. Research Triangle Park, North Carolina, Family Health International, Uganda Ministry of Health, Save the Children, Nakasongola Local Government, Jun. 2005. 20 p.

For more information: This brief is based on *Population Reports*, "Expanding Services for Injectables," Series K, Number 6. Full text of the report can be seen online at: <http://www.populationreports.org/k6>.

Other technical briefs can be found at: <http://www.maqweb.org>

Last Revised: 12/20/06

Produced in association with The Maximizing Access and Quality Initiative
Designed and produced by: The INFO Project at the Johns Hopkins
Bloomberg School of Public Health/Center for Communication Programs



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