FOREWORD

Community based family planning distribution services have been provided in Malawi using volunteers since the 1980s. Despite this initiative, the contraceptive prevalence rate (CPR) is still low at 28% (MDHS, 2004) compared to other countries in the Southern African Development Community (SADC). For example, CPR in Namibia was 44% (NDHS, 2000) and Swaziland 36% (SDHS, 2006). Access to family planning services is limited in rural areas due to long distances either to the nearest community based distribution agent (CBDA) or the health facility. This is accentuated by CBDAs not being allowed to provide injectable contraceptives even though this is a preferred method by most women in Malawi. The Ministry of Health has therefore embarked on scaling up family planning (and other services) at community level.

These guidelines are intended for District Health Officers (DHOs), Zonal Health Officers (ZHOs), programme implementers and local and international non-governmental organizations (NGOs) to support the scale up of community delivery of injectable contraceptives. I urge all stakeholders to utilize these guidelines to support effective implementation of this initiative.

Chris V. Kang’ombe
SECRETARY FOR HEALTH
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<td>Acquired Immune Deficiency Syndrome</td>
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<td>CBDA</td>
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<td>CPR</td>
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<td>HSA</td>
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<td>WHO</td>
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1. **INTRODUCTION**

Malawi has been offering family planning services to its people for over three decades and has embraced the World Health Organization (WHO) and other international organizations’ standards and guidelines. Initially, family planning, like other maternal and child health services, was facility-based. The situation changed over the years; the demand for family planning services increased as the population continued to rise from about three million in the late 1960s to about 13 million in 2008 (NSO, 2008). Nevertheless, the infrastructure and staffing levels remained the same forcing the MoH to extend delivery of family planning services to the community and allowing trained volunteer community-based distribution agents (CBDAs) to provide these services.

Despite providing various contraceptives at the community level, the high unmet need for family planning of 35%\(^1\) (MICS, 2006) coupled with high Total Fertility Rate (TFR) of 6.3 (MDHS 2004) are some of the contributing factors to high maternal mortality rate of 984/100,000 and high infant mortality rate of 76/1000 live births (MDHS, 2004). These poor indicators have adverse effects on the population particularly on the quality of life and longevity which impact negatively on the socio-economic development of Malawi.

Since 2002, the MoH and its partners have been making concerted efforts to reduce maternal and neonatal mortality through the Essential Health Package (EHP). The EHP prioritises high impact interventions to improve maternal and neonatal health. One of the interventions is to allow non-technical health workers to deliver public health interventions in the community, including family planning and HIV services. In March 2008, the MoH approved administration of injectable contraceptives by trained health surveillance assistants using approved training materials.

These guidelines specify essential management actions that should be undertaken to introduce and sustain provision of injectable contraceptives at community level. They will assist managers, programme implementers and supervisors to effectively support health surveillance assistants to provide quality injectable contraceptive services.

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\(^1\) Unmet need includes mistimed and unwanted pregnancies.
2. BACKGROUND

In Malawi, family planning is an integral part of comprehensive reproductive health services based on recommendations that were made at the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994 and endorsed at the Fourth World Conference on Women held in Beijing, China, in 1995. The MoH through the Reproductive Health Unit (RHU) promotes family planning method mix including injectable contraception for women and men in the reproductive age. Family planning services are provided through the network of public, NGO and private sector health facilities. The MoH provides technical guidance and guidelines for the implementation of family planning services. Accordingly, individuals and couples have the right to access family planning services.

However, despite these efforts, maternal mortality rate (MMR) of 984/100,000 live births and child mortality rate of 76/1000 live births (MDHS, 2004) remain high compared to other SADC countries. For example MMR for Namibia is 225/100,000 and Swaziland is 589/100,000 live births; child mortality in Namibia is 25/1000 live births (NDHS, 2000). Even the contraceptive prevalence rate (CPR) of 28% (MDHS, 2004) is low compared to other countries in the region i.e. Namibia 44% (NDHS, 2000). Contributing factors to this alarming situation include shortage of professional staff to provide family planning services, limited access to services, especially for the 85% of the population that lives in rural areas, high illiteracy rate especially among women, gender, cultural and religious issues. The other reasons include limited integration of family planning and HIV in reproductive health services, limited involvement of men coupled with infrastructure that is designed mainly for women and children (maternal and child health) thus perceived to be unfriendly to men. Very few men participate in family planning (and other reproductive health) services.

In light of the above, the MoH is committed to expanding family planning services in the community in order to increase access by the majority of people in the reproductive age group who reside in rural areas. Because of shortage of professional staff, the MoH has endorsed utilization of trained health surveillance assistants for the provision of injectable contraception.

3. JUSTIFICATION

The health care service delivery system in Malawi provides a conducive environment for health surveillance assistants to start administering injectable contraceptives. For instance, health surveillance assistants (HSAs) comprise about 30% of the health work force and provide public health interventions such as health promotion, distribution of oral contraceptives, condoms and...
injectable immunizations. Therefore, provision of injectable contraceptives will just be an extension to their responsibilities; and this initiative will be introduced to communities who are already familiar with these kinds of services. Additionally, in 2007, the MoH produced guidelines to motivate health care workers to support community interventions such as CBD of injectable contraceptives (MoH. 2007).

With respect to injectable contraceptives, 60% of women in Malawi prefer this method (MDHS 2004). Therefore, utilizing health surveillance assistants to provide this service has the potential to increase access to family planning, reduce the TFR, and promote couple counselling and male involvement in family planning services. Health surveillance assistants are the primary health care providers in the community; they reside and work with the community and are known to community members.

Integrating injectable contraceptives in the existing services offered by health surveillance assistants has the potential to maximize their productivity and increase the uptake of the method which is very effective and accepted by the majority of women in the child bearing age in Malawia. This initiative will help to reduce the workload of overworked and short staffed health professionals. Other countries have successfully used this approach and managed to reduce their TFRs to desired levels of not more than four children per family which is good for the development of a nation (PATH, 2005).

4. GOAL AND OBJECTIVES

Goal
To improve the uptake of injectable contraceptives in the community, through behaviour change communication, community mobilization and working with traditional and religious leaders thereby promoting method mix and choice at the community level.

Objectives
The objectives are to:
- Promote method mix and choice at the community level.
- Increase the number of family planning service providers in the community.
- Increase access to injectable contraceptives in the community.
- Equip health surveillance assistants with knowledge and skills to safely provide injectable contraceptives to women of reproductive age.
- Mobilize support of the traditional and religious leaders to advocate for FP.
- Increase male involvement through couple counseling.
• Monitor uptake of injectable contraceptives and resource utilization.

To achieve the above objectives, this document outlines the core areas, guiding principles and guidelines for managers in the public sector and NGOs, who will work with and support health surveillance assistants to provide injectable contraceptives at community level. It is not adequate to only increase access by communities but to ensure safety and quality, hence the importance of these guidelines.

5. CORE AREAS, GUIDING PRINCIPLES AND GUIDELINES

5.1 Training
Training is a critical requirement in ensuring the delivery of quality injectable contraceptive services at community level thereby addressing some of the issues that affect the uptake of this contraceptive; such as limited access to the preferred method by a significant number of women in Malawi and due to long distance from the nearest health facility.

Guiding Principle
Build capacity of health surveillance assistants with the required knowledge, skills and attitudes to advocate for and provide quality injectable contraceptive services at community level.

Guidelines
• Health surveillance assistants should be equipped with counseling skills for injectable contraceptives.
• Health surveillance assistants should be trained in the provision of injectable contraceptives.
• Only family planning trainers approved by the MoH should train health surveillance assistants in injectable contraceptives.
• Each DHO in collaboration with Zonal Health Support Offices (ZHSOs) and other stakeholders will be responsible to organize and train health surveillance assistants at district level.
• Organize and manage refresher trainings for health surveillance assistants every year and updates whenever necessary.

5.2 Integrate family planning and HIV services
Integrated services are beneficial to clients because they can access more than one service during a single visit. This means that health surveillance assistants providing injectable contraceptives should also provide other EHP services, including HIV testing and counseling if trained and are proven competent in these areas.
Guiding Principle
Integrating injectable contraceptives in family planning and HIV services at community level has the potential to be more efficient and effective. It enhances not only sharing of existing infrastructure or facilities and personnel but it also maximizes the management of service delivery, and simplifies logistics (see Logistics Guidelines on section 5.6 below).

Guidelines
- District Implementation Plans should reflect integration of all services, including provision of injectable contraceptives and HIV services at community level.
- Mobilize resources for family planning inclusive of injectable contraceptives and HIV supplies through advocacy at different fora.
- Advocate and support provision of integrated family planning and HIV services by the health surveillance assistants.
- Maximize productivity of health surveillance assistants through ensuring provision of integrated services.
- Ensure adequate number of health surveillance assistants to provide injectable contraceptives in their catchment areas especially in hard to reach areas.
- Ensure that injectable contraceptives and HIV supplies are available at all times especially in hard to reach areas.

5.3 SERVICE DELIVERY
Injectable contraceptive services should be client friendly, free of charge in accordance with MoH policy, safe, easily accepted and utilized by the community.

Guiding Principle
Promote, advocate use of and ensure availability of injectable contraceptives in the community.

Guidelines
- Each DHO in collaboration with DHMT will be responsible for ensuring availability of injectable contraceptives and related supplies at the community level.
- Sensitize communities on the availability of injectable contraceptive and HIV services and inform them about providers and service delivery points.
- Identify, empower and utilize existing community groups to create demand for injectable contraceptives (e.g. women and youth groups, male gathering and religious groups).
- Provide injectable contraceptive services free of charge in accordance with MoH policy.
• Encourage formation of sustainable male groups to discuss family planning and HIV and promote male involvement.
• Encourage couple counseling in both family planning and HIV services.
• Facilitate formulation of youth groups and dialogue on family planning and HIV.
• Advocate for conducive family planning and HIV service environments with both audio and visual privacy.
• Emphasize the importance of confidentiality in all provider-client interactions; documentation and record keeping.
• Ensure safe provision of the injectable contraceptives by emphasizing on sterility; use of the checklist in screening eligible clients and referral to skilled health provider as necessary.
• Advise and agree on the places where family planning and HIV services should be provided e.g. Village Health Clinics and Community Multipurpose Shelters and/or door-to-door.
• Provide behavior change, interpersonal communication and counseling and gender based violence materials for distribution to communities and encourage discussions among the communities.
• Develop strategic and sustainable partnerships with community, religious and other influential leaders.

5.4 MONITORING AND SUPERVISION
Effective monitoring and supervision are important components in the provision of sustainable quality injectable contraceptive services at community level more so that the services are provided by non-professional staff.

Guiding Principle
Strengthen monitoring and supervision of injectable contraceptive service delivery within the existing systems.

Guidelines:
• Reinforce the use of national monitoring and supervisory tools by all supervisors at zonal, district and community levels.
• Reinforce monitoring of uptake of injectable contraceptives using the national HMIS forms.
• Ensure correct, consistent and complete documentation, record keeping and reporting of injectable contraceptives data in the national register and tally sheets.
• Conduct monthly supportive supervision of health surveillance assistants providing injectable contraceptives using an integrated check list.
• Facilitate and encourage supervision feedback on the performance of health surveillance assistants; monthly at community level and quarterly at district and zonal levels respectively.

Malawi Community Based Injectable Contraceptive Services Guidelines
- Develop and implement on job training activities during supervisory visits.
- Each DHO in collaboration with DHMT should facilitate assessment of the injectable contraceptive services every six months to evaluate progress.

5.5 QUALITY ASSURANCE
Quality assurance is an inbuilt system for setting and monitoring the implementation of standards and practices of injectable contraceptive service delivery. It should ensure safety of the client, service providers and the community.

Guiding Principle 1
Integrate injectable contraceptive services in the Quality Management Plan to ensure quality service delivery.

Guidelines
- Quality Improvement Support Team (QIST) activities should include injectable contraceptive service delivery at community level with focus on competence of the provider, management of resources, documentation and record keeping.
- Ensure timely ordering, proper handling and storage of injectable contraceptives and supplies.
- Support health surveillance assistants to uphold infection prevention standards and practices with emphasis on sterility, sharps and waste management.
- Ensure continuous supply of personal protective Equipment (PPE) and other infection prevention supplies for health surveillance assistants providing injectable contraceptive services in the community.
- Uphold national standard guidelines on waste disposal in relation to injectable contraceptive service provision.
- Continuously orient new health surveillance assistants on post exposure prophylaxis (PEP) services in your district.
- Support health surveillance assistants to easily access PEP services when needed.

Guiding Principle 2
The performance of health surveillance assistants is central to the delivery of quality injectable contraceptive services; promotes professionalism and attract and retain clientele. The clinical performance should ensure clients’ safety at all times.
Guidelines
The quality of care for family planning services is based on the following six essential elements: (1) method choice; (2) information giving; (3) providers technical competence; (4) interpersonal relations between providers and clients; (5) follow up and continuity mechanisms; and (5) constellation of services. The guidelines are as follows:

- Uphold informed choice on injectable contraceptives.
- Provide comprehensive information on all contraceptive methods available to enable clients to make informed choices.
- Reinforce use of client screening check list before initiating clients on injectable contraceptives.
- Reinforce review (routine examination/assessment) of the client by professional provider at regular interval even when there are no life threatening signs and symptoms
- Reinforce interpersonal relations between health surveillance assistants and clients to enhance respect, privacy and consideration of shortening the waiting time, promoting compliance and access; hence increasing demand
- Institute a continuous system for counseling, follow up of clients, compliance and support as needed.
- Ensure that health surveillance assistants provide integrated FP and HIV services.

5.6 LOGISTICS MANAGEMENT
A sound logistics system ensures the smooth distribution of contraceptive commodities and other supplies so that each service delivery point has sufficient stock to meet clients’ needs. This includes injectable contraceptives and supplies that will be administered and used at community level.

Guiding principle
Institute a well run logistics system, which will ensure that all supplies are in good condition, timely and costs are controlled by eliminating overstocks, spoilage, pilferage and other kinds of waste.

Guidelines
- Co-ordinate an effective and efficient logistics management system down to community level with correct, complete and consistent documentation.
- Ensure that health surveillance assistants collect injectable contraceptives and required supplies from the Health centre in accordance with the LMIS guidelines.
• Enforce proper record keeping and maintenance of national registers and tally sheets to prevent overstocking that might lead to wastage and stock outs
• Maintain an effective acquisition, transportation, and storage system of injectable contraceptives and supplies at the community level.
• Ensure timely delivery of all contraceptive commodities and other supplies when and where they are needed and in good condition.
• Ensure that health surveillance assistants have and use sharps containers at all times and have safe means of transporting these to health facilities for disposal.
• Reinforce national standards for disposing expired injectable contraceptives and medical waste.
• Ensure that health surveillance assistants providing injectable contraceptive services have the MoH recommended minimum package for CBD services: Lockable contraceptive storage box, waterproof carrier bags, calendars, bicycle, registers, and tally sheets, contraceptives and sharps disposal container.
REFERENCES


