Community-Based Access to Injectable Contraceptives Toolkit

The Community-Based Access to Injectable Contraceptives Toolkit is a platform for strengthening the capacity of agencies and organizations to plan, implement, evaluate, promote, and scale up community-based access to injectables (CBA2I) programs and to advocate for changes to national policy and service delivery guidelines.

Information on the Global Evidence to support the practice; Country Experiences with CBA2I; Advocacy for gaining buy-in and changing policy; Piloting, Implementing, and Scaling Up programs; and the organizations who are Global Leaders in CBA2I is listed under the main thematic navigation tabs above. Browse the topics by clicking on the tabs. Click on the full-text resources to open or download them to your computer. Many items in the Community-Based Access to Injectable Contraceptives Toolkit can be adapted or revised for use in specific country contexts and unique program circumstances.

How have you used the Community-Based Access to Injectable Contraceptives Toolkit in your work? Are there new resources or topic areas that should be included in the toolkit? Email us at: cba2i@fhi360.org to share your suggestions, comments, and questions.

Why Community-Based Access to Injectable Contraceptives?

Community-based family planning programs typically offer condoms, oral contraceptives, and, increasingly, standard days method, and refer people to clinics for other contraceptive methods. Programs in a number of countries, however, have demonstrated that appropriately-trained community health workers (CHWs) can safely and effectively provide injectable contraceptives. Training and authorizing a wider range of providers to give injections can expand access to a woman’s preferred method, reduce unmet need for family planning in hard-to-reach areas, and address the critical health workforce shortage faced by many countries.

CHWs have provided injectable contraceptives such as Depo-Provera (DMPA) in more than a dozen countries. Injectables appeal to the many women who seek a family planning method that is effective and long-acting and can be used privately. Mobilizing a range of providers to offer injectables, including CHWs, can help family planning programs meet their long-term development goals. The CBA2I: An Emerging Standard of Practice resource provides a summary of CBA2I activities from 2008-2013 under USAID’s Program Research for Strengthening Services (PROGRESS) that have helped establish this as an emerging standard of practice. This CBA2I Advocates Package includes a series of six targeted advocacy resources.
and a DVD to help promote CHW provision of injectable contraceptives through new and existing community-based family planning programs.

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<th>You can use the Community-Based Access to Injectable Contraceptives Toolkit to?</th>
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| **An advocate**               | - Access CBA2I advocacy tools, global evidence, and country experiences  
- Learn about and evaluate existing family planning policies that support CBA2I  
- Generate and share ideas for advocating policy change  
- Network with other advocates worldwide                                                                 |
| **A program manager**         | - View strategic guidance on piloting, implementing, and scaling up CBA2I programs  
- Access curricula, job aids, and other implementation tools  
- Share strategies and lessons learned with other implementing organizations                                             |
| **A policymaker**             | - Identify other countries with policies that support CBA2I  
- Update national family planning guidelines                                                                                                                                 |
| **A donor**                   | - Learn about key issues in CBA2I policy development, a program implementation, and scale-up                                                                                     |

What are K4Health Toolkits?

What is the purpose of this toolkit?

Who developed this toolkit?

Who are the publishers of the resources?

What types of resources are included?

Who are the intended audiences?

How do I get started using this toolkit?

How can I suggest a resource to include in this toolkit?

How can I make a comment or give feedback?
What are K4Health Toolkits?

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

What is the purpose of this toolkit?

This toolkit contains resources to help advocates, policy makers, program managers, service providers, and other audiences improve access to and quality of community-based access to injectables services.

Who developed this toolkit?

The Community-Based Access to Injectable Contraceptives Toolkit is a collaborative effort among FHI and the U.S. Agency for International Development. Individuals from other organizations also contributed their experience and expertise to review the toolkit and ensure its relevance and usefulness.

Who are the publishers of the resources?

Resources selected for inclusion in this toolkit were published by organizations working throughout the world to promote evidence-based best practices and improve the delivery of community-based access to injectables (CBA2I). A list of these organizations and the resources they have contributed can be found in the Partners tab.

What types of resources are included?

This toolkit is not a comprehensive library of all existing materials on CBA2I but is rather a strategic package of resources to guide program managers at implementing organizations, advocates, and decision makers through the processes of piloting, implementing, and scaling up CBA2I programs and advocating for policy change. These resources include:

- Up-to-date global and country-specific background and reference materials to inform advocacy and assist with the design evidence-based, state-of-the-art programs.
- Job aids, curricula, and other tools to increase the effectiveness and quality of program activities and services.
- Publications that detail key pilot and scale-up processes and lessons learned.

Who are the intended audiences?

- Advocates and policymakers will find research and information to help set national guidelines about CBA2I programs and plan for future changes in service delivery.
- Program managers will find information and tools to help them design, plan, implement, and
scale up programs.
?Trainers can review the latest curricula for training community health workers on family planning and reproductive health generally and for specific contraceptive methods.
?Community health workers will find tools and job aids to help them provide quality services to their clients.
?Communication professionals can use the toolkit resources to explore strategies, media, and messages about CBA2I. We invite you to suggest resources or adapt the resources in this toolkit to suit your local circumstances and languages.

How do I get started using this toolkit?

To browse the content of this toolkit, use the navigation tabs above to view resources related to key topics. Each tab includes strategic resources, further organized by sub-topic. Click on the title of the resource for more information about it, or click on the full-text link to get direct access to the full resource. Some of the tools are readily available in an adaptable format (for example, Microsoft Word documents and PowerPoint presentations). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source). If you do use these tools or adapt them, we would love to hear from you. Please e-mail us.

How can I suggest a resource to include in this toolkit?

We invite you to contribute to evolving and enhancing this toolkit. If you have developed or use quality resources that you think should be included in this toolkit, please share your suggestions through the feedback form. The toolkit collaborators will review and consider your suggestions.

How can I make a comment or give feedback?

If you have comments about the toolkit, please use the feedback form. Your feedback will help to ensure the toolkit remains up-to-date and is continually improved. For example, you can share ideas about how you have used the toolkit in your work so that others can learn from and adapt your experiences.
Global Evidence

In June 2009, the World Health Organization (WHO) hosted a technical consultation on expanding access to injectable contraceptives. Global experts examined the evidence of community health workers (CHWs) providing this service. The consultation concluded that appropriately trained CHWs can provide injectable contraceptives safely and effectively and that this approach is acceptable to women. The consultation also concluded that there is sufficient evidence to support expansion of CHWs providing injectable contraception.

In June 2012, new WHO recommendations for task sharing were developed that recommended a progressive and evidence-based distribution of family planning tasks between health workers to improve access to maternal and newborn health services. These recommendations included task sharing to allow CHWs to provide injectables in the context of targeted supervision. You can read a summary of the recommendations in this two-page Marie Stopes International publication on task sharing here.

Thirty-five million women worldwide use injectable contraceptives to prevent pregnancy, and this number is projected to grow. In sub-Saharan Africa, injectable contraception is relied upon by more than one-third of women who use modern contraceptive methods, making it the most widely-used modern method in the region. Despite their popularity, levels of unmet need for injectables remain high in many countries. This is largely due to the serious health workforce shortages currently faced by 57 countries across the globe. In Africa alone, 36 of the continent’s 46 countries face critical shortages of doctors, nurses, and midwives.

For more information on global evidence on community-based access to injectables (CBA2I), you can access materials from the 2009 WHO technical consultation, including the widely-endorsed conclusions from the technical consultation, and selected evidence from around the world, including peer-reviewed literature, presentations, and other materials.

Materials from WHO Technical Consultation on Expanding Access to Injectable Contraceptives
This section provides access to materials from the 2009 Technical Consultation on Expanding Access to Injectable Contraception.

Background Papers

Resources:

- Use of and unmet need for injectable contraception

This document examines patterns of the current use of and unmet demand for injectable services. Trends in use of clinic and non clinic-based services for injectables, differentials in injectable use by place of residence, and potential negative consequences of increased use of injectables are explored. Information described in this paper informed the Technical Consultation on Expanding Access to Injectable Contraception.

- Expanding Access to Injectable Contraception

This document examines the popularity, efficacy, and safety of injectable contraceptives and explores means of expanding global access to injectables.

Presentations

Resources:

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

This slide set describes the introduction of community-based distribution of DMPA in Madagascar.
Bangladesh Experience in Expanding the Delivery of Injectable Contraception: A Brief Overview

This slide set describes Bangladesh's experience with community-based distribution of injectable contraception, including lessons learned.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation**

This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI in June 2009.

- **Expanding Access to Injectable Contraceptives: Background**

This slide set provides information on the prevalence of injectable contraceptive use, as well as the safety and means of providing injectable contraception.

- **Injectable contraception: Wave of the future or tsunami**

This slide set explores the demand for, and use of, injectable contraceptives in comparison with other modern contraceptive methods.

- **Task Sharing in Family Planning**

This slide set examines ways that task sharing in family planning service provision can mitigate the critical health workforce shortages currently faced by 57 countries worldwide.

- **Malawi’s Road to Community-Based Distribution of**
Injectable Contraceptives

This slide set describes the process of introducing community delivery of DMPA by Health Surveillance Assistants.

- **Expanding Access to Injectable Contraception in Uganda**

  This slide set describes Uganda’s process in scaling-up community-based access to injectables, including policy issues.

- **Nepal's Experience in Expanding the Delivery of Injectable Contraception**

  This slide set describes Nepal's experience with community-based distribution of injectable contraception, including lessons learned.

Conclusions

**Resources:**

- Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation

In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning
programme offering a range of contraceptive methods.

Selected Evidence from around the World

This section provides access to evidence on the safety, feasibility, acceptability, and success of community-based access to injectables (CBA2I) from around the world.

Literature on Safety, Feasibility, and Acceptability

Resources:

- WHO Technical Statement on Hormonal Contraception and HIV
  
  A WHO expert consultation concluded that women living with HIV or at high risk of HIV can safely use all methods of hormonal contraception (including oral contraceptive pills, injectables, patches, rings and implants) to prevent unintended pregnancy, and recommended that women at high risk of HIV, including those using injectable contraception, be advised to also always use male or female condoms and other HIV preventive measures.

- USAID communication to the field (February 21, 2012): WHO expert consultation assessing evidence on hormonal contraception and HIV
  
  USAID? s communication supporting the WHO? s expert consultation and technical statement on hormonal contraception and HIV.

- Community-based provision of injectable contraceptives in Madagascar: 'task shifting' to expand access to injectable contraceptives
Abstract

Introduction Injectable contraceptives are now the most popular contraceptive methods in sub-Saharan Africa. Injectables have not been an option for African women lacking convenient access to health facilities, however, since very few family planning programmes permit community-based distribution (CBD) of injectables by non-medically trained workers. Committed to reducing unmet contraceptive need among remote, rural populations, the Ministry of Health and Family Planning (MOHFP) of Madagascar sought evidence regarding the safety, effectiveness and acceptability of CBD of injectables.

Methods The MOHFP joined implementing partners in training 61 experienced CBD agents from 13 communities in provision of injectables. Management mechanisms for injectables were added to the CBD programme’s pre-existing systems for record keeping, commodity management and supervision. After 7 months of service provision, an evaluation team reviewed service records and interviewed CBD workers and their supervisors and clients.

Results CBD workers demonstrated competence in injection technique, counselling and management of clients’ re-injection schedule. CBD of injectables appeared to increase contraceptive use, with 1662 women accepting injectables from a CBD worker. Of these, 41% were new family planning users. All CBD agents wished to continue providing this service, and most supervisors indicated the programme should continue. Nearly all clients interviewed said they intended to return to the CBD worker for re-injection and would recommend this service to a friend.

Conclusions This experience from Madagascar is among the first evidence from sub-Saharan Africa documenting the feasibility, effectiveness and acceptability of CBD services for injectable contraceptives. This evidence influenced national and global policy makers to recommend expansion of the practice. CBD 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.

Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation

In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and program experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable depotmedroxyprogesterone acetate (DMPA). The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective and acceptable. Such services should be part of a family planning program offering a range of contraceptive
Provision of DMPA by community health workers: what the evidence shows

Background: To reduce a large unmet need for family planning in many developing countries, governments are increasingly looking to community health workers (CHWs) as an effective service delivery option for health care and as a feasible option to increase access to family planning services. This article synthesizes evidence on the feasibility, safety and effectiveness of community-based delivery of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA).

Study Design: Manual and electronic search and systematic review of published and unpublished documents on delivery of contraceptive injectables by CHWs.

Results: Of 600 identified documents, 19 had adequate information on injectables, almost exclusively intramuscular DMPA, provided by CHWs. The data showed that appropriately trained CHW demonstrate competency in screening clients, providing DMPA injections safely and counseling on side effects, although counseling appears equally suboptimal in both clinic and community settings. Clients and CHWs report high rates of satisfaction with community-based provision of DMPA. Provision of DMPA in community-based programs using CHWs expanded access to underserved clients and led to increased uptake of family planning services.

Conclusions: We conclude that DMPA can be provided safely by appropriately trained and supervised CHWs. The benefits of community based provision of DMPA by CHWs outweigh any potential risks, and past experiences support increasing investments in and expansion of these programs.

Community-Based Providers in Rural Guatemala Can Provide the Injectable Contraceptive DMPA Safely

The specific objectives of the study were to assess client satisfaction and competence of community-based providers in providing the three-monthly injectable contraceptive depot-medroxyprogesterone acetate (DMPA).

Safety, Feasibility, and Acceptability of Community-Based Distribution (CBD) of Depot Medroxy Progesterone Acetate (DMPA) in Madagascar
This report describes a pilot study conducted in Madagascar to examine the provision of the DMPA injectable by community-based distribution (CBD) workers. The pilot project demonstrated that CBD of DMPA was acceptable. CBD workers demonstrated competence to provide DMPA services, they attracted new contraceptive users, and nearly all clients interviewed said they would recommend CBD of DMPA to a friend.

Safety and Feasibility of Community-Based Distribution of Depo Provera in Nakasongola, Uganda

This report describes a major research project undertaken by Family Health International, with partners Save the Children/USA, Uganda's Ministry of Health, and Nakasongola District's Local Government to determine the safety, feasibility, and quality of DMPA provision by community reproductive health workers.

Presentations

Resources:

- Evidence-Based Practices in Zambia: Expanding Access to Family Planning Services through Community-Based Provision of Injectable Contraceptives

This presentation outlines the pilot conducted to evaluate the safety, acceptability, cost, and impact of adding provision of Depo-Provera by community based distributors to an existing community-based family planning program in Mumbwa and Luangwa districts of Zambia.

- Increasing Community-Based Access to Family Planning: Innovative Models, Successes, and Challenges

This slide set includes panel presentations on the experiences of Afghanistan, Nepal, and Yemen in expanding community-based access to family planning, including injectables.
Setting the Stage: Increasing Community Access to Injectable Contraception

This presentation provides and introduction to Depo-Provera and the issues and challenges associated with provision of this injectable contraceptive by community health workers.

- Translating Research to Practice: Community-Based Distribution (CBD) of DepoProvera (DMPA) in Kenya

This presentation outlines the initial stages of introducing community-based distribution of injectables in Kenya.

- Bringing their method of choice to rural women: Community-based distribution of injectable contraceptives in Tigray, Ethiopia

This presentation summarizes a study of ability of Community-based Reproductive Health Agents in Tigray, Ethiopia to distribute injectable contraceptives as well as Health Extension Workers.

- Scaling-up Community-based Distribution of Injectable Contraceptives in Uganda: Lessons Learned from Private and Public Sector Implementation

This presentation outlines the process and lessons learned of targeted scale-up of community-based distribution of injectables in Uganda.

- Community-Based Distribution of DMPA in Madagascar: Pilot Introduction and Early Scale-Up

This presentation provides an overview of Madagascar’s experience with pilot
implementation, evaluation, and scale-up.

- **Community-Based Distribution of DMPA in Malawi**

  This presentation summarizes the introduction of community-based provision of injectables in Malawi, including policy change and implementation.

- **Uganda**

  This presentation provides a detailed description of Uganda’s experience in expanding community-based access to injectables, from the 2004-2005 pilot through scale-up. It includes research results and lessons learned.

- **Depo-subQ in Uniject Overview and Update: Increasing Community Access to Injectable Contraceptives**

  This presentation provides an overview of the new sub-cutaneous formulation of Depo-Provera in the pre-filled Uniject device.

- **Expanding Services for Injectable Contraceptives**

  This PowerPoint presentation can be adapted for your own personal teaching and training materials or other purpose. Points covered in the presentation include: (1) Levels and trends of use of injectables around the world; (2) Strategies for maintaining adequate stock levels of the method; (3) Training and supervision for staff to ensure good quality of care and safe injections; (3) Expanding access to injectables through community-based distribution; and (4) Information about communicating messages to help women try and use injectables.

**Country Experiences**
In some countries or regions community-based access to injectables (CBA2I) is routine, while in other areas CBA2I is a new alternative for family planning services to address unmet need and hard-to-reach communities. This section of the toolkit offers experiences from a number of countries and regions implementing CBA2I programs.

This map illustrates the status of the provision of injectable contraception by community health workers by country in sub-Saharan Africa. Expanding Community-Based Access to Injectables (CBA2I): Initiatives in Selected sub-Saharan African Countries provides an overview of selected CBA2I initiatives in sub-Saharan Africa. Find additional relevant materials from a number of countries by clicking on the links below. Other countries, such as Pakistan and Tanzania, are also implementing CBA2I, and the toolkit will be updated with new country-specific resources as they become available. These country experiences are intended to inform health policy makers, program managers, and service providers of the strategies, challenges, successes and lessons learned from CBA2I activities.

Click on the links below to access materials from a particular country.

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Nepal

Zambia

Nigeria

Rwanda

Uganda

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**Afghanistan**

For a recent pilot project implemented by Management Sciences for Health, Afghan nongovernmental organizations, and the Afghanistan Ministry of Public Health (MOHP), the MOPH granted community health workers (CHWs) permission to administer a client’s first injection of Depo-Provera. CHW's had previously been restricted to providing only second and subsequent injections. During the pilot, the contraceptive prevalence rate increased by roughly 25 percent in the project areas. The pilot revealed that traditional rural communities largely accepted CHW provision of injectables, due in part to the quality counseling that accompanied
The rapid uptake of injectables demonstrated by the pilot project spurred the MOPH to endorse community-based access to injectables (CBA2I) for national scale-up. In 2009, national policy was revised to permit CHWs to provide the first dose of DMPA using a screening checklist.

**Resources:**

- **Increasing Community-Based Access to Family Planning: Innovative Models, Successes, and Challenges**

  This slide set includes panel presentations on the experiences of Afghanistan, Nepal, and Yemen in expanding community-based access to family planning, including injectables.

- **Afghanistan: Innovations in Family Planning: The Accelerating Contraceptive Use Project**

  This document describes the innovative initiatives undertaken to strengthen contraceptive services provided almost exclusively by CHWs through the Accelerating Contraceptive Use (ACU) project.

**Bangladesh**

In 1975, the government of Bangladesh initiated community-based distribution (CBD) of injectable contraceptives in six villages to assess its effect on contraceptive use. In 1977, injectables were made available to all 150 villages in the Matlab subdistrict that were receiving CBD services. By 1979, DMPA was the most popular contraceptive method, relied on by roughly half of all women using modern methods in the region. CBD of injectables was expanded to two more subdistricts in 1984 and then eight more in 1993, the year the Ministry of Health (MOH) piloted a program in which family welfare assistants (FWAs) provided DMPA in 15 subdistricts. In 2005-2006, this program was scaled up nationally.

**Resources:**

- **Bangladesh Experience in Expanding the Delivery of Injectable Contraception: A Brief Overview**
Community-Based Distribution of DMPA: The Matlab Project, Bangladesh

In 1975, the government of Bangladesh, in collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), initiated community-based distribution (CBD) of condoms and oral contraceptives to 150 villages in the Matlab subdistrict. The injectable contraceptive depot medroxyprogesterone acetate (DMPA or Depo-Provera) was made available in only six villages to assess its effect on the program. In 1977, the program was modified to make DMPA available in all participating villages and to improve the training and supervision of local providers - changes that substantially increased contraceptive acceptance and almost doubled the one-year contraceptive continuation rate. By early 1979, DMPA had replaced oral contraceptives as the most popular method, accounting for roughly half of all contraceptive use. CBD of contraceptives was successfully expanded to the Abhoynagar and Sirajganj subdistricts in 1984, more than doubling the regions' contraceptive use, in general, and increasing injectable use, in particular, from 0.1 percent to 25 percent. CBD of contraceptives was further expanded to eight more subdistricts in 1993. Despite some flaws in provision by CBD workers, surveys found better counseling, accessibility, and client satisfaction in regions where CBD of injectable contraceptives was available.

Ethiopia

In 2008-2009, a pilot project was conducted by the Bixby Center for Population, Health & Sustainability, the Tigray Regional Health Bureau, and Venture Strategies for Health and Development to increase contraceptive prevalence and reduce the current high unmet need for family planning in rural areas of Ethiopia. In addition, the project was intended to provide evidence to policy makers to expand community based distribution (CBD) of the injectible contraceptive, depot medroxyprogesterone acetate (DMPA), in both Tigray and other regions of Ethiopia where community based reproductive health agents (CBRHAs) or other community health workers (CHWs) are present. The implementers of this successful pilot are currently exploring the expansion of CBD of injectables with the ultimate goal of regional and national policy change to support community-based access to injectables (CBA2I).

Resources:
Provision of injectable contraceptives in Ethiopia through community-based reproductive health agents

This article describes a pilot study in Ethiopia that demonstrated receiving injectable contraceptives from community-based reproductive health agents (CBRHAs) proved as safe and acceptable to a sample of Ethiopian women as receiving them in health posts from health extension workers (HEWs).

Bringing their method of choice to rural women: Community-based distribution of injectable contraceptives in Tigray, Ethiopia

This presentation summarizes a study of ability of Community-based Reproductive Health Agents in Tigray, Ethiopia to distribute injectable contraceptives as well as Health Extension Workers.

Guatemala

In 1995, the Guatemalan family planning association Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), in partnership with the Population Council, conducted operations research comparing acceptance and continuation rates between clinic provision and community-based provision of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA). At 15 months, the continuation rate for clients of community-based distributors (CBDs) was 90 percent, which was identical to the clinic continuation rate. CBDs also achieved high acceptance and continuation rates among rural Mayan women, an important goal of the program. Due to the success of this program, APROFAM expanded community-based distribution of DMPA throughout the country to all of its 22 districts of operation. All community-based promoters in APROFAM's rural development program are trained to provide DMPA services. Furthermore, CBDs now distribute not only progestinonly DMPA, but also the monthly combined (progestin and estrogen) injectable Cyclofem.

Resources:

* Community-Based Providers in Rural Guatemala Can
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The specific objectives of the study were to assess client satisfaction and competence of community-based providers in providing the three-monthly injectable contraceptive depot-medroxyprogesterone acetate (DMPA).

Community-Based Distribution of DMPA: The APROFAM Project, Guatemala

In 1995, the Guatemalan family planning association Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), in partnership with the Population Council, conducted operations research comparing acceptance and continuation rates between clinic provision and community-based provision of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA). The project provided community-based provision of DMPA to over 750 women in four districts. At 15 months, the continuation rate for clients of community-based distributors (CBDs) was 90 percent, which was identical to the clinic continuation rate. CBDs also achieved high acceptance and continuation rates among rural Mayan women, an important goal of the program. Follow-up of community-based distributors who had the most clients and who provided the most couple-years of protection noted that these successful CBDs tended to be women over 30 years old who were recognized as community leaders. Among all clients served by CBDs, only three infections were reported. Due to the success of this program, APROFAM expanded community-based distribution of DMPA throughout the country to all of its 22 districts of operation. All community-based promoters in APROFAM’s rural development program are trained to provide DMPA services. Furthermore, CBDs now distribute not only progestin-only DMPA, but also the monthly combined (progestin and estrogen) injectable Cyclofem.

Kenya

A recently-completed pilot has generated local evidence that confirms safety, acceptability, and feasibility of community-based provision of Depo Provera. Based on the positive results of the pilot, the Division of Reproductive Health and collaborating partners are recommending that the Kenya Ministry of Health take steps to create a policy environment conducive to CBA2I and consider scaling up this service delivery model.

Resources:
A cup of tea with our CBD agent?: community provision of injectable contraceptives in Kenya is safe and feasible

Community health workers can safely provide the injectable DMPA when appropriately trained and supervised. We also found a fivefold increase in contraceptive uptake—a finding that builds on evidence from other countries for supportive policy change.

- **Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province of Kenya**

  This report documents the Tharaka district pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

- **Translating Research to Practice: Community-Based Distribution (CBD) of DepoProvera (DMPA) in Kenya**

  This presentation outlines the initial stages of introducing community-based distribution of injectables in Kenya.

- **Promoting Community-Based Distribution / Community Reproductive Health Worker Provision of DMPA. Educational Visit to Uganda**

  This report describes educational visit to Uganda by Kenyan reproductive health professionals. The objectives of the trip were to gain first-hand experience of Uganda’s efforts at using CBDs to provide injectable Depo-Provera/DMPA at the community level, identify lessons learned from the Uganda initiative and identify specific issues and concerns that would need to addressed in replicating a similar initiative in Kenya.
Madagascar

As of 2006, Madagascar’s guidelines allow community health workers to provide injectables. Since CBA2I was piloted in 2007, the program has been scaled up to 24 additional districts.

Resources:

- Community-based provision of injectable contraceptives in Madagascar: 'task shifting' to expand access to injectable contraceptives
Abstract

Introduction Injectable contraceptives are now the most popular contraceptive methods in sub-Saharan Africa. Injectables have not been an option for African women lacking convenient access to health facilities, however, since very few family planning programmes permit community-based distribution (CBD) of injectables by non-medically trained workers. Committed to reducing unmet contraceptive need among remote, rural populations, the Ministry of Health and Family Planning (MOHFP) of Madagascar sought evidence regarding the safety, effectiveness and acceptability of CBD of injectables.

Methods The MOHFP joined implementing partners in training 61 experienced CBD agents from 13 communities in provision of injectables. Management mechanisms for injectables were added to the CBD programme’s pre-existing systems for record keeping, commodity management and supervision. After 7 months of service provision, an evaluation team reviewed service records and interviewed CBD workers and their supervisors and clients.

Results CBD workers demonstrated competence in injection technique, counselling and management of clients’ re-injection schedule. CBD of injectables appeared to increase contraceptive use, with 1662 women accepting injectables from a CBD worker. Of these, 41% were new family planning users. All CBD agents wished to continue providing this service, and most supervisors indicated the programme should continue. Nearly all clients interviewed said they intended to return to the CBD worker for re-injection and would recommend this service to a friend.

Conclusions This experience from Madagascar is among the first evidence from sub-Saharan Africa documenting the feasibility, effectiveness and acceptability of CBD services for injectable contraceptives. This evidence influenced national and global policy makers to recommend expansion of the practice. CBD 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.

Community-Based Distribution of DMPA in Madagascar: Pilot Introduction and Early Scale-Up

This presentation provides an overview of Madagascar’s experience with pilot implementation, evaluation, and scale-up.

Safety, Feasibility, and Acceptability of Community-Based Distribution (CBD) of Depot Medroxy Progesterone Acetate (DMPA) in Madagascar
This report describes a pilot study conducted in Madagascar to examine the provision of the DMPA injectable by community-based distribution (CBD) workers. The pilot project demonstrated that CBD of DMPA was acceptable. CBD workers demonstrated competence to provide DMPA services, they attracted new contraceptive users, and nearly all clients interviewed said they would recommend CBD of DMPA to a friend.

Malawi

As of 2008, Malawi?'s guidelines permit Health Surveillance Assistants (HSAs) to provide injectables. In 2009, HSAs began providing the injectable, Depo Provera, in nine pilot districts, following a feasibility study by the Health Policy Initiative. An evaluation demonstrated that the provision of Depo Provera by HSAs was safe, acceptable, and expanded access by attracting clients to family planning.

Resources:

- **Making Injectables Available in Malawi**

  In 2008, Malawi?'s Ministry of Health approved community-based distribution of injectable contraceptives by Health Surveillance Assistants. This presentation details how strong family planning champions and evidence-based advocacy, combined with demand in communities, contributed to this policy change. Various USAID-funded projects have supported the development of operational guidelines and an initial pilot test in 8 districts. The policy change and pilot test help set the stage for the potential nationwide scale-up of community-based distribution.

- **Community-Based Distribution of Injectable Contraceptives in Malawi**

  This report summarizes research findings and policy dialogue regarding the feasibility of making injectable contraceptives widely available through community-based distribution (CBD) in Malawi. The Health Policy Initiative conducted this research, which in part influenced the decision of the Ministry of Health (MOH) in 2008 to allow paraprofessionals to provide injectable contraceptives at the community level.
Malawi: Distribution of DMPA at the Community Level: Lessons Learned

In 2008, Malawi piloted the distribution of DMPA to the community by Health Surveillance Assistants. This report presents lessons learned during the initial implementation from gaining stakeholder buy-in to curriculum development and the initial three months after the training and implementation roll-out. The report presents lessons learned that will be valuable for other countries considering similar community-based distribution, with particular attention paid to the supply chain implications of distributing family planning commodities to the last mile.

- **Malawi’s Road to Community-Based Distribution of Injectable Contraceptives**

  This slide set describes the process of introducing community delivery of DMPA by Health Surveillance Assistants.

- **Community-Based Distribution of DMPA in Malawi**

  This presentation summarizes the introduction of community-based provision of injectables in Malawi, including policy change and implementation.

- **Community Based Injectable Contraceptive Services Guidelines**

  As a first step in increasing community-based access to injectables in Malawi, in March of 2008, the Ministry of Health (MOH) endorsed a pilot program of provision of DMPA by Health Surveillance Assistants (HSAs). In December 2008, the MOH officially approved the Community Based Injectable Contraceptive Services Guidelines to support the scale up of community delivery of injectable contraceptives by HSAs. These guidelines serve as an example of one country’s approach to ensuring a supportive policy environment for the provision of injectables at the community level.
Mozambique

In July 2010, the Mozambique Ministry of Health (MISAU) approved the revitalization of the Agente Polivalente Elementar (APE) Program, as well as the use of traditional birth attendants (TBAs) to mobilize the community for increased utilization of family planning methods. With this opportunity, the Mozambican Society of Obstetricians and Gynecologists (AMOG), in conjunction with the Bixby Center at the University of California, Berkeley and Pathfinder International, implemented a pilot study for the distribution of DMPA by both APEs and TBAs, the first ever project to test a model for CBD of DMPA in Mozambique.

In 2014, Pathfinder conducted a safety and feasibility study of community-based distribution of DMPA. The pilot study was conducted in the Montepuez and Chiure districts of northern Mozambique. The findings from this pilot study supported that community-based distribution of DMPA by AFEs and TBAs is safe, feasible, effective and acceptable to women.

Resources:

- Program Brief: Community-based distribution of DMPA in Montepuez and Chiure districts of Mozambique

  Program brief on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015.

- Final Report: Community-based Distribution of DMPA in Montepuez and Chiure Districts in Cabo Delgado, Mozambique
This is the final report on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015. The study was a joint project between Pathfinder International, Associação Moçambicana de Obstetras e Ginecologistas (AMOG), and the Bixby Center for Population, Health and Sustainability under the USAID-funded Extending Service Delivery/Family Planning Initiative and Evidence to Action (E2A).

PowerPoint: Community-based Distribution of DMPA in Montepuez and Chiure districts in Cabo Delgado, Mozambique

This PowerPoint, "Community-based Distribution of DMPA in Montepuez and Chiure districts in Cabo Delgado, Mozambique - Results from the Operations Research Project" was presented by Bixby Center for Population Health & Sustainability at the May 26, 2015 webinar Expanding CBA2I in Mozambique: Findings from a safety and feasibility study of community-based distribution of DMPA.

PowerPoint: A safety and feasibility study of community-based distribution of DMPA in Cabo Delgado, Mozambique

This presentation, "A safety and feasibility study of community-based distribution of DMPA in Cabo Delgado, Mozambique", was presented by Pathfinder Mozambique at the May 26, 2015 webinar Expanding CBA2I in Mozambique: Findings from a safety and feasibility study of community-based distribution of DMPA.

Nepal

In the 1990's pilot programs demonstrated that community health workers (CHWs) could be trained to provide Depo-Provera at the community level using a simple checklist. Based on the findings of these pilots, the Nepal Ministry of Health (MOH) revised its national policy to support CHW provision of injectables. Today roughly 8,000 CHWs provide community-based access to injectables (CBA2I) in Nepal.

Resources:

Increasing Community-Based Access to Family Planning: Innovative Models, Successes, and Challenges
This slide set includes panel presentations on the experiences of Afghanistan, Nepal, and Yemen in expanding community-based access to family planning, including injectables.

- **Nepal's Experience in Expanding the Delivery of Injectable Contraception**

  This slide set describes Nepal's experience with community-based distribution of injectable contraception, including lessons learned.

- **Nepal Family Health Program Technical Brief #6: Improving Access to Family Planning Services in Rural Areas**

  This brief summarizes the strategic approach, key activities, results, lessons learned, challenges, and recommendations of the Nepal Family Health Program's efforts to expand access to family planning services in rural Nepal.

**Nigeria**

Nigeria’s guidelines allow provision of injectables by Senior Community Health Extension Workers (CHEWs) in clinics. A pilot project completed in 2010 demonstrated a significantly higher uptake of injectables by clients from community-based compared to facility-based provision and showed that CHEWs can safely administer injections and dispose of wastes. This evidence fostered a verbal policy change which permitted Senior CHEWs to provide injectable contraceptives at the community level. There is large potential to scale-up CBA2I using the Senior CHEW cadre given the existing public health infrastructure.

**Resources:**

- **The Effectiveness of Community-Based Access to Injectable Contraceptives in Nigeria: A Technical Report**

  This report documents Nigeria's community-based access to injectables pilot, highlights
lessons learned, and recommends the way forward given the positive outcomes.

Rwanda

The Rwanda Ministry of Health is rolling-out a phased approach to scale up community-based family planning, including injectables. Under the National Guidelines on Community Based Distribution of Family Planning, community health workers are allowed to administer injectable contraception to women who receive their first injection at a health center. More than 3,000 community health workers have been trained and more than 3,600 clients have received a contraceptive method. 41% of those clients received injectable contraception.

Resources:

- Community-Based Distribution of Injectable Contraceptives in Rwanda: An Intervention to Reverse Rural Disadvantage

Uganda

CBA2I in Uganda began in 2004 with a pilot. Within three years, the community-based distribution of injectables program was replicated in six additional districts by both public- and private-sector partners. In February 2011, the Ministry of Health signed into policy an addendum to Uganda’s National Policy Guidelines and Service Standards for Sexual and Reproductive Health in support of CBA2I. Nine districts are currently implementing CBA2I. With the impending policy amendment and the development of new national public health sector Village Health Teams, the potential for national scale-up of CBA2I in Uganda is great.

Resources:
Snapshot: The Process of Changing National Family Planning Policy to Support Community-based Access to Injectables (CBA2I) in Uganda

The insights compiled in this snapshot are drawn from FHI?s experience promoting community-based access to Depo Provera (or DMPA) and working with the Ugandan government and other partners to change national family planning policy.

Scaling up community provision of injectables through the public sector in Uganda

Abstract: This case study presents service monitoring data and programmatic lessons from scaling up Uganda?s community-based distribution of depot medroxyprogesterone acetate (DMPA, marketed as Depo-Provera) to the public sector in two districts. We describe the process and identify implementation opportunities and challenges, including modifications to the service model. Analysis of monitoring data indicates that the number of women initiating DMPA with a community health worker (CHW) was 56 percent higher than the number of new DMPA acceptors served by clinics. Including continuing DMPA users, about three of every four DMPA clients chose CHWs as their service delivery point. CHW provision appears to be the preferred method of delivery for new DMPA users in this study, and may appeal even more to continuing clients. Lessons from scaling up in Uganda?s public sector include recognizing the needs for ongoing assessment of support, a process to gain community ownership, and spontaneous innovations to supplement CHW supervision. Individuals in developing countries can request a copy of the full-text article by sending an e-mail message to POPLINE.

Policy Guidelines and Service Delivery Standards for Community-Based Provision of Injectable Contraception in Uganda

This landmark 2010 addendum to Uganda?s National Policy Guidelines and Service Standards for Sexual and Reproductive Health allows injectable contraception to be integrated into the existing services provided by Village Health Teams.
Scaling-Up Community-Based Access of Injectable Contraceptives in Uganda: Lessons Learned from Private- and Public-Sector Implementation

This document describes the results and experiences from two public- and two private-sector programs that scaled up the community-based distribution of the DMPA injectables in Uganda.

• Expanding Access to Injectable Contraception in Uganda

This slide set describes Uganda's process in scaling-up community-based access to injectables, including policy issues.

• Scaling-up Community-based Distribution of Injectable Contraceptives in Uganda: Lessons Learned from Private and Public Sector Implementation

This presentation outlines the process and lessons learned of targeted scale-up of community-based distribution of injectables in Uganda.

• Uganda

This presentation provides a detailed description of Uganda's experience in expanding community-based access to injectables, from the 2004-2005 pilot through scale-up. It includes research results and lessons learned.

• Introducing the Community-Based Distribution of Injectable Contraceptives in Uganda

This document describes a research utilization case study. The Problem: Research has
shown that properly trained paramedical personnel can safely provide injectable contraceptives, yet the community-based distribution (CBD) of injectables remains controversial in many parts of Africa. The Intervention: Save the Children USA, Family Health International (FHI), and the Uganda Ministry of Health collaborated to introduce the CBD of the injectable depot-medroxyprogesterone acetate (DPMA) in Uganda. The intervention included a safety and feasibility study in the district of Nakasongola, scale-up in additional districts, and advocacy efforts. The Impact: The intervention confirmed that CBD workers in Uganda can safely and effectively provide DMPA. Contraceptive prevalence increased by an estimated two to three percentage points in Nakasongola, and a follow-on evaluation of the project in three districts showed high continuation rates for women who received DMPA from CBD workers. Scale-up continues in additional districts and with new service-delivery organizations.

• Promoting Community-Based Distribution / Community Reproductive Health Worker Provision of DMPA. Educational Visit to Uganda

This report describes educational visit to Uganda by Kenyan reproductive health professionals. The objectives of the trip were to gain first-hand experience of Uganda’s efforts at using CBDs to provide injectable Depo-Provera/DMPA at the community level, identify lessons learned from the Uganda initiative and identify specific issues and concerns that would need to addressed in replicating a similar initiative in Kenya.

• Community-Based Distribution of DMPA: The Nakasongola Project, Uganda

A 2004 study conducted in the Nakasongola district of Uganda demonstrated the safety, quality, and feasibility of community-based distribution (CBD) of depot-medroxyprogesterone acetate (DMPA or Depo-Provera) by community reproductive health workers (CRHWs). CBD of DMPA appeared to be as safe as provision by clinic-based nurses. Women who received DMPA from community reproductive health workers were as satisfied as women who received DMPA from clinics and, in fact, seemed to prefer CBD to clinic-based provision, as indicated by difficulty recruiting clinic-based clients for the study.

• Contraceptive Injections by Community Health Workers in Uganda: A Non-Randomized Community Trial
In rural Nakasongola District, Uganda, a nonrandomized community trial was conducted to compare the safety and quality of contraceptive injections given by community-based health workers with those given by clinic-based nurses. Community-based distribution (CBD) of injectable contraceptives is now routine in some countries in Asia and Latin America, but is practically unknown in Africa, where arguably the need for this practice is greatest. This research reinforces experience from other regions suggesting that well-trained community health workers can safely provide contraceptive injections.

- Safety and Feasibility of Community-Based Distribution of Depo Provera in Nakasongola, Uganda

This report describes a major research project undertaken by Family Health International, with partners Save the Children/USA, Uganda's Ministry of Health, and Nakasongola District's Local Government to determine the safety, feasibility, and quality of DMPA provision by community reproductive health workers.

Zambia

Since the conclusion of the successful CBA2I pilot in 2011, Zambia's Ministry of Health has expressed desire for a public sector community-based family planning program. Although the current guidelines in Zambia do not allow community health worker provision of injectables, there is a policy dialogue underway within the Ministry of Health and the Ministry of Community Development Mother and Child Health to change policy. Once supportive policy change is in place, these ministries plan to finalize the community-based family planning strategy and roadmap for scale-up.

Resources:

- Building on safety, feasibility, and acceptability: the impact and cost of community health worker provision of injectable contraception

This project in Zambia contributes to our understanding of the impact of community-based provision of injectables on method choice and uptake and of the costs of adding DMPA to an
established community-based family planning program. The project also illustrates the importance of involving stakeholders from the outset, analyzing costs relevant to scale up, and engaging in policy change dialogue not at the end, but rather throughout project implementation.

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

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.

- **Expanding Community Based Access to Injectable Contraception: Results of a Pilot Study in Zambi**

This report captures the results from the community-based access to Injectable Contraception (CBA2I) pilot study in Zambia. The study examined the incremental or additive effect of Community-Based Distribution (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 depot medroxyprogesterone acetate (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 family planning program of ChildFund Zambia, the implementing partner in the study.

- **Evidence-Based Practices in Zambia: Expanding Access to Family Planning Services through Community-Based Provision of Injectable Contraceptives**

This presentation outlines the pilot conducted to evaluate the safety, acceptability, cost, and impact of adding provision of Depo-Provera by community based distributors to an existing community-based family planning program in Mumbwa and Luangwa districts of Zambia.
Advocate

Conducting advocacy is an essential part of introducing community-based access to injectables (CBA2I). Advocacy can help gain buy-in at national and local levels, identify potential partners, and generate support. There should be combined support from the Ministry of Health, donor community and implementing partners for the program to be successfully implemented.

This tab contains a range of tools that can be used to support advocacy efforts around expanding CBA2I. The comprehensive Advocacy Guide outlines six steps for CBA2I advocacy, while the shorter Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy contains a series of six targeted advocacy resources with information on safety and effectiveness of the provision of injectables by community health workers. The four briefs in this series can be used together or individually to help answer common questions and provide background information on the practice. The map depicting the expansion of CBA2I initiatives in sub-saharan Africa can be used as a stand-alone tool to illustrate how the practice has been scaled up throughout the region. The widely-endorsed brief on the conclusions from the WHO technical consultation, as well as the set of advocacy briefs, can be powerful advocacy tools, particularly for high-level decision makers.

Resources:

- **Community-based Access to Injectables: An Advocacy Guide**

  With its focus on advocacy and policy change, this guide is designed to complement the comprehensive reference materials available to lead program managers and health providers through the implementation process. Implementation of community-based access to injectables begins with determining the feasibility and need for such services and then proceeds to setting them up, including establishing service delivery guidelines, identifying and training community-based distributors, creating supervision and logistics systems, and providing community education.
Provision of Injectables by Community Health Workers in Africa, March 2017

This map illustrates the status of the provision of injectable contraception by community health workers by country in sub-Saharan Africa, as of March 2017.

- **Guidance for Integrating the Provision of Injectable Contraceptives by CHWs into FP/SRH Policy**

  This brief provides guidance about writing policy to enable the provision of injectable contraceptives by non-clinical community health workers (CHWs). The guidance is informed by the experience of African countries with policies that promote community-based access to injectable contraceptives (CBA2I), such as Ethiopia, Madagascar, Malawi, Senegal, and Uganda. This guidance is intended for use by people who make and influence policy and who are interested in changing national policy to support the provision of injectable contraceptives by CHWs.

- **Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy**

  This package includes a series of six targeted advocacy resources and a DVD to help promote CHW provision of injectable contraceptives through new and existing community-based family planning programs. These resources are intended to be used by advocates, program managers, policymakers, donors, ministry of health staff, and other key stakeholders such as faith-based groups, media, and family planning champions. Use these resources to craft a strategy for building support for CBA2I among key decision makers in your country. Begin by reviewing Resources 1-6. Then use the suggestions in Key Actions for CBA2I Advocacy (Resource 7) to develop an advocacy action plan. The package is available in French on the en francais tab here.

- **Expanding CBA2I: Community health workers can initiate and maintain injectable contraceptives PowerPoint Presentation**

  This PowerPoint presentation contains the WHO Technical Guidance on CHW initiation and
provision of injectable contraception, the status of CBA2I programming in Africa, and a summary of findings from CBA2I pilot studies that FHI 360 and its partners have supported. The presentation also includes detailed notes to assist the facilitator with presenting the information and answering questions.

- **Injectable contraception provided by community-based health workers: one important step toward meeting unmet need**

This editorial from Global Health: Science and Practice journal discusses how community-based provision of injectable contraception continues to advance and is gaining wider acceptance—a major step toward meeting unmet need. However, fully addressing family planning need will require access to a much wider range of methods, including long-acting reversible contraception and permanent methods.

- **Initiation of Injectable Contraceptives by Community Health Workers**

Programs around the world have demonstrated that allowing trained CHWs to administer injectable contraceptives can expand access to a woman's preferred method, reduce unmet need for family planning in underserved areas, address the critical health workforce shortage faced by many countries, and increase the contraceptive prevalence rate. In Africa 13 countries are piloting, scaling up and/or changing policies to support the CBA2I practice. Twelve of these 13 countries permit CHWs to screen clients for eligibility to use injectable contraception and provide the first injection.

- **Educational Tour Guidance Package**

Educational tours can be an important component of an advocacy strategy that seeks to expand access to family planning services by introducing community-based access to injectables (CBA2I). In the past decade, educational tours have proven helpful in advancing community-based access to injectable contraceptives in a number of countries. The materials in this Educational Tour Guidance Package have been created and used by countries that have hosted or participated in educational tours in the past. The contents include sample communications documents; a sample agenda and tour program; a budget template; slides and documents to facilitate the formulation of learning objectives, reflections on the tour, and plans for moving forward; and examples of an executive summary and full summary report. Most of the items are available in Microsoft Word, Excel, or PowerPoint format so that they
can be easily adapted.

• **The Invest-FP Calculator**

The Excel-based Invest-FP Calculator is an interactive, country-specific advocacy and planning tool, developed to help decision makers explore different strategies for expanding rural public-sector family planning service delivery to achieve national contraceptive goals. The Calculator is currently available for Kenya, Nigeria, Uganda and Zambia and is accompanied by a User Guide, a 2-page brief, and a set of Frequently Asked Questions.

• **Advocacy Video: ?Community-based Access to Injectable Contraception: Radical Common Sense?**

This short advocacy video covers the research and programmatic evidence on the provision of injectable contraception by community health workers and the latest efforts to implement CBA2I programs throughout sub-Saharan Africa. The video includes the personal story of a woman in Uganda who has benefitted from the family planning services offered in her community.

• **Expanding Community-based Access to Injectables (CBA2I): Initiatives in Selected sub-Saharan African Countries**

The provision of injectable contraception by community-based distribution agents is a feasible, safe, and effective means to increase access to contraception among underserved populations. Pilot projects and scale up efforts have occurred in several African countries including Uganda, Madagascar, Kenya, Nigeria, Zambia, Malawi and Rwanda. Afghanistan, Bangladesh, Bolivia, Guatemala, Haiti, Nepal, and Pakistan are among the countries outside of Africa that have CBA2I programs. The summaries included in this resource provide an overview of selected CBA2I initiatives in sub-Saharan Africa with links to documents containing additional information.

• **Engaging Innovative Advocates as Public Health Champions**
A “champion” is a “charismatic advocate of a belief, practice, program, policy and/or technology.” It is a champion’s unique combination of skills—passion, persistence, and persuasiveness—that distinguish him or her from other advocates. A 2007 Cochrane review concluded that the use of opinion leaders can successfully promote evidence-based practices. Engaging influential opinion leaders can be an effective advocacy approach for advancing social, economic, political, or public health issues.

Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation

In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

Promoting Community-Based Distribution / Community Reproductive Health Worker Provision of DMPA. Educational Visit to Uganda

This report describes educational visit to Uganda by Kenyan reproductive health professionals. The objectives of the trip were to gain first-hand experience of Uganda’s efforts at using CBDs to provide injectable Depo-Provera/DMPA at the community level, identify lessons learned from the Uganda initiative and identify specific issues and concerns that would need to addressed in replicating a similar initiative in Kenya.

Community Based Family Planning Technical Update No. 4: Improving Access to Injectable Contraceptives

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. 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.

- **Improving Access to Family Planning**

This issue of the Family Health Research newsletter considers the potential for reducing barriers to sustained use of contraception by training community-based health workers to provide injectable methods.

**Pilot**

This section of the Community-Based Access to Injectable Contraceptives Toolkit contains resources to guide research and implementing organizations through the pilot phase of a community-based access to injectables (CBA2I) program. **Be sure to visit the Advocate and Implement sections of the toolkit for additional guidance on key components of a CBA2I pilot intervention.** Many of the tools in these sections apply to the pilot phase of a CBA2I program.

When piloting a CBA2I program, it is important to plan and implement the intervention in a manner that facilitates scale-up if the pilot is successful. This includes establishing financial support beyond the pilot phase to allow for dissemination of results, advocacy for policy change, and scale-up of the program. From the conceptualization stage on, key stakeholders should be engaged to ensure that the intervention is simple and relevant, that the goals and expectations are clear, and that it is appropriate for the local setting. Whenever possible, a pilot should be conducted in conditions similar to those where it will eventually be scaled up if successful. During the pilot, in addition to effectiveness, the implementation process should be assessed, and lessons learned should be shared with stakeholders. The pilot phase is also the time to begin to advocate for changes in policy and service delivery guidelines to support CBA2I.
Resources:

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

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.

- **Conducting a Pilot Project Using the Community-Based Access to Injectable Contraceptives Toolkit**

This one-page summary of five critical steps in planning and implementing a community-based access to injectables (CBA2I) pilot project contains links to key materials assembled in the Community-Based Access to Injectable Contraceptives Toolkit.

- **Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up**

This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

- **Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province of Kenya**
This report documents the Tharaka district pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

- **Key Indicators for Community-based Access to Injectable Contraception Pilot Studies**

An indicator is a measure of program performance that is tracked over time. This document presents potential process and outcome indicators organized according to phase of the community-based access to injectables (CBA2I) pilot along with the related evaluation questions, data sources and measurement tools.

- **The Effectiveness of Community-Based Access to Injectable Contraceptives in Nigeria: A Technical Report**

This report documents Nigeria's community-based access to injectables pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

- **Provision of Injectable Contraception Services through Community-Based Distribution: Implementation Handbook**

This step-by-step guide explains how to introduce injectable contraceptives - such as Depo Provera (or DMPA) - into an existing community-based distribution (CBD) program. Based on the experience of two recent pilot projects in Uganda and Madagascar, the Implementation Handbook introduces a nine-step process and provides some helpful tools for the CBD of injectables. Program managers, policy-makers, and others interested in providing greater access to family planning will appreciate the guidance offered by this handbook.

- **Contraceptive Injections by Community Health Workers in Uganda: A Non-Randomized Community Trial**

In rural Nakasongola District, Uganda, a nonrandomized community trial was conducted to compare the safety and quality of contraceptive injections given by community-based health
workers with those given by clinic-based nurses. Community-based distribution (CBD) of injectable contraceptives is now routine in some countries in Asia and Latin America, but is practically unknown in Africa, where arguably the need for this practice is greatest. This research reinforces experience from other regions suggesting that well-trained community health workers can safely provide contraceptive injections.

Implement

Provision of Injectable Services through Community-Based Distribution: An Implementation Handbook describes how to introduce injectable contraceptives to the suite of family planning services offered in an existing community-based distribution (CBD) program. The handbook details nine essential steps for establishing and managing a community-based access to injectables (CBA2I) program. These steps will help policy-makers and program managers determine whether and how to provide the service and then facilitate effective implementation that will pave the way for success and scale-up. It is important to recognize that the steps are not chronological but interconnected and must be considered together.

This section of the toolkit addresses each of the nine steps in the Implementation Handbook and provides additional tools such as curricula, job aids, and other resources. Many of the materials located under the Implementation tab are also applicable to the pilot phase of a CBA2I program and the scale-up of a successful program.

Resources:

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

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.

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This step-by-step guide explains how to introduce injectable contraceptives—such as Depo Provera (or DMPA)—into an existing community-based distribution (CBD) program. Based on the experience of two recent pilot projects in Uganda and Madagascar, the Implementation Handbook introduces a nine-step process and provides some helpful tools for the CBD of injectables. Program managers, policy-makers, and others interested in providing greater access to family planning will appreciate the guidance offered by this handbook.

Step 1: Determine Feasibility and Need

The global unmet need for family planning remains high, particularly in developing countries. Access to modern methods of contraception in these countries continues to be extremely limited, especially in remote, underserved areas. The shortage of skilled health care workers and weak distribution chains further limit access to family planning services. Because they are subtle and long-lasting, provision of injectable contraceptives by community health workers is a practical contraceptive option for many women in rural areas who lack access to a health facility. Step 1 of the Implementation Handbook: Determine the feasibility and the need for community-based distribution of injectable contraceptives. provides you with guidance to convene discussions with stakeholders on the potential need for, and feasibility of, this service in your country.

It will also be important for you and your stakeholders to determine whether a particular CBD program is suited for the addition of injectable contraceptives to the existing method mix. You can
adapt and use the Rapid Assessment Guide for Site Identification of the CBD of DMPA, available in Appendix 4 of the Implementation Handbook, to gather information on the barriers and facilitators for introducing the CBA2I service by district.

Resources:

- Guide for Assessing National Readiness to Expand Community-based Access to Injectables

This guide is designed to help program managers, advocates, potential implementers, and other stakeholders assess national-level readiness to introduce community-based distribution of injectable contraception.

Step 2: Evaluate the Potential Costs

The costs of adding injectable contraceptives to an existing CBD program are an important consideration when planning for implementation. As a program manager, you will need to gather data to assess the costs of each phase of implementation including engaging stakeholders and planning the intervention, preparing for service delivery and implementing and evaluating the new program. Step 2 of the Implementation Handbook: Evaluate the potential costs of adding injectable contraceptives to a community-based distribution program provides guidance on the type of costing data that will need to be gathered. This tab also provides tools to help program managers synthesize and analyze the costing data so that it can be shared with stakeholders to inform scaling up. Costing information can also be used to educate decision makers about implementing CBA2I and investing in this family planning strategy.

Resources:

- Guidance on Costing for Scale-Up
This guidance is drawn from a 2010 experience with a Community-Based Access to Injectables (CBA2I) pilot study in Zambia. These helpful tips accompany the sample costing tool.

- **Sample CBA2I Costing Tool**

This Excel workbook can be used to collect costing data--actual time spent and resources used--for a CBA2I pilot project. This data will inform planning and budgeting for scale-up of a successful program. This tool can be adapted to meet the unique needs of a particular setting.

- **Measuring Costs of Pilot Interventions**

This presentation offers guidance on including a costing component in a CBA2I pilot intervention. Topics addressed include the difference between costing a pilot intervention and costing services; phases of a pilot intervention, and the resources used in each phase; converting resources to costs; and data sources.

- **Looking Forward: Costing for Scale-Up**

This presentation provides an overview of three different types of scale-up and explores the differences between an incremental cost analysis and a full cost analysis. The slides also highlight reasons why scale-up costs differ from the costs of pilot projects and explain how to use costing data from a pilot project to understand the cost of scaling up.

**Step 3: Update Service Delivery Guidelines and National Health Policy**
Step 3 of the Implementation Handbook: Consider how to incorporate the community-based distribution of injectable contraceptives into service delivery guidelines and national health policy provides guidance on reviewing existing national family planning policy and service delivery guidelines and advocating for the necessary changes to support community-based access to injectables (CBA2I). This section of the toolkit also includes examples of revised national policies from selected countries. The process, sequence and duration of policy change efforts can vary by country. Implementation of a CBA2I program is not necessarily dependent on policy change. Efforts to amend policy can be done in parallel with the program implementation process and are not necessarily a prerequisite to piloting or even scaling up CBA2I.

Resources:

- **Snapshot: The Process of Changing National Family Planning Policy to Support Community-based Access to Injectables (CBA2I) in Uganda**

  The insights compiled in this snapshot are drawn from FHI?S experience promoting community-based access to Depo Provera (or DMPA) and working with the Ugandan government and other partners to change national family planning policy.

- **Policy Guidelines and Service Delivery Standards for Community-Based Provision of Injectable Contraception in Uganda**

  This landmark 2010 addendum to Uganda?S National Policy Guidelines and Service Standards for Sexual and Reproductive Health allows injectable contraception to be integrated into the existing services provided by Village Health Teams.

- **Community Based Injectable Contraceptive Services**
Guidelines

As a first step in increasing community-based access to injectables in Malawi, in March of 2008, the Ministry of Health (MOH) endorsed a pilot program of provision of DMPA by Health Surveillance Assistants (HSAs). In December 2008, the MOH officially approved the Community Based Injectable Contraceptive Services Guidelines to support the scale up of community delivery of injectable contraceptives by HSAs. These guidelines serve as an example of one country’s approach to ensuring a supportive policy environment for the provision of injectables at the community level.

Step 4: Promote the Use of Injectable Contraceptives and Sensitize the Community

When a new community-based access to injectables (CBA2I) program is introduced to a community, clients will need to learn of its availability, and local opinion leaders will need to support and promote it. Step 4 of the Implementation Handbook: Promote the use of injectable contraceptives and sensitize the community describes a set of activities program managers can use to prepare the target population to receive the program and gain buy-in from local authorities. Other tools provided in this section include examples of communication with stakeholders.

Resources:

- Community Mobilization (CBFP Toolkit)

The Community Mobilization tab in the Community-Based Family Planning (CBFP) Toolkit contains a wealth of materials on community sensitization and mobilization. Community involvement or mobilization can lead to better community-based family planning (CBFP) programs and outcomes. Community members have the best understanding of their own culture, norms, beliefs and traditions. Thus, participation by community members can assist
in more relevant, cost-effective, gender equitable and socially equitable CBFP programs. This, in turn, leads to increased community support and demand for family planning. Service delivery organizations implementing CBFP typically have context-specific community sensitization documents and can provide guidance for developing this component.

**Step 5: Set up a Logistical System that Ensures a Steady Provision of Supplies**

Maintaining a strong logistics system is challenging, yet critical to the success of a community-based access to injectables (CBA2I) program, particularly where there has been no or limited access. An adequate logistics system must fulfill six rights: having the right goods, in the right quantities, in the right condition delivered to the right place, at the right time, for the right cost. This section of the toolkit highlights **Step 5 of the Implementation Handbook: Set up a logistical system that ensures a steady provision of supplies** and identifies a number of important considerations that must be taken into account when designing and assessing a logistics system. The *Contraceptive Stock-Control Form for Community Reproductive Health Workers*, available in Appendix 12 of the Implementation Handbook, helps service providers track their stock of contraceptive supplies.

**Resources:**

- **Supply Chain Models and Considerations for Community-Based Distribution Programs: A Program Manager's Guide**

This document provides guidance in the design of supply chain management (SCM) systems for community-based distribution (CBD) programs. This guide presents four SCM models for CBD programs that provide guidance on supply chain functions, including logistics management information systems (LMISs), inventory control systems, storage, distribution, and capacity building, that can be adapted and applied to a variety of country contexts. This guide also shares lessons learned on current SCM practices from a range of CBD programs.
This guide does not intend to offer prescriptive SCM models to be followed rigidly. Rather, it is intended to serve as a resource of tools that can be modified and adapted for use by any public sector government or organization that implements CBD programs.

- **The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs**

The Logistics Handbook explains the major aspects of logistics management with an emphasis on contraceptive supplies. It is intended to help managers who work with supplies every day, as well as managers who assess and design logistics systems for entire programs.

- **Safe Injection and Waste Management: A Reference for Logistics Advisors**

This document was developed as a reference for logistics advisors as they face the challenge of designing and supporting programs to improve injection safety and injection waste management. The reader will find useful information and tools, as well as discussions of important issues, including those related to commodity security for safe injection devices (i.e., injection device security) and the development of a safe injection and waste management policy. Available in this reference guide are assessment tools for safe injection and waste management, and references to more detailed articles about specific issues related to safe injection and waste management.

**Step 6: Training**

The success of a community-based access to injectables (CBA2I) program will depend in large part on its CBD agents. **Step 6 of the Implementation Handbook** provides guidance on selection criteria for choosing community health workers (CHWs), designing a training curriculum appropriate for CHWs? level of knowledge and experience, and ensuring the training effectively prepares CHWs to provide injectable contraceptives. This section also includes a sample training curriculum.
that program managers can adapt and tools for trainees such as job aids and checklists.

Click on the links below to access a selection of training tools.

**Curricula**

**Job Aids**

*Training materials that focus on the administration of the injectable contraceptive Sayana® Press for facility- and community-based providers are found [here](#) on the K4Health Injectables toolkit.*

### Curricula

**Resources:**

- **Sample Community Health Worker Training Curriculum**

FHI and ChildFund Zambia developed this curriculum with support from USAID as part of a pilot introduction of community-based delivery of Depo Provera in Zambia. This curriculum for training community health workers to provide injectable contraceptives can be used as a sample curriculum that other programs can adapt to suit their own needs. This curriculum is intended for CHWs who have already been trained to provide family planning services in their communities (primarily oral contraceptive pills and condoms). Therefore, this curriculum includes a refresher on the full range of family planning methods and key concepts such as counseling and recordkeeping, while focusing on the safe provision of injectable contraceptives.

For people in developing countries who need to adapt the files and are having difficulty downloading them, you can request a portable version of the toolkit that you can access offline by contacting K4Health.

### Job Aids

**Resources:**

- **Quick Reference Chart for the WHO Medical Eligibility**
Criteria for Contraceptive Use

The World Health Organization (WHO) develops detailed criteria that health care workers can follow to determine which contraceptive methods are medically suitable for their clients. These criteria are based on the most current scientific knowledge about the effectiveness, risks and benefits of various family planning methods, and they can help providers guide their clients in making safe and informed decisions. WHO periodically revises the criteria in response to recommendations made by an expert working group in response to new research findings.

FHI 360 created a quick reference guide, in the form of a chart, that summarizes the WHO medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine devices or a levonorgestrel intrauterine system (LNG-IUS). The 2016 version of the Medical Eligibility Criteria Quick Reference Chart includes a complete list of all conditions that WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

How to be Reasonably Sure a Client is Not Pregnant

The Pregnancy Checklist contains a series of questions to rule out pregnancy. These questions are based on criteria established by the World Health Organization (WHO) for determining with reasonable certainty that a woman is not pregnant.

DMPA Reinjection Job Aid for Community Health Workers

The DMPA reinjection job aid reflects 2008 guidance from the World Health Organization regarding how many weeks late a woman can be for reinjection without risk of pregnancy - widely referred to as the extended grace period. The job aid helps community health workers rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections.

NET-EN Reinjection Job Aid for Community Health Workers

The NET-EN reinjection job aid reflects 2008 guidance from the World Health Organization regarding how many weeks late a woman can be for reinjection without risk of pregnancy - widely referred to as the extended grace period. The job aid helps community health workers...
rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections.

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

This simple checklist can be used by both clinical and non-clinical health care providers, including community health workers, to help them screen clients who have made an informed decision to use DMPA or NET-EN. The checklist consists of 14 questions designed to identify medical conditions that would prevent safe DMPA or NET-EN use or require further screening and assess whether a client may be pregnant. It also provides guidance and directions based on clients' responses. The checklist follows the recommendations of the [2015 WHO Medical Eligibility Criteria for Contraceptive Use](#).

**Step 7: Supervision**

Effective supervision is used to support the performance of community health workers (CHWs) and the overall quality of the community-based access to injectables (CBA2I) program. Supervision also facilitates continual improvement of processes and results to achieve program goals. Supervision is not only used to assess CHWs' performance but also as an opportunity to build their skills, address barriers to program success, and brainstorm solutions.

Convening a sensitization meeting with supervisors will help ensure buy-in and understanding of their role prior to program implementation. Supervisor buy-in can also be achieved by inviting them to participate in the DMPA training. **Step 7 of the Implementation Handbook: Install mechanisms that ensure the high quality and the safety of the service** lists actions to ensure project staff can carry out their responsibilities competently and efficiently. See the [One-Year Client Tracking Card for the CBD of DMPA, available in Appendix 10](#) of the Implementation Handbook for use by CHWs as a client register, activity log, and record of the next scheduled visit and referrals made. The [Client Referral Form for Community Reproductive Health Workers, available in Appendix 11](#), is used by the CHW when referring a client for other services. Also see the [Supervision Checklist for the CBD of DMPA, available in Appendix 13](#).
for use by a supervisor to guide discussions with CHWs on the routine provision of Depo-Provera. Additional supervision checklists and other tools can be accessed by clicking on the links below.

Resources:

- **Community Reproductive Health Worker Monthly Distribution Summary Form**

  This form is used by direct supervisors to record the distribution activities of CRHWs on a regular basis. This form can collect data from several CRHWs in one form. The form has four sections. The first collects data on the amount and type of contraceptive distributed by CRHWs broken down by new versus old clients, as well as the number of educational talks completed by the CRHW per month broken down by sex of the participants. The second section collects information on the number and type of referrals CRHWs make, and whether those referrals were completed, or followed through on by the client. The third section notes the number and type of complications related to injections administered by CRHWs. The fourth section records the number and type of contraceptives provided to the CRHWs by the health unit.

- **Community Reproductive Health Worker Monthly Supervision Summary**

  This report is used to record the number of new and returning clients receiving injections, complications experienced, referrals made, and the number of group talks performed broken down by sex of participants. This form will be filled out by the CRHW and presented to his or her direct supervisor at monthly supervision meetings.

- **Directly-Observed Supervision Checklists**

  These checklists can be used by any supervisor who is directly observing either 1) the provision of DMPA, 2) the direct counseling of a client, or 3) the facilitation of a group talk. These checklists help assess services during the practicum section of a training, and then thereafter at random intervals. They help assess the quality of services provided, and should help assess which agents need more direct supervision or training. Data from these checklists will not be regularly reported, but should be reviewed periodically by the district
team to ensure quality.

**Learning Objectives for Community Health Worker (CHW) Supervisors**

This document contains a suggested list of learning objectives for CHW supervisors to be addressed during supervisor orientation, prior to starting a pilot project on community-based access to injectables. While the length and format of supervisor orientation will vary by context, the orientation should be planned with these objectives in mind. These objectives are included in the Sample Training Curriculum, available in Step 6: Training.

**Step 8: Document Processes and Outcomes**

Monitoring your community-based access to injectables (CBA2I) program’s processes and outcomes will enable you to assess whether the program is being implemented as planned and improve the quality of the services. Programs should have a monitoring and evaluation component to collect and generate data on challenges, successes, and lessons learned. Assessments of these factors allows the implementing organization to strengthen the program. Future scale-up efforts will be informed by the contextual information and important reflections on the process. Step 8 of the Implementation Handbook: Plan to document the processes and outcomes provides guidance on frameworks, indicators, and data collection tools that you can use to monitor and improve service delivery.

**Resources:**

- **Monitoring and Evaluation Package for Community-Based Provision of Family Planning Services**

  This package contains sample monitoring and evaluation tools, and accompanying guidance,
that have been developed based on program experiences from community-based access (CBA) programs that offer family planning and reproductive health services in Uganda, Kenya, Nigeria, and Zambia.

• Key Indicators for Community-based Access to Injectable Contraception Pilot Studies

An indicator is a measure of program performance that is tracked over time. This document presents potential process and outcome indicators organized according to phase of the community-based access to injectables (CBA2I) pilot along with the related evaluation questions, data sources and measurement tools.

Step 9: Scale-up

The broad term scale-up encompasses several different paths to expansion of a successful innovation. Increasingly, the global health community recognizes a growing need for systematic guidance on sustainable scale-up practices. As governments, nongovernmental organizations, researchers, and others look for ways to expand the impact of community-based access to injectables (CBA2I), comprehensive strategies which take into account the key determinants of successful scale-up and lessons learned from other scale-up experiences must be developed and implemented. This section of the toolkit provides information, tools, and resources to guide policymakers, program planners, and technical assistance providers through the process of scale-up to broaden the reach of CBA2I programs in an effective, sustainable manner. **Step 9 of the Implementation Handbook: Ensure the successful scale-up of the pilot project** outlines key factors to consider when planning for scale-up of a CBA2I program.

Resources:
Community-Based Access to Injectable Contraceptives: Guidance for Developing a Scale-up Plan

This document provides guidance on developing a scale-up strategy for community-based access to injectables (CBA2I) upon completion of a successful pilot project. This guidance covers essential elements that must be addressed and questions that must be answered while planning for scale-up of CBA2I.

Scaling up community provision of injectables through the public sector in Uganda

Abstract: This case study presents service monitoring data and programmatic lessons from scaling up Uganda’s community-based distribution of depot medroxyprogesterone acetate (DMPA, marketed as Depo-Provera) to the public sector in two districts. We describe the process and identify implementation opportunities and challenges, including modifications to the service model. Analysis of monitoring data indicates that the number of women initiating DMPA with a community health worker (CHW) was 56 percent higher than the number of new DMPA acceptors served by clinics. Including continuing DMPA users, about three of every four DMPA clients chose CHWs as their service delivery point. CHW provision appears to be the preferred method of delivery for new DMPA users in this study, and may appeal even more to continuing clients. Lessons from scaling up in Uganda’s public sector include recognizing the needs for ongoing assessment of support, a process to gain community ownership, and spontaneous innovations to supplement CHW supervision. Individuals in developing countries can request a copy of the full-text article by sending an e-mail message to POPLINE.

Scaling Up Community-Based Distribution of Injectable Contraception: Case Studies from Madagascar and Uganda

These case studies explore how Madagascar and Uganda pursued different approaches to the expansion of CBA2I, particularly with respect to the timing of policy change. In Madagascar, a policy change triggered the process. In Uganda, a pilot study led to the gradual expansion of services, which in turn led to a formal policy change. Both approaches can lead to success.
Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up

This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

• **Scaling Up: An Annotated Bibliography**

  This short annotated bibliography contains reports, peer-reviewed literature, web sites, and other materials that contribute to the growing global knowledge base on the scale-up of community-based access to family planning services. This annotated bibliography is not a comprehensive collection of resources on scale-up of community-based family planning efforts; rather, it offers a condensed selection of essential research findings, guidance documents, and case studies that shed light on key factors to consider when developing a scale-up plan.

• **A Framework for Scaling Up Community-Based Access to Injectable Contraceptives**

  This Framework for Scaling Up Community-Based Access to Injectable Contraceptives offers an adapted conceptual model that identifies key elements that facilitate the successful scale-up of innovations that expand community-based access to injectable contraceptives. In this framework, the scale-up process is illustrated as a system of five interconnected elements: the innovation, the implementing organization, the environment, the resource team, and the scaling up strategy.

• **Scaling-Up Community-Based Access of Injectable Contraceptives in Uganda: Lessons Learned from Private- and Public-Sector Implementation**

  This document describes the results and experiences from two public- and two private-sector
programs that scaled up the community-based distribution of the DMPA injectables in Uganda.

- **Expanding the Community-Based Distribution of Injectable Contraceptives in Africa**

  This document presents a FHI research utilization case study. The problem: Research from Family Health International (FHI), Save the Children USA, and the Uganda Ministry of Health had shown that the community-based distribution (CBD) of injectable contraceptives is safe and feasible in Africa. However, fears about safety and feasibility remained challenges to expanding this promising practice in the region. The intervention: As the CBD of the injectable depot-medroxyprogesterone acetate (DMPA) was being scaled up in Uganda, FHI and its partners launched a broad advocacy campaign to promote the evidence-based practice throughout Africa. The Impact: The government of Madagascar independently changed its national reproductive health policy and introduced the CBD of DMPA, while the Kenya Ministry of Health and its partners are preparing to launch the CBD of DMPA in Kenya. At least seven other countries have shown interest in replicating the practice.

- **Introducing the Community-Based Distribution of Injectable Contraceptives in Uganda**

  This document describes a research utilization case study. The Problem: Research has shown that properly trained paramedical personnel can safely provide injectable contraceptives, yet the community-based distribution (CBD) of injectables remains controversial in many parts of Africa. The Intervention: Save the Children USA, Family Health International (FHI), and the Uganda Ministry of Health collaborated to introduce the CBD of the injectable depot-medroxyprogesterone acetate (DMPA) in Uganda. The intervention included a safety and feasibility study in the district of Nakasongola, scale-up in additional districts, and advocacy efforts. The Impact: The intervention confirmed that CBD workers in Uganda can safely and effectively provide DMPA. Contraceptive prevalence increased by an estimated two to three percentage points in Nakasongola, and a follow-on evaluation of the project in three districts showed high continuation rates for women who received DMPA from CBD workers. Scale-up continues in additional districts and with new service-delivery organizations.

**Scale Up**
Scaling up community-based access to injectables (CBA2I) and other community-based family planning services is a promising approach to expanding access to contraceptive care on a large scale. The broad term scale-up encompasses several different paths to expansion of a successful innovation.

- **Spontaneous scale-up** occurs when an innovation addresses a strongly felt need within a program or community and is unsystematically shared among individuals or adopted from the pilot community to other settings. Because effective scale-up nearly always requires careful planning and implementation, spontaneous scale-up is rarely successful.

- **Horizontal scale-up**, also referred to as expansion or replication, describes instances when innovations are replicated in new geographical locations or expanded to serve larger or additional populations. A key factor in the success of horizontal scale-up efforts is balancing the need to adapt the innovation to new contexts while maintaining fidelity to the original innovation.

- **Vertical scale-up** refers to the political, legal, and institutional scale-up of an innovation. Vertical scale-up involves the adoption of an innovation on a national or regional level, whereby policy change, legal action, and systemic and structural changes are made to support sustainable scale-up of the innovation.

- Finally, **functional scale-up**, also termed diversification or grafting, occurs when new interventions are tested and added to an existing package of services.

Increasingly, the global health community recognizes a growing need for systematic guidance on sustainable scale-up practices. As governments, nongovernmental organizations, researchers, and others look for ways to expand the impact of community-based access to injectables (CBA2I), comprehensive strategies which take into account the key determinants of successful scale-up and lessons learned from other scale-up experiences must be developed and implemented. This section of the toolkit provides information, tools, and resources to guide policymakers, program planners, and technical assistance providers through the process of scale-up to broaden the reach of CBA2I programs in an effective, sustainable manner.

**Resources:**

- Costed Implementation Plans - Guidance and Lessons
Learned

This report offers lessons on why developing a costed implementation plan (CIP) is important in the context of FP2020 and describes a five-step process for how to develop such a plan. The report is based on FHI 360/PROGRESS experience working with Ministries of Health and partners in developing CIPs in Kenya, Nigeria (Gombe State, Senegal and Tanzania.

- The Family Planning Sustainability Checklist: A Project Assessment Tool for Designing and Monitoring Sustainability of Community-Based Family Planning Services

The checklist is designed to assist community-based family planning project planners and implementers to identify key elements to incorporate in a community family planning project to increase the likelihood of family planning services continuing beyond the project’s end. This guide includes a checklist and an outline for a facilitated workshop for use with project partners to identify strengths and weaknesses in the key systems needed to support continuity of family planning services.

- Community-Based Access to Injectable Contraceptives: Guidance for Developing a Scale-up Plan

This document provides guidance on developing a scale-up strategy for community-based access to injectables (CBA2I) upon completion of a successful pilot project. This guidance covers essential elements that must be addressed and questions that must be answered while planning for scale-up of CBA2I.

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Partners

The organizations listed here are leaders in community-based family planning and have taken important steps to implement, evaluate, and institutionalize community-based access to injectables (CBA2I). The Community-Based Access to Injectable Contraceptives toolkit features essential tools and publications from many of these organizations. Additional relevant materials from these organizations, as well as links to each organization's web site, can be accessed by clicking on the logos and subheadings below.
The Adventist Development and Relief Agency (ADRA) was started by the Seventh-day Adventist Church as a way to follow Christ’s example of serving and caring for those in need. Put simply, ADRA improves the lives of people around the world. The agency searches out deprivation, social injustice, and need?then works to eliminate them. ADRA invests in the potential of individuals through advocacy, supporting families, promoting health, providing food and water, establishing livelihoods, and responding to emergencies.

Resources:

• Family Planning Service: Refresher Training (VHW and MCHW) - Trainers Guide

The Family Planning Service Refresher Training Package has been developed as a primary resource to facilitate family planning service providers - VHW and MCHW (community-based distributors). The objective of the manual is to improve health workers' knowledge and skills for providing integrated quality family planning and counseling services. The manual can be used for different family planning methods (e.g. Implant, IUCD, Depo, COC, Emergency Contraception, Barrier method- Condom, Lactational Amenorrhea Method, and Volunteer Surgical Contraception etc.), infection prevention, and counseling and maternal and newborn care services.
Family Planning Service: Refresher Training (VHW and MCHW) - Reference Manual

The Family Planning Service Refresher Training Package has been developed as a primary resource to facilitate family planning service providers - VHW and MCHW (community-based distributors). The objective of the manual is to improve health workers’ knowledge and skills for providing integrated quality family planning and counseling services. The manual can be used for different family planning methods (e.g. Implant, IUCD, Depo, COC, Emergency Contraception, Barrier method- Condom, Lactational Amenorrhea Method, and Volunteer Surgical Contraception etc.), infection prevention, and counseling and maternal and newborn care service.

ChildFund International

ChildFund International is inspired and driven by the potential that is inherent in all children; the potential not only to survive but to thrive, to become leaders who bring positive change for those around them.

Resources:

- Evidence-Based Practices in Zambia: Expanding Access to Family Planning Services through Community-Based Provision of Injectable Contraceptives

This presentation outlines the pilot conducted to evaluate the safety, acceptability, cost, and impact of adding provision of Depo-Provera by community based distributors to an existing community-based family planning program in Mumbwa and Luangwa districts of Zambia.
ExpandNet

ExpandNet is a global network of public health professionals and scientists seeking to advance the practice and science of scaling up successful health service innovations tested in experimental, pilot and demonstration projects.

Resources:

- **Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up**

  This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

FHI 360

FHI 360 is a global health and development organization that has been improving lives since 1971. Our rigorous, science-based approach builds programs that create lasting change. We promote and facilitate policy change and the implementation of evidence based practices around expanding CBA to injectables through the development of guidelines, job aids, and curricula, and through the provision of technical assistance. Strategies to promote the effective utilization of evidence on CBA to injectables include advocacy, providing technical assistance to Ministries of Health and collaborative agencies, and developing partnerships with in-country implementers.

Resources:
Provision of Injectables by Community Health Workers in Africa, March 2017

This map illustrates the status of the provision of injectable contraception by community health workers by country in sub-Saharan Africa, as of March 2017.

Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use

The World Health Organization (WHO) develops detailed criteria that health care workers can follow to determine which contraceptive methods are medically suitable for their clients. These criteria are based on the most current scientific knowledge about the effectiveness, risks and benefits of various family planning methods, and they can help providers guide their clients in making safe and informed decisions. WHO periodically revises the criteria in response to recommendations made by an expert working group in response to new research findings.

FHI 360 created a quick reference guide, in the form of a chart, that summarizes the WHO medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depo-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine devices or a levonorgestrel intrauterine system (LNG-IUS). The 2016 version of the Medical Eligibility Criteria Quick Reference Chart includes a complete list of all conditions that WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

How to be Reasonably Sure a Client is Not Pregnant

The Pregnancy Checklist contains a series of questions to rule out pregnancy. These questions are based on criteria established by the World Health Organization (WHO) for determining with reasonable certainty that a woman is not pregnant.

Community Reproductive Health Worker Monthly Supervision Summary

This report is used to record the number of new and returning clients receiving injections, complications experienced, referrals made, and the number of group talks performed broken
down by sex of participants. This form will be filled out by the CRHW and presented to his or her direct supervisor at monthly supervision meetings.

• **Conducting a Pilot Project Using the Community-Based Access to Injectable Contraceptives Toolkit**

  This one-page summary of five critical steps in planning and implementing a community-based access to injectables (CBA2I) pilot project contains links to key materials assembled in the Community-Based Access to Injectable Contraceptives Toolkit.

• **Directly-Observed Supervision Checklists**

  These checklists can be used by any supervisor who is directly observing either 1) the provision of DMPA, 2) the direct counseling of a client, or 3) the facilitation of a group talk. These checklists help assess services during the practicum section of a training, and then thereafter at random intervals. They help assess the quality of services provided, and should help assess which agents need more direct supervision or training. Data from these checklists will not be regularly reported, but should be reviewed periodically by the district team to ensure quality.

• **Scaling Up: An Annotated Bibliography**

  This short annotated bibliography contains reports, peer-reviewed literature, web sites, and other materials that contribute to the growing global knowledge base on the scale-up of community-based access to family planning services. This annotated bibliography is not a comprehensive collection of resources on scale-up of community-based family planning efforts; rather, it offers a condensed selection of essential research findings, guidance documents, and case studies that shed light on key factors to consider when developing a scale-up plan.

• **Snapshot: The Process of Changing National Family Planning Policy to Support Community-based Access to Injectables (CBA2I) in Uganda**

  The insights compiled in this snapshot are drawn from FHI’s experience promoting
community-based access to Depo Provera (or DMPA) and working with the Ugandan government and other partners to change national family planning policy.

- **Educational Tour Guidance Package**

  Educational tours can be an important component of an advocacy strategy that seeks to expand access to family planning services by introducing community-based access to injectables (CBA2I). In the past decade, educational tours have proven helpful in advancing community-based access to injectable contraceptives in a number of countries. The materials in this Educational Tour Guidance Package have been created and used by countries that have hosted or participated in educational tours in the past. The contents include sample communications documents; a sample agenda and tour program; a budget template; slides and documents to facilitate the formulation of learning objectives, reflections on the tour, and plans for moving forward; and examples of an executive summary and full summary report. Most of the items are available in Microsoft Word, Excel, or PowerPoint format so that they can be easily adapted.

- **Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province of Kenya**

  This report documents the Tharaka district pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

- **Learning Objectives for Community Health Worker (CHW) Supervisors**

  This document contains a suggested list of learning objectives for CHW supervisors to be addressed during supervisor orientation, prior to starting a pilot project on community-based access to injectables. While the length and format of supervisor orientation will vary by context, the orientation should be planned with these objectives in mind. These objectives are included in the Sample Training Curriculum, available in Step 6: Training.
Based Provision of Family Planning Services

This package contains sample monitoring and evaluation tools, and accompanying guidance, that have been developed based on program experiences from community-based access (CBA) programs that offer family planning and reproductive health services in Uganda, Kenya, Nigeria, and Zambia.

- **Key Indicators for Community-based Access to Injectable Contraception Pilot Studies**

  An indicator is a measure of program performance that is tracked over time. This document presents potential process and outcome indicators organized according to phase of the community-based access to injectables (CBA2I) pilot along with the related evaluation questions, data sources and measurement tools.

- **A Framework for Scaling Up Community-Based Access to Injectable Contraceptives**

  This Framework for Scaling Up Community-Based Access to Injectable Contraceptives offers an adapted conceptual model that identifies key elements that facilitate the successful scale-up of innovations that expand community-based access to injectable contraceptives. In this framework, the scale-up process is illustrated as a system of five interconnected elements: the innovation, the implementing organization, the environment, the resource team, and the scaling up strategy.

- **Guidance on Costing for Scale-Up**

  This guidance is drawn from a 2010 experience with a Community-Based Access to Injectables (CBA2I) pilot study in Zambia. These helpful tips accompany the sample costing tool.

- **Sample CBA2I Costing Tool**

  This Excel workbook can be used to collect costing data-- actual time spent and resources used-- for a CBA2I pilot project. This data will inform planning and budgeting for scale-up of a
successful program. This tool can be adapted to meet the unique needs of a particular setting.

- **Expanding Community-based Access to Injectables (CBA2I): Initiatives in Selected sub-Saharan African Countries**

The provision of injectable contraception by community-based distribution agents is a feasible, safe, and effective means to increase access to contraception among underserved populations. Pilot projects and scale up efforts have occurred in several African countries including Uganda, Madagascar, Kenya, Nigeria, Zambia, Malawi and Rwanda. Afghanistan, Bangladesh, Bolivia, Guatemala, Haiti, Nepal, and Pakistan are among the countries outside of Africa that have CBA2I programs. The summaries included in this resource provide an overview of selected CBA2I initiatives in sub-Saharan Africa with links to documents containing additional information.

- **Community-Based Access to Injectable Contraceptives: Guidance for Developing a Scale-up Plan**

This document provides guidance on developing a scale-up strategy for community-based access to injectables (CBA2I) upon completion of a successful pilot project. This guidance covers essential elements that must be addressed and questions that must be answered while planning for scale-up of CBA2I.

- **Community Reproductive Health Worker Monthly Distribution Summary Form**
This form is used by direct supervisors to record the distribution activities of CRHWs on a regular basis. This form can collect data from several CRHWs in one form. The form has four sections. The first collects data on the amount and type of contraceptive distributed by CRHWs broken down by new versus old clients, as well as the number of educational talks completed by the CRHW per month broken down by sex of the participants. The second section collects information on the number and type of referrals CRHWs make, and whether those referrals were completed, or followed through on by the client. The third section notes the number and type of complications related to injections administered by CRHWs. The fourth section records the number and type of contraceptives provided to the CRHWs by the health unit.

The Effectiveness of Community-Based Access to Injectable Contraceptives in Nigeria: A Technical Report

This report documents Nigeria's community-based access to injectables pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

DMPA Reinjection Job Aid for Community Health Workers

The DMPA reinjection job aid reflects 2008 guidance from the World Health Organization regarding how many weeks late a woman can be for reinjection without risk of pregnancy - widely referred to as the extended grace period. The job aid helps community health workers rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections.

Engaging Innovative Advocates as Public Health Champions

A ?champion? is a ?charismatic advocate of a belief, practice, program, policy and/or technology.? It is a champion?s unique combination of skills?passion, persistence, and persuasiveness?that distinguish him or her from other advocates. A 2007 Cochrane review concluded that the use of opinion leaders can successfully promote evidence-based practices. Engaging influential opinion leaders can be an effective advocacy approach for advancing social, economic, political, or public health issues.
NET-EN Reinjection Job Aid for Community Health Workers

The NET-EN reinjection job aid reflects 2008 guidance from the World Health Organization regarding how many weeks late a woman can be for reinjection without risk of pregnancy - widely referred to as the extended grace period. The job aid helps community health workers rule out pregnancy among women who return outside of the recommended grace periods, so that those who are not pregnant can receive same-day reinjections.

Evidence-Based Practices in Zambia: Expanding Access to Family Planning Services through Community-Based Provision of Injectable Contraceptives

This presentation outlines the pilot conducted to evaluate the safety, acceptability, cost, and impact of adding provision of Depo-Provera by community based distributors to an existing community-based family planning program in Mumbwa and Luangwa districts of Zambia.

Aide-mémoire pour la réinjection de Depo-Provera (ou du DMPA) pour les agents de santé communautaires

Cet aide-mémoire pour la réinjection de Dépo-Provera est fondée sur les recommandations de l’Organisation mondiale de la Santé (2008) sur le nombre de semaines de retard qu’une femme peut recevoir sa réinjection sans risque de grossesse, un délai que l’on désigne parfois par le terme « marge de réinjection ». L’aide-mémoire permet aux agents de santé communautaires d’exclure l’éventualité d’une grossesse chez les femmes qui reviennent pour la réinjection au-delà de la marge de réinjection recommandée. Ainsi, celles qui ne sont pas enceintes peuvent se faire réinjecter au cours de la même séance.

Aide-mémoire pour la réinjection de NET-EN pour les agents de santé communautaires

Cet aide-mémoire pour la réinjection de NET-EN est fondée sur les recommandations de
Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation

In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

Guide for Assessing National Readiness to Expand Community-based Access to Injectables

This guide is designed to help program managers, advocates, potential implementers, and other stakeholders assess national-level readiness to introduce community-based distribution of injectable contraception.

Task Sharing in Family Planning

This slide set examines ways that task sharing in family planning service provision can mitigate the critical health workforce shortages currently faced by 57 countries worldwide.

Scaling-up Community-based Distribution of Injectable Contraceptives in Uganda: Lessons Learned from Private
and Public Sector Implementation

This presentation outlines the process and lessons learned of targeted scale-up of community-based distribution of injectables in Uganda.

• Community-Based Distribution of DMPA in Madagascar: Pilot Introduction and Early Scale-Up

This presentation provides an overview of Madagascar’s experience with pilot implementation, evaluation, and scale-up.

• Uganda

This presentation provides a detailed description of Uganda’s experience in expanding community-based access to injectables, from the 2004-2005 pilot through scale-up. It includes research results and lessons learned.

• Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation

This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI in June 2009.

• Translating Research to Practice: Community-Based Distribution (CBD) of DepoProvera (DMPA) in Kenya

This presentation outlines the initial stages of introducing community-based distribution of injectables in Kenya.

• Measuring Costs of Pilot Interventions
This presentation offers guidance on including a costing component in a CBA2I pilot intervention. Topics addressed include the difference between costing a pilot intervention and costing services; phases of a pilot intervention, and the resources used in each phase; converting resources to costs; and data sources.

**Looking Forward: Costing for Scale-Up**

This presentation provides an overview of three different types of scale-up and explores the differences between an incremental cost analysis and a full cost analysis. The slides also highlight reasons why scale-up costs differ from the costs of pilot projects and explain how to use costing data from a pilot project to understand the cost of scaling up.

**Use of and unmet need for injectable contraception**

This document examines patterns of the current use of and unmet demand for injectable services. Trends in use of clinic and non clinic-based services for injectables, differentials in injectable use by place of residence, and potential negative consequences of increased use of injectables are explored. Information described in this paper informed the Technical Consultation on Expanding Access to Injectable Contraception.

**Fiche de consultation rapide pour les critères de recevabilité médicale de l'OMS pour l'utilisation de contraceptifs**

FHI a élaboré sous forme d’un tableau un guide de référence rapide qui récapitule les critères de recevabilité médicale de l’OMS pour les contraceptifs oraux combinés, le contraceptif injectable DMPA (ou acétate de médroxyprogestérone-dépôt), les implants à progestatifs et les DIU au cuivre. À la différence des versions précédentes de la Fiche de consultation rapide, la version 2009 présente la liste complète de tous les problèmes que l’OMS place en Catégorie 3 (non recommandé habituellement) et en Catégorie 4 (à ne pas utiliser).

**Expanding Access to Injectable Contraception**
This document examines the popularity, efficacy, and safety of injectable contraceptives and explores means of expanding global access to injectables.

- **Scaling-Up Community-Based Access of Injectable Contraceptives in Uganda: Lessons Learned from Private- and Public-Sector Implementation**

  This document describes the results and experiences from two public- and two private-sector programs that scaled up the community-based distribution of the DMPA injectables in Uganda.

- **Expanding Access to Injectable Contraceptives: Background**

  This slide set provides information on the prevalence of injectable contraceptive use, as well as the safety and means of providing injectable contraception.

- **Injectable contraception: Wave of the future or tsunami**

  This slide set explores the demand for, and use of, injectable contraceptives in comparison with other modern contraceptive methods.

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

  This simple checklist can be used by both clinical and non-clinical health care providers, including community health workers, to help them screen clients who have made an informed decision to use DMPA or NET-EN. The checklist consists of 14 questions designed to identify medical conditions that would prevent safe DMPA or NET-EN use or require further screening and assess whether a client may be pregnant. It also provides guidance and directions based on clients’ responses. The checklist follows the recommendations of the 2015 WHO Medical Eligibility Criteria for Contraceptive Use.
Expanding the Community-Based Distribution of Injectable Contraceptives in Africa

This document presents a FHI research utilization case study. The problem: Research from Family Health International (FHI), Save the Children USA, and the Uganda Ministry of Health had shown that the community-based distribution (CBD) of injectable contraceptives is safe and feasible in Africa. However, fears about safety and feasibility remained challenges to expanding this promising practice in the region. The intervention: As the CBD of the injectable depot-medroxyprogesterone acetate (DMPA) was being scaled up in Uganda, FHI and its partners launched a broad advocacy campaign to promote the evidence-based practice throughout Africa. The Impact: The government of Madagascar independently changed its national reproductive health policy and introduced the CBD of DMPA, while the Kenya Ministry of Health and its partners are preparing to launch the CBD of DMPA in Kenya. At least seven other countries have shown interest in replicating the practice.

• Introducing the Community-Based Distribution of Injectable Contraceptives in Uganda

This document describes a research utilization case study. The Problem: Research has shown that properly trained paramedical personnel can safely provide injectable contraceptives, yet the community-based distribution (CBD) of injectables remains controversial in many parts of Africa. The Intervention: Save the Children USA, Family Health International (FHI), and the Uganda Ministry of Health collaborated to introduce the CBD of the injectable depot-medroxyprogesterone acetate (DPMA) in Uganda. The intervention included a safety and feasibility study in the district of Nakasongola, scale-up in additional districts, and advocacy efforts. The Impact: The intervention confirmed that CBD workers in Uganda can safely and effectively provide DMPA. Contraceptive prevalence increased by an estimated two to three percentage points in Nakasongola, and a follow-on evaluation of the project in three districts showed high continuation rates for women who received DMPA from CBD workers. Scale-up continues in additional districts and with new service-delivery organizations.

• Liste de contrôle pour les clientes souhaitant commencer l'usage du DMPA (ou du NET-EN)

Cette liste de contrôle simple peut être utilisée par les prestataires de soins cliniques ou non cliniques, y compris les agents de santé communautaires, afin de déterminer si leurs clientes
qui ont décidé en connaissance de cause d’utiliser le DMPA ou NET-EN peuvent le faire en toute sécurité. La liste de contrôle comporte 14 questions permettant de déterminer la présence de problèmes médicaux susceptibles d’empêcher l’utilisation sans danger du DMPA ou du NET- ou qui nécessiteraient une évaluation plus poussée et d’évaluer l’éventualité d’une grossesse chez la cliente. Elle présente également des instructions en fonction des réponses des clientes. La liste de contrôle est fondée sur les recommandations de l’OMS (2008) présentées dans ses Critères de recevabilité pour l’adoption et l’utilisation continue de méthodes contraceptives.

- Comment être raisonnable sûr que la cliente n’est pas enceinte

Cette liste de contrôle sur la grossesse comporte une série de questions qui permet d’exclure l’éventualité d’une grossesse. Ces questions sont fondées sur les critères établis par l’Organisation mondiale de la Santé permettant de déterminer avec un degré raisonnable de certitude qu’une femme n’est pas enceinte.

- Safety, Feasibility, and Acceptability of Community-Based Distribution (CBD) of Depot Medroxy Progesterone Acetate (DMPA) in Madagascar

This report describes a pilot study conducted in Madagascar to examine the provision of the DMPA injectable by community-based distribution (CBD) workers. The pilot project demonstrated that CBD of DMPA was acceptable. CBD workers demonstrated competence to provide DMPA services, they attracted new contraceptive users, and nearly all clients interviewed said they would recommend CBD of DMPA to a friend.

- Provision of Injectable Contraception Services through Community-Based Distribution: Implementation Handbook

This step-by-step guide explains how to introduce injectable contraceptives such as Depo Provera (or DMPA) into an existing community-based distribution (CBD) program. Based
on the experience of two recent pilot projects in Uganda and Madagascar, the Implementation Handbook introduces a nine-step process and provides some helpful tools for the CBD of injectables. Program managers, policy-makers, and others interested in providing greater access to family planning will appreciate the guidance offered by this handbook.

- **Community-Based Distribution of DMPA: The APROFAM Project, Guatemala**

In 1995, the Guatemalan family planning association Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), in partnership with the Population Council, conducted operations research comparing acceptance and continuation rates between clinic provision and community-based provision of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA). The project provided community-based provision of DMPA to over 750 women in four districts. At 15 months, the continuation rate for clients of community-based distributors (CBDs) was 90 percent, which was identical to the clinic continuation rate. CBDs also achieved high acceptance and continuation rates among rural Mayan women, an important goal of the program. Follow-up of community-based distributors who had the most clients and who provided the most couple-years of protection noted that these successful CBDs tended to be women over 30 years old who were recognized as community leaders. Among all clients served by CBDs, only three infections were reported. Due to the success of this program, APROFAM expanded community-based distribution of DMPA throughout the country to all of its 22 districts of operation. All community-based promoters in APROFAM's rural development program are trained to provide DMPA services. Furthermore, CBDs now distribute not only progestin-only DMPA, but also the monthly combined (progestin and estrogen) injectable Cyclofem.

- **Community-Based Distribution of DMPA: The Matlab Project, Bangladesh**

In 1975, the government of Bangladesh, in collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), initiated community-based distribution (CBD) of condoms and oral contraceptives to 150 villages in the Matlab subdistrict. The injectable contraceptive depot medroxyprogesterone acetate (DMPA or Depo-Provera) was made available in only six villages to assess its effect on the program. In 1977, the program was modified to make DMPA available in all participating villages and to improve the training and supervision of local providers - changes that substantially increased contraceptive acceptance and almost doubled the one-year contraceptive continuation rate. By early 1979, DMPA had replaced oral contraceptives as the most popular method, accounting for roughly half of all contraceptive use. CBD of contraceptives was successfully expanded to the Abhoynagar and Sirajganj subdistricts in 1984, more than doubling the regions' contraceptive...
use, in general, and increasing injectable use, in particular, from 0.1 percent to 25 percent. CBD of contraceptives was further expanded to eight more subdistricts in 1993. Despite some flaws in provision by CBD workers, surveys found better counseling, accessibility, and client satisfaction in regions where CBD of injectable contraceptives was available.

- **Community-Based Distribution of DMPA: The Nakasongola Project, Uganda**

  A 2004 study conducted in the Nakasongola district of Uganda demonstrated the safety, quality, and feasibility of community-based distribution (CBD) of depot-medroxyprogesterone acetate (DMPA or Depo-Provera) by community reproductive health workers (CRHWs). CBD of DMPA appeared to be as safe as provision by clinic-based nurses. Women who received DMPA from community reproductive health workers were as satisfied as women who received DMPA from clinics and, in fact, seemed to prefer CBD to clinic-based provision, as indicated by difficulty recruiting clinic-based clients for the study.

- **Contraceptive Injections by Community Health Workers in Uganda: A Non-Randomized Community Trial**

  In rural Nakasongola District, Uganda, a nonrandomized community trial was conducted to compare the safety and quality of contraceptive injections given by community-based health workers with those given by clinic-based nurses. Community-based distribution (CBD) of injectable contraceptives is now routine in some countries in Asia and Latin America, but is practically unknown in Africa, where arguably the need for this practice is greatest. This research reinforces experience from other regions suggesting that well-trained community health workers can safely provide contraceptive injections.

- **Improving Access to Family Planning**

  This issue of the Family Health Research newsletter considers the potential for reducing barriers to sustained use of contraception by training community-based health workers to provide injectable methods.

- **Safety and Feasibility of Community-Based Distribution**
of Depo Provera in Nakasongola, Uganda

This report describes a major research project undertaken by Family Health International, with partners Save the Children/USA, Uganda's Ministry of Health, and Nakasongola District's Local Government to determine the safety, feasibility, and quality of DMPA provision by community reproductive health workers.

Sample Community Health Worker Training Curriculum

FHI and ChildFund Zambia developed this curriculum with support from USAID as part of a pilot introduction of community-based delivery of Depo Provera in Zambia. This curriculum for training community health workers to provide injectable contraceptives can be used as a sample curriculum that other programs can adapt to suit their own needs. This curriculum is intended for CHWs who have already been trained to provide family planning services in their communities (primarily oral contraceptive pills and condoms). Therefore, this curriculum includes a refresher on the full range of family planning methods and key concepts such as counseling and recordkeeping, while focusing on the safe provision of injectable contraceptives.

For people in developing countries who need to adapt the files and are having difficulty downloading them, you can request a portable version of the toolkit that you can access offline by contacting K4Health.

International Planned Parenthood Federation (IPPF)

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all.

JHPIEGO
Jhpiego (pronounced “ja-pie-go”), is an international non-profit health organization affiliated with Johns Hopkins University. For 35 years, Jhpiego has empowered front-line health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world’s most vulnerable populations.

Resources:

- **Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province of Kenya**

  This report documents the Tharaka district pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

- **Translating Research to Practice: Community-Based Distribution (CBD) of DepoProvera (DMPA) in Kenya**

  This presentation outlines the initial stages of introducing community-based distribution of injectables in Kenya.

**John Snow, Inc. (JSI)**

John Snow, Inc. builds local capacity to address critical health problems, collaborating with local partners to assist countries, governments, communities, families, and individuals to develop their skills and identify solutions that meet their public health needs. Through management assistance, research and evaluation, education, and training, JSI works to enable agencies and health
professionals to provide appropriate services in an effective and compassionate manner.

Resources:

- **Promising Practices in Supply Chain Management for Community-Based Distribution Programs**

  Community-based distribution (CBD) programs have played and continue to play a significant role in around the globe in bringing health information, services and commodities to clients who otherwise might not have reliable access to such goods and services. With this increased demand, effective supply chain management (SCM) represents an essential part of the success of CBD programs. This project aims to assist program managers and other stakeholders design and implement stronger and more sustainable supply chains for their CBD programs. This global survey documents the preliminary research and findings that were used to inform the final project document, Supply Chain Models and Considerations for Community-Based Distribution Programs: A Program Manager's Guide which analyzes current trends and practices in supply chain management and provide considerations for different supply chain models and functions for community-based distribution programs.

- **Supply Chain Models and Considerations for Community-Based Distribution Programs: A Program Manager's Guide**

  This document provides guidance in the design of supply chain management (SCM) systems for community-based distribution (CBD) programs. This guide presents four SCM models for CBD programs that provide guidance on supply chain functions, including logistics management information systems (LMISs), inventory control systems, storage, distribution, and capacity building, that can be adapted and applied to a variety of country contexts. This guide also shares lessons learned on current SCM practices from a range of CBD programs across the globe. This guide does not intend to offer prescriptive SCM models to be followed rigidly. Rather, it is intended to serve as a resource of tools that can be modified and adapted for use by any public sector government or organization that implements CBD programs.

- **Nepal Family Health Program Technical Brief #6: Improving Access to Family Planning Services in Rural Areas**
This brief summarizes the strategic approach, key activities, results, lessons learned, challenges, and recommendations of the Nepal Family Health Program’s efforts to expand access to family planning services in rural Nepal.

- **Safe Injection and Waste Management: A Reference for Logistics Advisors**

This document was developed as a reference for logistics advisors as they face the challenge of designing and supporting programs to improve injection safety and injection waste management. The reader will find useful information and tools, as well as discussions of important issues, including those related to commodity security for safe injection devices (i.e., injection device security) and the development of a safe injection and waste management policy. Available in this reference guide are assessment tools for safe injection and waste management, and references to more detailed articles about specific issues related to safe injection and waste management.

**Johns Hopkins Center for Communications Programs (CCP)**

The Johns Hopkins Center for Communication Programs (CCP) combines the science and art of strategic communication to help people around the world make better health choices for themselves, their families and their communities.

**Resources:**

- **Expanding Services for Injectable Contraceptives**

This PowerPoint presentation can be adapted for your own personal teaching and training materials or other purpose. Points covered in the presentation include: (1) Levels and trends of use of injectables around the world; (2) Strategies for maintaining adequate stock levels of the method; (3) Training and supervision for staff to ensure good quality of care and safe injections; (3) Expanding access to injectables through community-based distribution; and (4) Information about communicating messages to help women try and use injectables.
Management Sciences for Health (MSH)

Management Sciences for Health (MSH) is a nonprofit international health organization composed of more than 2,000 people from 73 nations. Our mission is to save lives and improve the health of the world’s poorest and most vulnerable people by closing the gap between knowledge and action in public health. Together with our partners, we are helping managers and leaders in developing countries to create stronger management systems that improve health services for the greatest health impact.

MSH takes an integrated approach to building high-impact sustainable programs that address critical challenges in leadership, health systems management, health service delivery, human resources, and medicines. Wherever our partnerships succeed, the positive impact of good health has a ripple effect, contributing to the building of healthy nations.

MSH works collaboratively with health care policymakers, managers, providers, and the private sector to increase the efficacy, efficiency, and sustainability of health services by improving management systems, promoting access to services, and influencing public policy.

Resources:

- Afghanistan: Innovations in Family Planning: The Accelerating Contraceptive Use Project

  This document describes the innovative initiatives undertaken to strengthen contraceptive services provided almost exclusively by CHWs through the Accelerating Contraceptive Use (ACU) project.

PATH

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, we help provide appropriate health
technologies and vital strategies that change the way people think and act. Our work improves global health and well-being.

Resources:

- **Depo-subQ in Uniject Overview and Update: Increasing Community Access to Injectable Contraceptives**

  This presentation provides an overview of the new sub-cutaneous formulation of Depo-Provera in the pre-filled Uniject device.

Save the Children

Save the Children is the leading independent organization creating lasting change in the lives of children in need in the United States and around the world. Recognized for our commitment to accountability, innovation and collaboration, our work takes us into the heart of communities, where we help children and families help themselves. We work with other organizations, governments, non-profits and a variety of local partners while maintaining our own independence without political agenda or religious orientation.

When disaster strikes around the world, Save the Children is there to save lives with food, medical care and education and remains to help communities rebuild through long-term recovery programs. As quickly and as effectively as Save the Children responds to tsunamis and civil conflict, it works to resolve the ongoing struggles children face every day – poverty, hunger, illiteracy and disease – and replaces them with hope for the future.

Resources:

- **Uganda**

  This presentation provides a detailed description of Uganda’s experience in expanding community-based access to injectables, from the 2004-2005 pilot through scale-up. It includes research results and lessons learned.

- **Provision of Injectable Contraception Services through**
Community-Based Distribution: Implementation Handbook

This step-by-step guide explains how to introduce injectable contraceptives — such as Depo Provera (or DMPA) — into an existing community-based distribution (CBD) program. Based on the experience of two recent pilot projects in Uganda and Madagascar, the Implementation Handbook introduces a nine-step process and provides some helpful tools for the CBD of injectables. Program managers, policy-makers, and others interested in providing greater access to family planning will appreciate the guidance offered by this handbook.

USAID

USAID is an independent federal government agency that receives overall foreign policy guidance from the Secretary of State. Our Work supports long-term and equitable economic growth and advances U.S. foreign policy objectives by supporting economic growth, agriculture and trade; global health; and democracy, conflict prevention and humanitarian assistance.

Resources:

• Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province of Kenya

This report documents the Tharaka district pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

• Increasing Community-Based Access to Family Planning: Innovative Models, Successes, and Challenges

This slide set includes panel presentations on the experiences of Afghanistan, Nepal, and
Yemen in expanding community-based access to family planning, including injectables.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation**

  This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI in June 2009.

- **Setting the Stage: Increasing Community Access to Injectable Contraception**

  This presentation provides an introduction to Depo-Provera and the issues and challenges associated with provision of this injectable contraceptive by community health workers.

- **Community Based Family Planning Technical Update No. 4: Improving Access to Injectable Contraceptives**

  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. 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.

- **Improving Access to Family Planning**

  This issue of the Family Health Research newsletter considers the potential for reducing barriers to sustained use of contraception by training community-based health workers to provide injectable methods.
The USAID | DELIVER PROJECT strengthens supply systems for essential health commodities and works to ensure their sustainability.

Resources:

- **The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs**

  The Logistics Handbook explains the major aspects of logistics management with an emphasis on contraceptive supplies. It is intended to help managers who work with supplies every day, as well as managers who assess and design logistics systems for entire programs.

- **Malawi: Distribution of DMPA at the Community Level: Lessons Learned**

  In 2008, Malawi piloted the distribution of DMPA to the community by Health Surveillance Assistants. This report presents lessons learned during the initial implementation from gaining stakeholder buy-in to curriculum development and the initial three months after the training and implementation roll-out. The report presents lessons learned that will be valuable for other countries considering similar community-based distribution, with particular attention paid to the supply chain implications of distributing family planning commodities to the last mile.

The USAID | Health Policy Initiative, Task Order 1 (2005-2010), concluded on September 29, 2010. Policy work continues under the new Health Policy Project. Task Order 1 had two main components: global technical leadership in health policymaking and implementation and country-level applications in the field. The task order served as the primary mechanism to support USAID core-funded FP/RH, HIV, and maternal health activities in policy dialogue, formulation, and implementation. In addition, Task Order 1 provided technical
assistance and carried out field-supported activities at the country level. Technical assistance focused on improving health-related policy formulation, planning, and financing; strengthening government leadership and civil society participation; encouraging multisectoral coordination; and fostering evidence-based decisionmaking at the country level. Task Order 1 was implemented by the consortium led by Futures Group.

Resources:

- **Community-based Access to Injectables: An Advocacy Guide**

  With its focus on advocacy and policy change, this guide is designed to complement the comprehensive reference materials available to lead program managers and health providers through the implementation process. Implementation of community-based access to injectables begins with determining the feasibility and need for such services and then proceeds to setting them up, including establishing service delivery guidelines, identifying and training community-based distributors, creating supervision and logistics systems, and providing community education.

- **Making Injectables Available in Malawi**

  In 2008, Malawi’s Ministry of Health approved community-based distribution of injectable contraceptives by Health Surveillance Assistants. This presentation details how strong family planning champions and evidence-based advocacy, combined with demand in communities, contributed to this policy change. Various USAID-funded projects have supported the development of operational guidelines and an initial pilot test in 8 districts. The policy change and pilot test help set the stage for the potential nationwide scale-up of community-based distribution.

- **Community-Based Distribution of Injectable Contraceptives in Rwanda: An Intervention to Reverse Rural Disadvantage**

  This report presents findings on the international and local evidence for making contraceptives, injectable contraceptives in particular, widely available through a CBD approach. During 2009, the USAID | Health Policy Initiative, Task Order 1, completed a literature review, conducted stakeholder interviews, and developed guidelines and a costed
implementation plan to support the Rwanda Ministry of Health’s (MOH) 2008 and 2009 decisions to allow specially trained community health workers (CHWs) to provide injectable contraceptives.

- **Community-Based Distribution of Injectable Contraceptives in Malawi**

  This report summarizes research findings and policy dialogue regarding the feasibility of making injectable contraceptives widely available through community-based distribution (CBD) in Malawi. The Health Policy Initiative conducted this research, which in part influenced the decision of the Ministry of Health (MOH) in 2008 to allow paraprofessionals to provide injectable contraceptives at the community level.

- **Approaches That Work: Community-Based Distribution of Injectable Contraceptives**

  This one-page document outlines the key components of the USAID | Health Policy Initiative, Task Order 1, approach to assisting national governments to incorporate injectable contraceptives into existing community-based distribution (CBD) programs.

- **Community-Based Distribution of DMPA in Malawi**

  This presentation summarizes the introduction of community-based provision of injectables in Malawi, including policy change and implementation.

- **Promoting Community-Based Distribution / Community Reproductive Health Worker Provision of DMPA. Educational Visit to Uganda**

  This report describes educational visit to Uganda by Kenyan reproductive health professionals. The objectives of the trip were to gain first-hand experience of Uganda’s efforts at using CBDs to provide injectable Depo-Provera/DMPA at the community level, identify lessons learned from the Uganda initiative and identify specific issues and concerns that would need to addressed in replicating a similar initiative in Kenya.
World Health Organization (WHO)

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

Resources:

- **Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use**

The World Health Organization (WHO) develops detailed criteria that health care workers can follow to determine which contraceptive methods are medically suitable for their clients. These criteria are based on the most current scientific knowledge about the effectiveness, risks and benefits of various family planning methods, and they can help providers guide their clients in making safe and informed decisions. WHO periodically revises the criteria in response to recommendations made by an expert working group in response to new research findings.

FHI 360 created a quick reference guide, in the form of a chart, that summarizes the WHO medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine devices or a levonorgestrel intrauterine system (LNG-IUS). The 2016 version of the Medical Eligibility Criteria Quick Reference Chart includes a complete list of all conditions that WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

- **Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up**
This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

- **Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation**

In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation**

This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI in June 2009.

- **Expanding Access to Injectable Contraceptives: Background**

This slide set provides information on the prevalence of injectable contraceptive use, as well as the safety and means of providing injectable contraception.

- **Bangladesh Experience in Expanding the Delivery of**
Injectable Contraception: A Brief Overview

This slide set describes Bangladesh’s experience with community-based distribution of injectable contraception, including lessons learned.

- **Community-Based Providers in Rural Guatemala Can Provide the Injectable Contraceptive DMPA Safely**

  The specific objectives of the study were to assess client satisfaction and competence of community-based providers in providing the three-monthly injectable contraceptive depot-medroxyprogesterone acetate (DMPA).

- **Contraceptive Injections by Community Health Workers in Uganda: A Non-Randomized Community Trial**

  In rural Nakasongola District, Uganda, a nonrandomized community trial was conducted to compare the safety and quality of contraceptive injections given by community-based health workers with those given by clinic-based nurses. Community-based distribution (CBD) of injectable contraceptives is now routine in some countries in Asia and Latin America, but is practically unknown in Africa, where arguably the need for this practice is greatest. This research reinforces experience from other regions suggesting that well-trained community health workers can safely provide contraceptive injections.

en Français
Bienvenue sur l'onglet en français du Toolkit sur l'Accès à base communautaire aux contraceptifs injectables (ABCI).

Ce Toolkit sert de plateforme virtuelle à partir de laquelle les agences et les organisations peuvent trouver des moyens pour renforcer leurs capacités dans plusieurs domaines. Ces domaines incluent la planification, la mise en œuvre, l'évaluation, la promotion et la mise à l'échelle des programmes de distribution à base communautaire de contraceptifs injectables ainsi que le plaidoyer en faveur de changements dans les politiques nationales et les lignes directrices nationales en matière de prestation de services.

Bien que les supports dans ce Toolkit ne soient pas tous disponibles en français, cet onglet contient déjà en version française ceux qui sont essentiels pour le plaidoyer, la mise en œuvre et la mise à l'échelle de programmes d'ABCI. De nouveaux documents en français viendront étoffer ce site dès qu'ils seront disponibles. Vous pouvez parcourir les thèmes en cliquant sur les liens ci-dessous. Cliquez ensuite sur les liens de texte intégral pour ouvrir le document correspondant ou le télécharger. Bon nombre des documents dans le Toolkit peuvent faire l'objet d'adaptations ou de révisions pour tenir compte du contexte de chaque pays ou programme. Les utilisateurs dont l'accès à Internet est limité peuvent commander le Toolkit transféré sur une clé USB auprès de K4Health.

Pourquoi offrir un accès à base communautaire aux contraceptifs injectables ?

Dans les programmes de planification familiale à base communautaire, les clients se voient offrir des préservatifs, des contraceptifs oraux et, de plus en plus, la méthode des jours fixes et se font référer aux centres de santé pour les autres méthodes contraceptives. Cependant, comme l'ont montré les programmes dans un certain nombre de pays, les agents de santé communautaires bien formés peuvent dispenser les contraceptifs injectables en toute sécurité et en toute efficacité. En formant et en autorisant une plus grande diversité de prestataires à administrer des injections, on peut ainsi améliorer l'accès des femmes à une méthode qui est parmi celles qu'elles préfèrent, réduire la demande en planification familiale non satisfaite dans les zones difficiles d'accès et résoudre en partie le problème de pénurie d'agents de santé auxquels de nombreux pays sont confrontés.

Les agents de santé communautaires offrent déjà des contraceptifs injectables tels que Dépo-Provera (DMPA) dans plus d'une douzaine de pays. Les contraceptifs injectables sont attrayants pour les nombreuses femmes qui veulent une méthode de planification familiale efficace, de longue durée d'action et d'utilisation discrète. En mobilisant divers types de prestataires (dont
les agents de santé communautaires) pour offrir les contraceptifs injectables, les programmes de planification familiale ont plus de chances de réaliser leurs objectifs de développement à long terme.

Pour des informations sur la planification familiale à base communautaire, veuillez voir le Toolkit sur la Planification familiale à base communautaire.

Pour plus d’informations sur les contraceptifs injectables, veuillez voir le Toolkit sur les contraceptifs injectables.

Resources:

- Offre initiale des contraceptifs injectables par les agents de santé communautaire

Des programmes effectués dans le monde entier ont démontré que le fait de permettre aux ASC convenablement formés d’administrer des contraceptifs injectables peut élargir l’accès à une méthode contraceptive largement préférée des femmes, réduire le besoin non satisfait en matière de planification familiale dans les zones insuffisamment desservies, remédier à la grave pénurie des professionnels de la santé dans beaucoup de pays, et accroître le taux de prévalence contraceptive. Treize pays d’Afrique mènent actuellement des initiatives en vue de piloter, de mettre à l’échelle ou de changer leur politique nationale en faveur de la pratique d’ABC1. Douze de ces pays permettent aux ASC de déterminer si leurs clientes sont de bonnes candidates à l’emploi de contraceptifs injectables et d’administrer la première injection.

- Fourniture de contraceptifs injectables par les agents de santé communautaire : Une stratégie CBA2I efficace

Utilisez ces ressources pour préparer une stratégie pour bâtir le soutien à CBA2I parmi les décideurs clés de votre pays. Commencez par examiner les ressources 1-6. Puis utilisez les suggestions dans Actions clés pour le plaidoyer pour CBA2I (Ressource 7) pour élaborer un plan d’action de plaidoyer. Vous pouvez utiliser les ressources de ce paquet et celles de la trousse d’outils Connaissances pour la santé (K4Health) CBA2I pour préparer les arguments et les matériels de plaidoyer conçus sur mesure pour communiquer aux parties prenantes qui soutiennent vos objectifs de plaidoyer. Ces ressources en anglais se trouvent ici.

- Video: L’Offre de Contraceptifs Hormonaux en Milieu Communautaire : Le Défi du Passage à l’Echelle
Le Ministère de la Santé et de l'Action Social au Sénégal présente ce film de plaidoyer. Le film document les avantages de la disponibilité de l'offre de service de PF, y compris la pilule et les injectables, au niveau communautaire. Ce film de 14 minutes est un outil de plaidoyer pour le passage à l'échelle de la distribution à base communautaire des contraceptifs au Sénégal.

Video en français

- **Indicateurs clés pour les études pilotes sur l'accès à base communautaire des contraceptifs injectables**

  Un indicateur est une mesure de la performance d'un programme sur la durée. Ce document présente des indicateurs potentiels de processus et d'effet organisés selon la phase du pilot de l'accès à base de communauté à injectables (ABCI) avec les questions d'évaluation liées, des sources de données et des outils de mesure.

- **Les Ressources Pour l’Action**

  Cet ensemble de quatre notes de plaidoyer est conçu pour fournir aux responsables des politiques de santé des informations essentielles sur l'amélioration de l'accès à base communautaire aux contraceptifs injectables (ABCI).

- **Un Film de Plaidoyer : « L'Accès à base communautaire à la contraception injectable: du simple bon sens »**

  Cette vidéo de plaidoyer de 8 minutes couvre la recherche et l'évidence programmatique sur l'accès à base communautaire à la contraception injectable (ABCI) par les agents de la santé communautaires et les derniers efforts de mettre en œuvre des programmes d'ABCI à travers l'Afrique subsaharienne. La vidéo inclut une histoire personnelle d'une femme en Ouganda qui a profité des services de planning familial offerts dans sa communauté.

- **Acces des Communautes aux Contraceptifs Injectables: Un Guide Pour le Plaidoyer**

  Ce guide est conçu pour aider les nombreux professionnels de la santé et partisans soucieux de rendre les contraceptifs injectables plus largement disponibles, en particulier chez les
femmes ayant peu ou pas accès aux services de santé. Il sera également utile aux bailleurs de fonds, aux professionnels de la planification familiale/santé de la reproduction, et ceux qui ne sont pas directement impliqués dans le plaidoyer mais qui ont besoin de comprendre le processus et la justification de l'accès des communautés aux contraceptifs injectables.

- Les agents de santé communautaires peuvent administrer des injectables contraceptifs en toute sécurité et efficacité : conclusions d'une consultation technique

En juin 2009, les membres d'une consultation technique tenue à Genève à l'Organisation mondiale de la Santé (OMS) sont arrivés à la conclusion que tout porte à croire qu'il est possible d'introduire, de poursuivre et d'étendre la fourniture à assise communautaire de contraceptifs injectables progestatifs. Le groupe, constitué d'une trentaine d'experts techniques et de spécialistes de programmes, a examiné le bilan scientifique et programmatique dont on dispose et qui s'est surtout intéressé à l'acétate de médroxyprogestérone-retard, ou AMPR [ou DMPA], un progestatif injectable. Ces experts ont conclu que la fourniture à assise communautaire de contraceptifs injectables progestatifs par des agents de santé convenablement formés à cela est sans danger, efficace et acceptable. Selon eux, de tels services devraient faire partie de tout programme de planification familiale offrant une gamme de méthodes contraceptives.

- Aide-mémoire pour la réinjection de Depo-Provera (ou du DMPA) pour les agents de santé communautaires

Cet aide-mémoire pour la réinjection de Dépo-Provera est fondée sur les recommandations de l'Organisation mondiale de la Santé (2008) sur le nombre de semaines de retard qu'une femme peut recevoir sa réinjection sans risque de grossesse, un délai que l'on désigne parfois par le terme « marge de réinjection ». L'aide-mémoire permet aux agents de santé communautaires d'exclure l'éventualité d'une grossesse chez les femmes qui reviennent pour la réinjection au-delà de la marge de réinjection recommandée. Ainsi, celles qui ne sont pas enceintes peuvent se faire réinjecter au cours de la même séance.

- Aide-mémoire pour la réinjection de NET-EN pour les
agents de santé communautaires

Cet aide-mémoire pour la réinjection de NET-EN est fondée sur les recommandations de l'Organisation mondiale de la Santé (2008) sur le nombre de semaines de retard qu'une femme peut recevoir sa réinjection sans risque de grossesse, un délai que l'on désigne parfois par le terme « marge de réinjection ». L'aide-mémoire permet aux agents de santé communautaires d'exclure l'éventualité d'une grossesse chez les femmes qui reviennent pour la réinjection au-delà de la marge de réinjection recommandée. Ainsi, celles qui ne sont pas enceintes peuvent se faire réinjecter au cours de la même séance.

• Fiche de consultation rapide pour les critères de recevabilité médicale de l'OMS pour l'utilisation de contraceptifs

FHI a élaboré sous forme d'un tableau un guide de référence rapide qui récapitule les critères de recevabilité médicale de l'OMS pour les contraceptifs oraux combinés, le contraceptif injectable DMPA (ou acétate de médroxyprogestérone-dépôt), les implants à progestatifs et les DIU au cuivre. A la différence des versions précédentes de la Fiche de consultation rapide, la version 2009 présente la liste complète de tous les problèmes que l'OMS place en Catégorie 3 (non recommandé habituellement) et en Catégorie 4 (à ne pas utiliser).

• La distribution à base communautaire des contraceptifs injectables: Guide pratique de formation

Ce guide pratique, produit en collaboration avec Save the Children USA, explique comment ajouter les contraceptifs injectables ? tels le Dépo-Provera ? aux services de planification familiale offerts dans le cadre d'un programme de distribution à base communautaire (DBC) existant. Partant de l'expérience de deux projets pilotes récemment menés en Ouganda et à Madagascar, le guide présente neuf étapes indispensables pour lancer un tel programme et offre toute une gamme d'outils pratiques pour la DBC des contraceptifs injectables. Les directeurs de programmes, les décideurs des politiques de santé et autres professionnels qui s'intéressent à accroître l'accès aux services de planification familiale apprécieront les orientations offertes dans cet ouvrage.
Liste de contrôle pour les clientes souhaitant commencer l'usage du DMPA (ou du NET-EN)

Cette liste de contrôle simple peut être utilisée par les prestataires de soins cliniques ou non cliniques, y compris les agents de santé communautaires, afin de déterminer si leurs clientes qui ont décidé en connaissance de cause d'utiliser le DMPA ou NET-EN peuvent le faire en toute sécurité. La liste de contrôle comporte 14 questions permettant de déterminer la présence de problèmes médicaux susceptibles d'empêcher l'utilisation sans danger du DMPA ou du NET- ou qui nécessiteraient une évaluation plus poussée et d'évaluer l'éventualité d'une grossesse chez la cliente. Elle présente également des instructions en fonction des réponses des clientes. La liste de contrôle est fondée sur les recommandations de l'OMS (2008) présentées dans ses Critères de recevabilité pour l'adoption et l'utilisation continue de méthodes contraceptives.

Comment être raisonnable sûr que la cliente n'est pas enceinte

Cette liste de contrôle sur la grossesse comporte une série de questions qui permet d'exclure l'éventualité d'une grossesse. Ces questions sont fondées sur les critères établis par l'Organisation mondiale de la Santé permettant de déterminer avec un degré raisonnable de certitude qu'une femme n'est pas enceinte.

Source URL: https://www.k4health.org/toolkits/cba2i