

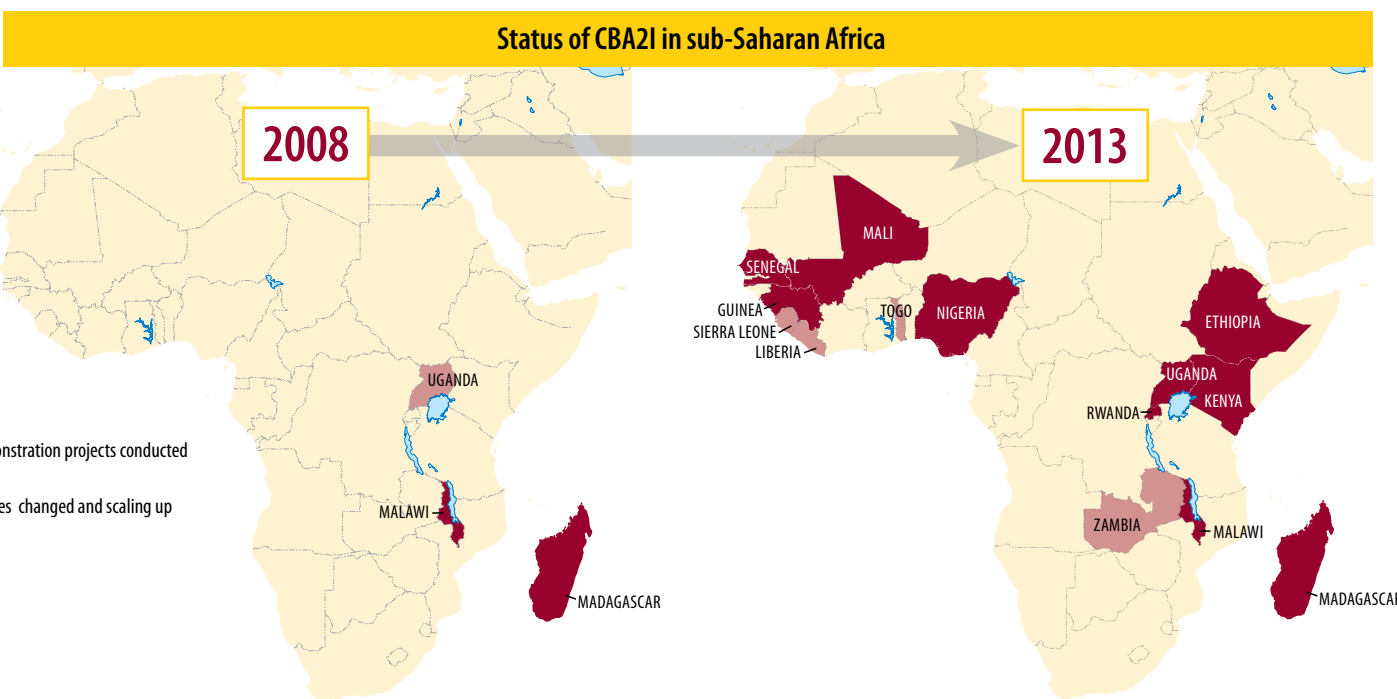
# Community-Based Access to Injectable Contraception

## An Emerging Standard of Practice, 2008–2013

In the last five years, more than 50 organizations have worked collaboratively to establish community-based access to injectables (CBA2I) as a global standard of practice. Governments that allow community health workers (CHWs) to initiate this method outside the facility remove a major medical barrier to expanding access to family planning for hard to reach groups. A critical shortage of doctors, nurses, and midwives has bolstered interest in this task sharing approach, especially since injectables are the most popular contraceptive method in sub-Saharan Africa, which is the focus of this summary.

### BY THE NUMBERS

- 10 countries with policy change and scale up activities in sub-Saharan Africa
- 4 additional countries with a CBA2I demonstration project conducted in sub-Saharan Africa
- 150 resources to support CBA2I compiled in a K4Health toolkit
- 55 international and sub-Saharan Africa partners working to expand CBA2I



- **2008**
  - Study tour to Uganda (Kenya, Nigeria, Rwanda); pilots launched
- ➔ **2009**
  - WHO technical consultation concludes CBA2I is safe, effective, and acceptable
  - Rwanda initiates national scale up
- ➔ **2010**
  - Pilot project launched in Zambia
- ➔ **2011**
  - CBA2I toolkit launched (K4Health)
  - Uganda changes policy
- ➔ **2012**
  - Guinea, Kenya, Nigeria, and Senegal change policy
  - New WHO task sharing guidelines
- ➔ **2013**
  - Uniject/Sayana Press research findings released
  - West Africa meeting sparks action in Francophone countries

# PROGRESS Project (2008–2013)

Leadership at global and country levels, with research on key issues, help establish CBA2I as an emerging standard of practice.



## GLOBAL TECHNICAL LEADERSHIP

- **WHO technical consultation.** PROGRESS worked with WHO and USAID to review the global evidence on CBA2I, reach consensus on findings, and gain international endorsements. The global support contributed to country-level advocacy.
- **Synthesis of resources.** PROGRESS launched the CBA2I toolkit through K4Health and synthesized materials from the site for advocacy purposes.
- **Institutionalization of CBA2I.** PROGRESS worked with international agencies to add CBA2I as a priority service delivery approach (International Planned Parenthood Federation, Marie Stopes International, International Rescue Committee, others).
- **West Africa advocacy.** Sharing of materials and a Francophone meeting in Senegal led to plans for a CBA2I demonstration project in Benin and expanded services in Liberia.
- **South-to-South learning.** Support for study tours between countries and for travel to regional workshops provided learning opportunities for multiple country officials, as did presentations on country experiences at international conferences.

## COUNTRY ACTIVITIES

- **Advocacy for policy changes.** PROGRESS collaborated with local and international partners to support CBA2I policy change in Uganda (2011), Nigeria (2012), Kenya (2012), and Senegal (2012).
- **Evaluations and pilot projects.** Positive results from PROGRESS-led evaluations of CBA2I services in Malawi and Rwanda and of pilots in Senegal and Zambia led to new stakeholder support and guidance on scale-up approaches.
- **Support for country scale up.** PROGRESS worked with country partners to develop training curriculum, monitoring and evaluation systems, and road maps for change.

“Zambia is struggling to cope with the human resource crisis. We have done a pilot study looking at community workers providing injectable contraceptives and the results were very promising. We had to really make sure that we move from the pilot to scale up, and we’ve made commitments to do this.”

~ Dr. Christine Kaseba Sata, First Lady of Zambia, at Women Deliver Conference, May 2013

## RESEARCH FINDINGS: KEY ISSUES

- **Uniject/Sayana Press pilot research.** In Uganda and Senegal most CHWs, DMPA clients, and clinic-based providers preferred the subcutaneous delivery with the Uniject device (Sayana Press) over intramuscular DMPA. Trained CHWs safely administered Sayana Press, a major new delivery system.
- **Challenges for CHWs.** CHWs in Rwanda providing pills and injectables did not report a heavier, unmanageable workload compared to CHWs not providing them. Community health workers in Uganda identified transport as a discouraging factor and the main challenge for performing their responsibilities.
- **Challenges for health systems.** An assessment of community-based family planning in the ten member countries of East, Central and Southern Africa Health Community (ECSA) made 18 recommendations to strengthen health systems to integrate this service delivery approach.

“FP needs a lot of talking to clients and yet I am always busy with deliveries, antenatal, immunization and many other tasks. The CHWs have really taken off a big burden from me.”

~ Achieng Rose, midwife, Bulumbi Health Center, Uganda