Session 32: Selected topics in implementation research for community-based service delivery

Expanding Community-Based Access to Injectable Contraception: A Global Overview

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Advancing Partners & Communities Project
Institutionalizing Community Health Conference, March 2017
Outline

1. Rationale, Global Guidance and Current Status for Community-Based Access to Injectables (CBA2I)
2. Uganda Case Study: DMPA SubQ Introduction
3. Next Frontiers for CBA2I
   2. Drug Shops
   3. Home and Self Injection
4. Q&A
Rationale, Global Guidance and Current Status for Community Based Access to Injectables
Countries with a Critical Shortage of Doctors, Nurses, and Midwives

Source: WHO
Current Use of Injectable Contraception Among Married Women 15-49

Source: DHS Surveys as of Aug 2012
WHO Global Guidance

- Appropriately trained CHWs can
  - screen clients
  - administer injectables
  - counsel on side effects

- National policies should support introduction and scale-up

http://www.k4health.org/toolkits/cba2i/conclusions
### WHO recommendations on task sharing family planning (2012)

<table>
<thead>
<tr>
<th></th>
<th>LHWs</th>
<th>Auxiliary Nurses</th>
<th>Auxiliary Midwives</th>
<th>Nurses</th>
<th>Midwives</th>
<th>Associate Clinicians</th>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tubal Ligation</strong></td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Yellow</td>
<td>Yellow</td>
<td></td>
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<tr>
<td><strong>Vasectomy</strong></td>
<td>Red</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td></td>
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<tr>
<td><strong>IUDs</strong></td>
<td>Red</td>
<td>Yellow</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td></td>
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<tr>
<td><strong>Implants</strong></td>
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<td>Yellow</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td></td>
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<tr>
<td><strong>Injectables</strong></td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OCPs &amp; Condoms</strong></td>
<td>Grey</td>
<td>Grey</td>
<td>Grey</td>
<td>Grey</td>
<td>Grey</td>
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Status of CBA2I in Africa - 2017

Map is completed to the best of FHI 360’s knowledge. If you have suggestions or additions, please email: cba2@fhi360.org

Updated March 2017

USAID
FROM THE AMERICAN PEOPLE

ADVancing Partners
& Communities

Exploring possible introduction
Pilot initiated
Policy dialogue underway and scale-up in progress
Policies changed

Afghanistan, Bangladesh, Nepal and Pakistan: CHWs are providing injectable contraceptives.
Components of Successful Introduction

✓ Political will and MOH collaboration
  – Champion leading advocacy
  – FP Technical Working Group
✓ Supportive policies important (but not essential for piloting; you can often get a waiver)
✓ Community ownership
✓ Harmonization with existing health structure
✓ Steady supply of commodities
✓ Strong M&E system implemented early
✓ Partnerships
Community-Based Access to Injectable Contraceptives (CBA2I)

Multiple countries are employing community-based access to injectable contraceptives (CBA2I) strategies to help achieve their Family Planning 2020 goals since CBA2I has the potential to dramatically expand access to and use of modern contraceptive methods. Three of the most common CBA2I strategies include training community health workers (CHWs) to inject injectable contraception through drug shops, and providing mobile services in areas where CHWs are trained. Partners & Communities (APC) is supporting expansion of CBA2I services as part of the broader community program mix at the community level.

Global Health Learning Center

Community-Based Family Planning

Community-based family planning (CBFP) brings family planning (FP) information and services to women and men in the communities where they live, rather than requiring them to travel to health facilities. Ideally, CBFP should be considered as part of the broader health system to ensure that the program provides a sustainable solution for meeting the FP-related health care needs of the population.

This course orients the learner to the essential elements for designing and implementing successful, sustainable CBFP programs. It describes three popular approaches to CBFP— provision by community health workers (CHWs), mobile outreach services, and drug shops—and provides an opportunity for users to practice what they learned using a case study.

Log in to take this course

Resources

www.advancingpartners.org

Email us:
cba2i@fhi360.org

https://www.globalhealthlearning.org/course/community-based-family-planning-0

www.k4health.org/toolkits/cba2i
Uganda Case Study: DMPA SubQ Introduction
How are DMPA IM and DMPA SubQ different?

<table>
<thead>
<tr>
<th>Feature</th>
<th>DMPA IM</th>
<th>DMPA SubQ (e.g., Sayana Press)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mg/dose</td>
<td>150 mg</td>
<td>104 mg</td>
</tr>
<tr>
<td>Package</td>
<td>Vial and syringe</td>
<td>Prefilled Unject injection system</td>
</tr>
<tr>
<td>Type of injection</td>
<td>Intramuscular (deep into the muscle)</td>
<td>Subcutaneous (in the fatty tissue under the skin)</td>
</tr>
<tr>
<td>Where to inject</td>
<td>• Arm (deltoid muscle)</td>
<td>• Anterior thigh (front of thigh)</td>
</tr>
<tr>
<td></td>
<td>• Hip</td>
<td>• Abdomen</td>
</tr>
<tr>
<td></td>
<td>• Buttocks</td>
<td>• Back of arm</td>
</tr>
<tr>
<td>Skin irritation</td>
<td>Skin irritation at injection site is not likely</td>
<td>Skin may be a little irritated at injection site</td>
</tr>
</tbody>
</table>
Why is DMPA SubQ a “game changer”?

• Specifically developed to address logistics and safety challenges of widespread distribution in low-resource settings

• Potential for self-injection, which may:
  – increase user autonomy and lower discontinuation rates
  – decrease operational costs, improve efficient use of providers’ time, expand CHWs’ role
  – reduce opportunity costs for users
Factors that led to research uptake of CHW provision of DMPA SubQ

- Product easy to use
- Decision to adopt happened before the study began
- Focus of the research was operational
- National Drug Authority engaged from the start

Photo credit: Patricia Wamala, FHI 360
Factors that led to research uptake, cont.

- The study itself was designed to support introduction and scale-up
  - Training materials from the study were already developed and approved by the MOH
  - Master trainers from the study were used to train CHWs for initial scale-up
  - CHW trained during study continued to provide SP in their communities
  - Dissemination and uptake of the findings facilitated by active Sayana Press Working Group

Photo credit: Laura Wando, WellShare International
<table>
<thead>
<tr>
<th>Geographic scope</th>
<th>28 districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector</td>
<td>Community health workers (called Village Health Teams, or VHTs) in the public sector</td>
</tr>
<tr>
<td>Private sector</td>
<td>Reproductive Health Uganda’s clinic in Gulu district</td>
</tr>
<tr>
<td>Coordinating body</td>
<td>PATH (10 districts) work with Pathfinder FHI360 (16 districts) WellShare (2 districts) UHMG CDFU</td>
</tr>
</tbody>
</table>
Challenges to Introduction in Uganda

• Product donated from BMGF. Long term this is not sustainable
• Product expired and it had to be pulled
• Training health workers challenges because of frequent transfers
• Distribution contract through the auxiliary supply chain PATH/Gates are using is costly and some partners opt out
• High demand at time of introduction can result in stockouts
Next Frontiers for CBA2I

- Drug Shops
- Home and Self-Injection

Photo credit: Tracy Orr, FHI 360