



Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



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

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

Leigh Wynne, FHI 360
Advancing Partners & Communities Project
Institutionalizing Community Health Conference, March 2017



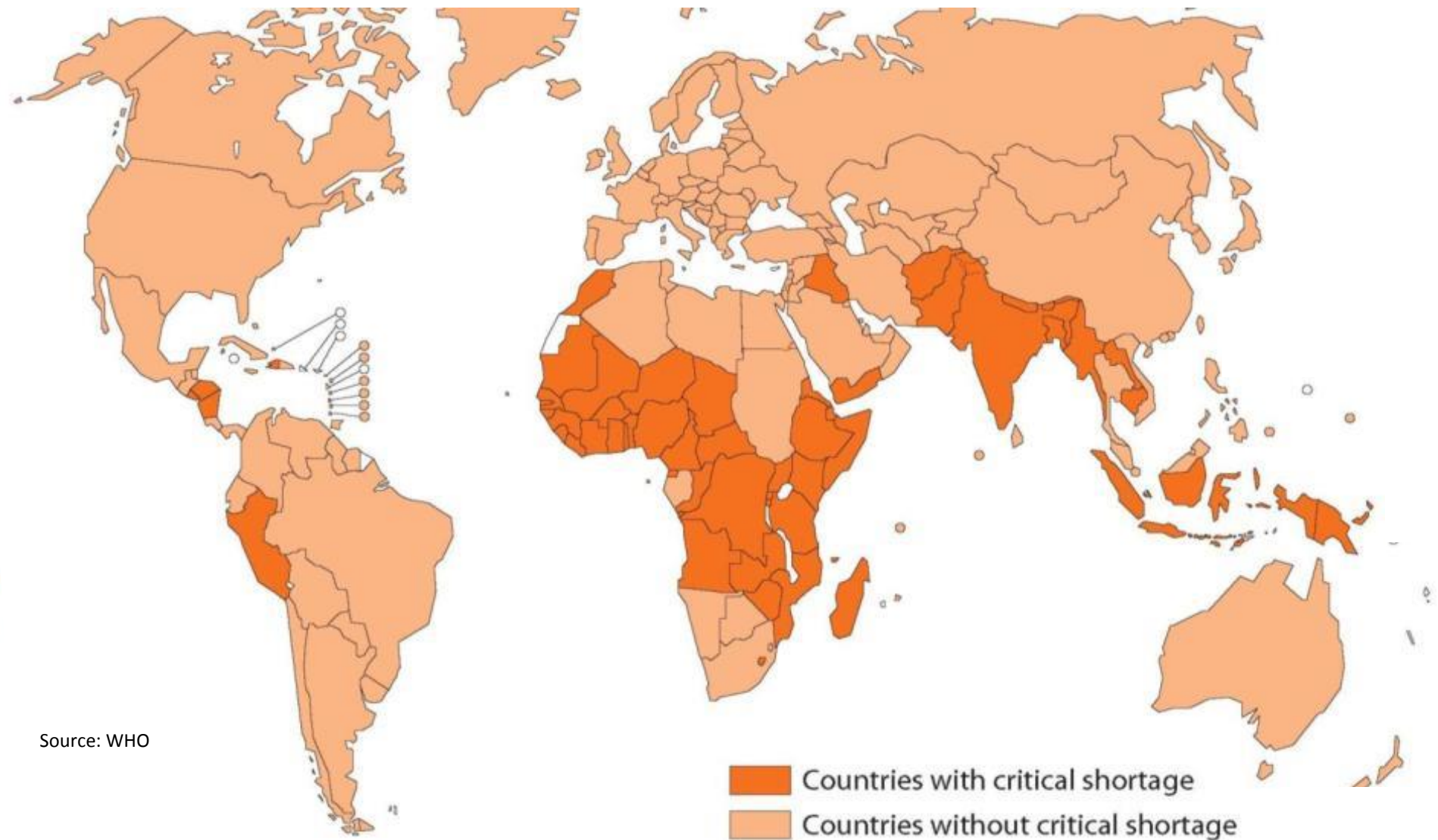
Outline

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

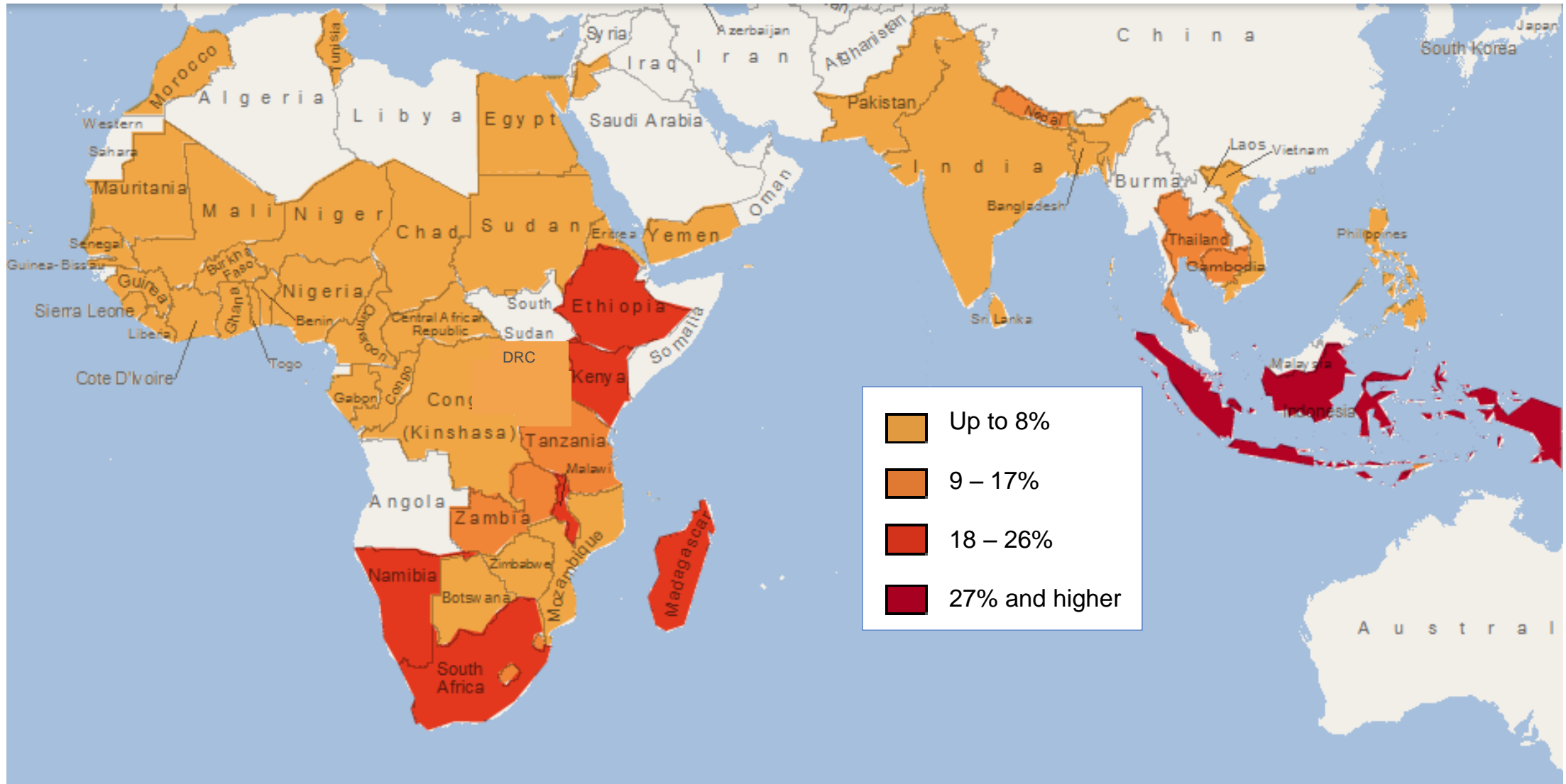
Rationale, Global Guidance and Current Status for Community Based Access to Injectables



Countries with a Critical Shortage of Doctors, Nurses, and Midwives



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



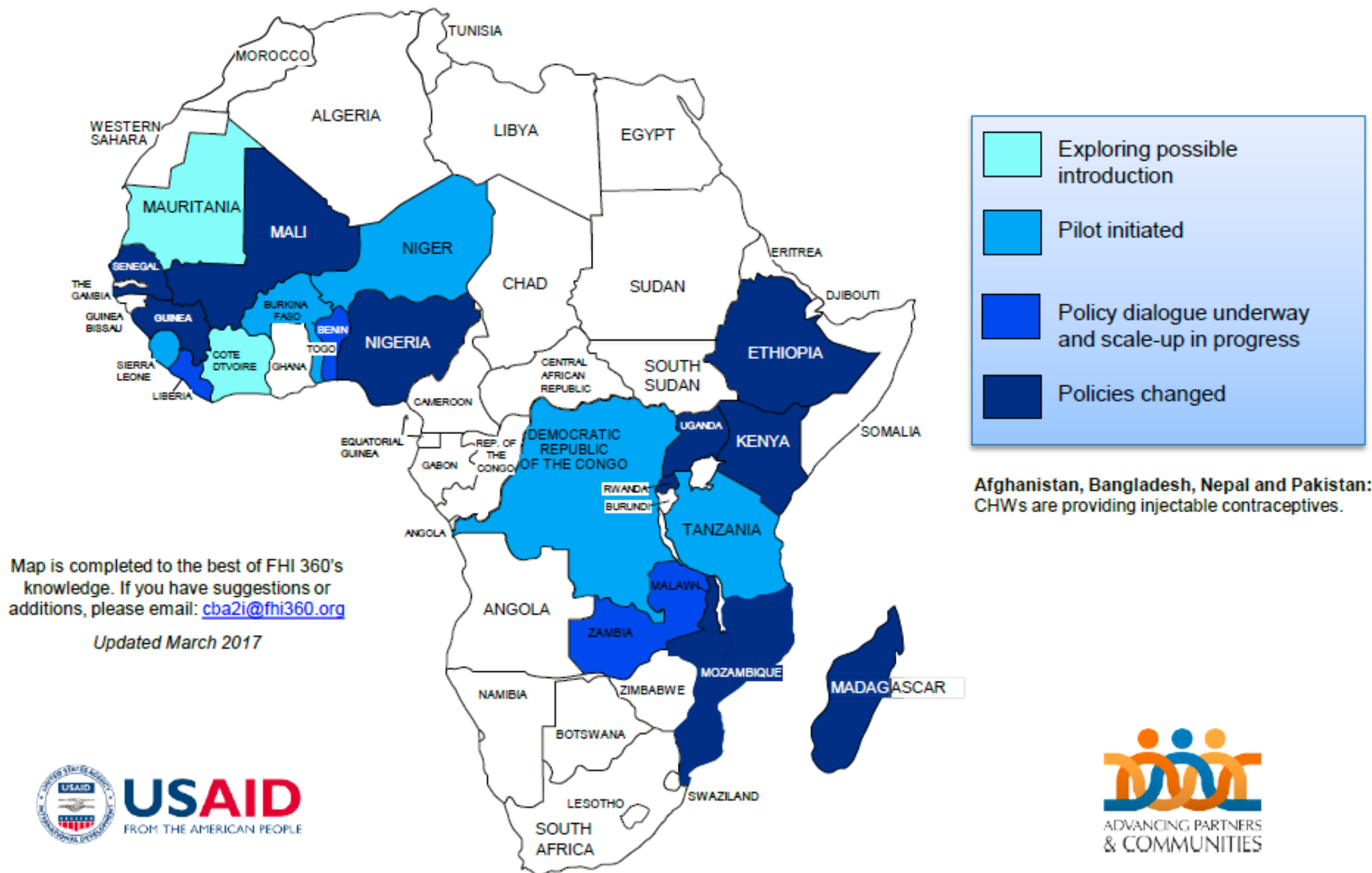
<http://www.k4health.org/toolkits/cba2i/conclusions>

WHO recommendations on task sharing family planning (2012)

WHO recommended as already widely recognised and established practice	
WHO recommended	
WHO recommended with targeted monitoring and evaluation	
WHO recommended only in the context of rigorous research	
WHO recommends against	

	LHWs	Auxiliary Nurses	Auxiliary Midwives	Nurses	Midwives	Associate Clinicians	Doctors
Tubal Ligation							
Vasectomy							
IUDs							
Implants							
Injectables							
OCPs & Condoms							

Status of CBA2I in Africa - 2017



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



Leadership, capacity building, and
grant-making for community health
systems and programs

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Community-Based Access to Injectables (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 administer injectable contraception through drug shops, and providing mobile services in areas where access is limited. APC is supporting expansion of CBA2I services as part of its broader effort to diversify the method mix at the community level.

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Community-Based Family Planning



(CHWs), mobile outreach services, and drug shops—and provides an opportunity for users to practice what they learned using a case study.

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

Log in to take this course

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by K4Health

Community-Based Access to Injectable Contraceptives

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

www.k4health.org/toolkits/cba2i

www.advancingpartners.org

Email us:
cba2i@fhi360.org

Uganda Case Study: DMPA SubQ Introduction



How are DMPA IM and DMPA SubQ different?

Feature	DMPA IM	DMPA SubQ (e.g., Sayana Press)
Mg/dose	150 mg	104 mg
Package	Vial and syringe	Prefilled Uniject injection system
Type of injection	Intramuscular (deep into the muscle)	Subcutaneous (in the fatty tissue under the skin)
Where to inject	<ul style="list-style-type: none">• Arm (deltoid muscle)• Hip• Buttocks	<ul style="list-style-type: none">• Anterior thigh (front of thigh)• Abdomen• Back of arm
Skin irritation	Skin irritation at injection site is not likely	Skin may be a little irritated at injection site

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.

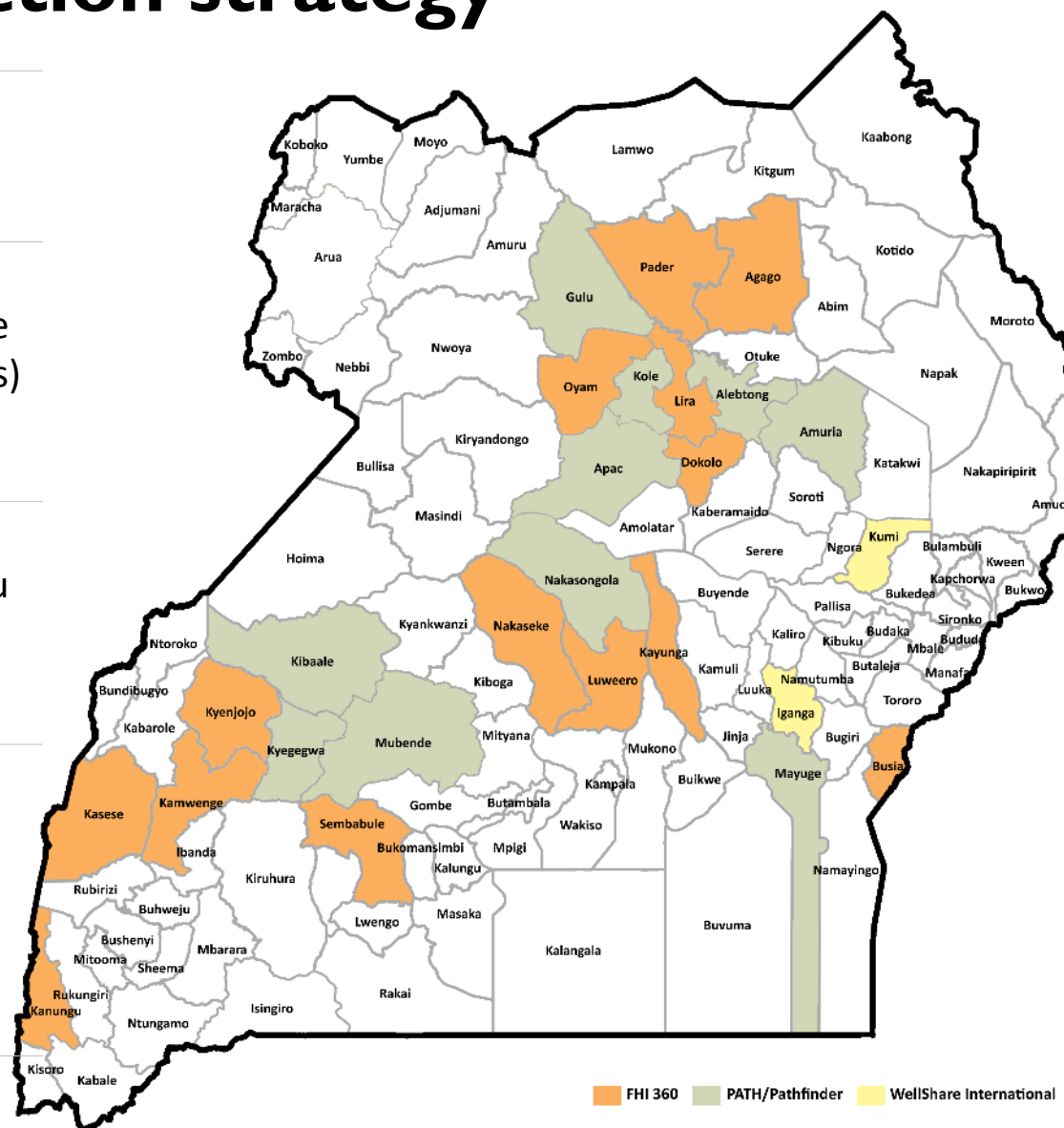
- The study itself was designed to support introduction and scale-up
 - Training materials from the study were already developed and approved by the MOH
 - Master trainers from the study were used to train CHWs for initial scale-up
 - CHW trained during study continued to provide SP in their communities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



Photo credit: Laura Wando, WellShare International

Uganda introduction strategy

Geographic scope	28 districts
Public sector	Community health workers (called Village Health Teams, or VHTs) in the public sector
Private sector	Reproductive Health Uganda's clinic in Gulu district
Coordinating body	PATH (10 districts) work with Pathfinder FHI360 (16 districts) WellShare (2 districts) UHMG CDFU



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



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