



Task-Sharing and Other Community-Based Innovations that Increase Access to Injectables and Implants

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About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this project will continue for eight years, until September 2019. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

www.E2AProject.org

Inherent to E2A's global mandate of strengthening the delivery of family planning and reproductive health services is increasing women's and girls' access to the fullest range of contraceptive options—especially where their unmet demand for contraception is greatest. This often means applying proven best practices as well as new, innovative approaches to reach women and girls in communities where poverty and high fertility rates beg imminent demand for contraception, yet quality contraceptive services are largely out of reach.

These approaches include task-sharing—training different cadres of community health workers to offer clinical contraceptives, such as injectable contraceptives and implants, when access to facility-based services and skilled health workers is limited. These task-sharing approaches are coupled with nuanced and tailored demand-generation strategies. Demand-generation interventions encourage acceptance of contraceptive choice in places where social, religious, and cultural norms

can hinder women's and girls' desire to space pregnancies and limit childbearing.

National task-sharing policies, which enable certain cadres of community health workers to provide clinical contraceptive methods, are fairly new. E2A, through its task-sharing interventions, has generated evidence that has supported the operationalization of these policies in multiple sub-Saharan African countries. This evidence shows that the provision of implants and injectables by certain community-based cadres is a safe and feasible way of meeting unmet demand for the most effective contraceptive methods. In the absence of policies that make task-sharing possible, E2A has employed alternatives to task-sharing—such as engaging nurses to work in partnership with community health workers in their communities—to bring clinical contraceptives to rural populations.

This brief describes task-sharing approaches, or alternatives to task-sharing, applied by E2A over the last three years

in Burundi, Democratic Republic of the Congo (DRC), Mozambique, and Nigeria. These approaches have brought safe and effective clinical contraceptive methods—largely, injectables and implants—in arm’s reach of women and girls, resulting in significant increases in their use.

Burundi: Demand generation by community health workers and provision of injectables and long-acting reversible contraception by nurses during mobile outreach

Health cadres engaged:

- Community health workers—health volunteers with no formal health training
- Community health worker supervisors—trained cadre of health promotion officers
- Retired nurses

In Gitega, Makamba, and Rutana provinces—rural provinces with the lowest contraceptive prevalence rates and highest unmet need for family planning in Burundi—E2A worked with the National Reproductive Health Program and UNICEF- and UNFPA-funded projects led by Pathfinder International to scale up community-based family planning services. E2A trained community health worker supervisors, through an existing task-sharing strategy, to offer the injectable depot-medroxyprogesterone acetate (DMPA). Additionally, E2A and the National Reproductive Health Program recruited and trained unemployed nurses to voluntarily provide long-acting reversible contraceptives (LARCs)—the implant Jadelle and Intrauterine Devices (IUDs)—at the community level and through mobile outreach services. At the same time, community health workers with no formal training in three provinces provided oral contracep-

tive pills and condoms and referred clients to mobile outreach services and facilities for DMPA, LARCs, and permanent methods. All community-based providers were directly connected to health facilities for referral and met monthly at facilities to review progress and obtain support. Due to instability in the country, E2A’s activities in Burundi ended in December 2015, but preliminary results showed that the use of injectables and LARCs increased throughout the six-month intervention period and that the engagement of retired nurses to strengthen mobile outreach services coupled with demand generation activities of community health workers is a promising innovation for increasing uptake of all contraceptive methods at community level.

Results (July-Dec. 2015):

- 922 injectables provided by community health worker supervisors.
- 134 implants and 51 IUDs administered by five retired nurses to new acceptors.
- 100,000 men (48,000) and women (62,000) reached with family planning messages through community health workers.
- Of 2,000 clients referred by community health workers, 410 obtained implants, 996 obtained injectables, 41 obtained IUDs, and 71 received tubal ligations.

DRC: Outreach events—nurses work with community-based distributors in communities to provide full range of contraceptives

Health cadres engaged:

- Community-based distributors—health volunteers with one to two years of education who traditionally conduct health promotion and prevention activities
- Nurses

E2A’s community-based family planning project in DRC reaches rural populations with an integrated package of family planning and child health services where it is most convenient: in their homes and at communal public spaces, like markets and parks. In 51 health areas of 15 health zones in 3 provinces—Lualaba, Kasai Central, and Lomami—the project generates demand for the integrated services; builds the capacity of nurses and community-based distributors to provide free, quality services; integrates gender into demand-generation and service-delivery strategies; and strengthens health systems. At outreach events, organized bimonthly in each health area, eight community-based distributors provide information and counseling on family planning and nonclinical contraceptives, lead public conversations



Woman receiving an implant at a market in DRC

about family planning, and refer people for counseling and clinical contraceptives to a temporary clinic set up for the day. Two nurses staff the temporary clinic, where they counsel on and provide methods including contraceptive injectables (DMPA) and implant insertion and removal services. At \$60 per outreach, the events are a cost-effective approach to providing services to rural populations in the absence of national task-sharing policy.

Results (May 2015-Sept. 2016):

- 6,084 implants and 8,490 injectables administered by nurses at outreach events.
- 5,909 new injectable users and 6,342 new implant acceptors

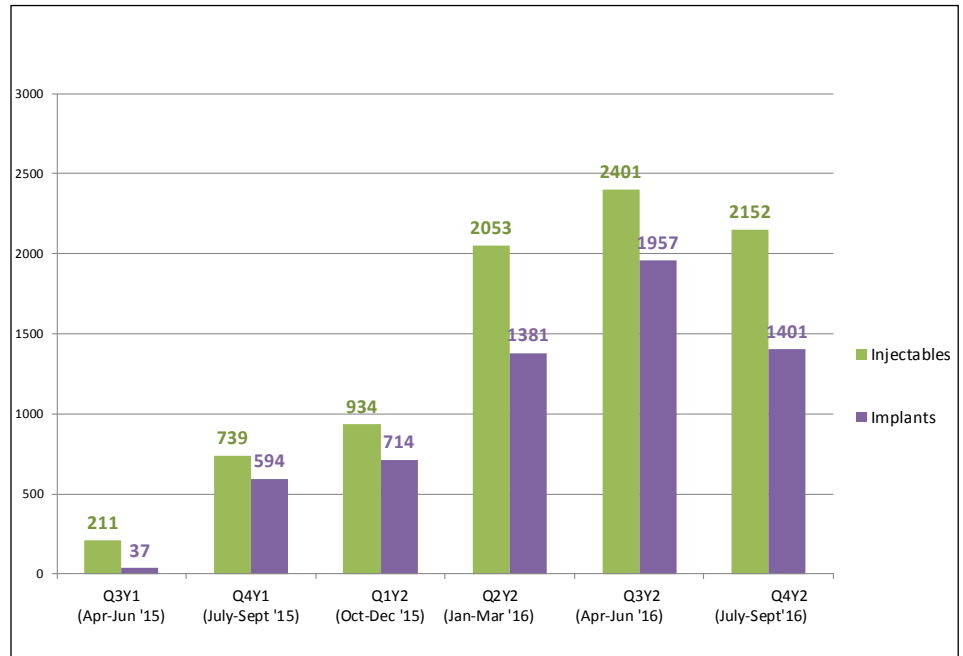
Mozambique: Study on safety and effectiveness of community health workers providing injectables

Health cadres engaged:

- Traditional Birth Attendants (TBAs)
- *Agentes Polivalentes Elementares* (APEs)—polyvalent elementary health workers who serve as link between health facilities and communities by conducting a variety of health promotion and prevention activities

An E2A-supported study in northern Mozambique aimed to explore the safety and effectiveness of training two cadres of community health workers—TBAs and APEs—to administer DMPA, and to provide evidence to policy makers on the feasibility of expanding community-based distribution of DMPA in areas where TBAs and APEs are present. Given Mozambique’s largely rural population and critical health care workforce shortage, community-based provision of family planning in general and of injectable contraceptives in particular, which has been shown to be safe, effective, and accept-

DRC: Methods Distributed via Outreach by Nurses



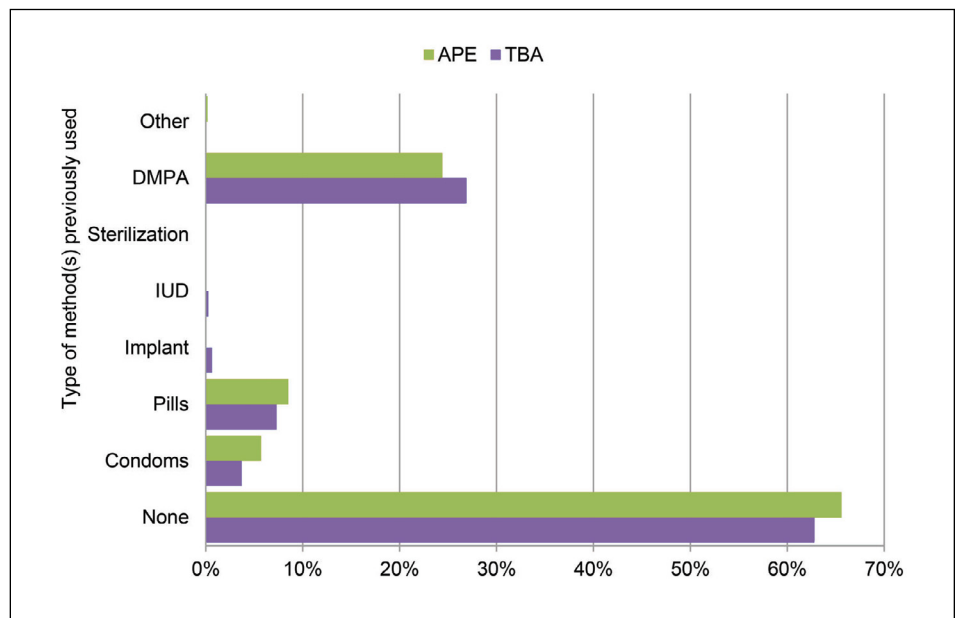
able, is of crucial importance. This study demonstrates that community-based distribution of injectable contraceptives can provide access to family planning to a large group of women that previously had little or no access.

Results (Feb. 2014-April 2015):

- 1,432 women enrolled in the study had either a TBA or APE administer an injectable.

- Of those women, 63% to 66% were new acceptors.
- 66% did not report side effects at the 3-month and 6-month follow-up visits.
- Less than 0.5% experienced morbidities at the injection site.
- 81.1% continued with the DMPA after 3 injections.
- 64% reported willingness to pay for DMPA.

Mozambique: Previous Use of Contraception Among Study Population, by Provider Type (N=1,432)



Nigeria: Provision of injectables and implants by community health extension workers (CHEWs) at health facilities

Health cadres engaged:

- CHEWs—trained community health workers who work at facilities and in communities to provide a variety of primary health care services

In response to Nigeria's passage of a national task-sharing policy in 2014 and the abundance of CHEWs in Nigeria—which outnumber nurses and midwives 6 to 1—E2A conducted two sets of activities in Nigeria that engaged CHEWs to provide injectable and implant services. In Akwa Ibom state, E2A trained 15 CHEWs to deliver injectables (DMPA) and implants at 10 health facilities and to lead demand-generation activities in communities to increase uptake of contraceptives. In Kaduna and Cross River states, E2A conducted an operations research study that assessed the effects of training CHEWs to

provide implants at 20 health facilities (10 in each state) on contraceptive uptake. The study also looked at the cost of training CHEWs to provide implant services, the extent to which trained CHEWs met international competency standards, and client satisfaction. These activities have produced evidence that will be used to encourage the government and partners to operationalize the task-sharing policy at state level. Both activities included supportive supervision to CHEWs.

Results, Akwa Ibom (Oct. 2015-Sept. 2016):

- 406 implants provided by trained CHEWs.
- 1,989 injectables provided by trained CHEWs.
- 2,064 new clients received contraceptive services from CHEWs at health facilities and in communities.

Results, Operations Research, Kaduna and Cross River (July 2015-March 2016):

- Mean monthly competency scores

totaled more than 80% among all CHEWs in terms of both implant counseling and insertions.

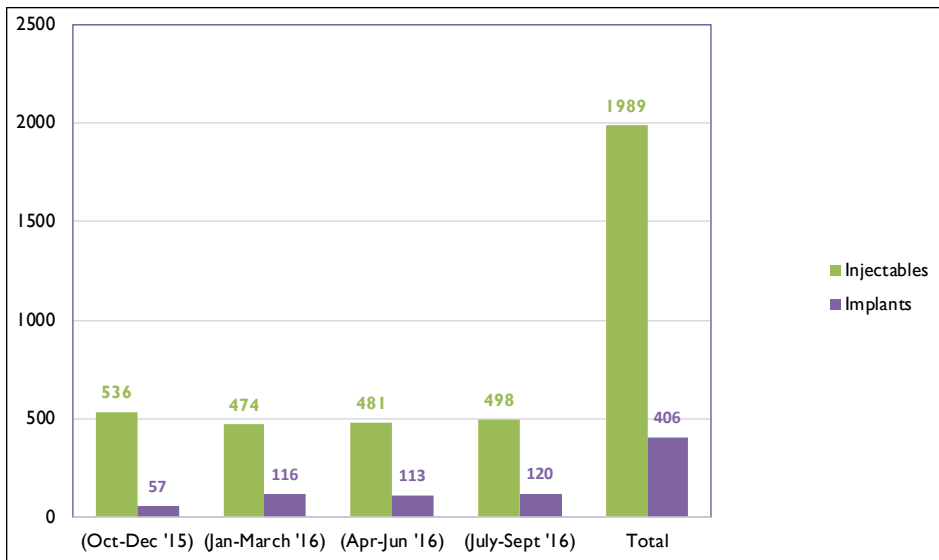
- Client satisfaction was high including perceptions of overall satisfaction, wait times, cleanliness, availability of commodities, and willingness to recommend services to a friend; although client satisfaction was comparable at comparison (non-intervention) facilities.
- 1,540 implants of the total 3,275 implants inserted at all health facilities during the study period were administered by CHEWs.



EXPANDNET



Akwa Ibom, Nigeria: Implants and Injectables Distributed by Trained CHEWs



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