Kenya Ministry of Health Project Supports Greater Access to Contraception

Community-Based Workers Provide Injectables Safely, Effectively

Results from a year-long pilot project (2009-2010) in a rural area of Tharaka District, Eastern Province, led by the Ministry of Health, found that community-based workers (CHWs) – referred to as community based distributors (CBDs) when they provide family planning services – reached more than 1,200 women and greatly expanded access to contraception in this underserved area. The CHWs received training in the broad range of contraceptives as well as how to provide injectables contraception. About two of every three women opted to use depot medroxyprogesterone acetate (DMPA), an intramuscular injection of 150 mg given every 13 weeks. Notably, about 12% of the DMPA group had never used any family planning method.

A national stakeholders meeting recommended this project, which was guided by the CBD DMPA Project Advisory Committee and chaired by the Division of Reproductive Health/MOH. This project fits with the larger Kenya goals outlined in Vision 2030, the 2010 National Leaders Population Conference, and the MOH Strategy for provision of community-based health services including family planning. The project provides one way to help the Government of Kenya reach the Millennium Development Goal of providing universal access to reproductive health by 2015, including addressing unmet need for family planning. It also demonstrates one successful way for Kenya to address its unmet need for contraception (26%) and rate of unintended births (43%).

The findings of this project in Kenya are consistent with global evidence and guidance from the World Health Organization (WHO), while also keeping up with similar actions by Nigeria, Malawi, Madagascar, Uganda, and Zambia. CHWs now provide injectables in more than 10 African countries. Recently, Uganda instituted a policy change to allow CHWs nationally to provide injectables, and the Malawi MOH has agreed to support national provision of injectables by one cadre of CHWs. Nigeria and Zambia are currently discussing how to expand access to new districts after successful pilot projects there.

Need for Injectable Contraception Expands

Currently, 35 million women worldwide use injectable contraception to prevent pregnancy, twice as many as a decade ago. In sub-Saharan Africa, more than one-third of users of modern contraception rely on injectables, more than any other modern contraceptive method. Even so, most countries report levels of unmet need for injectables between 25% to 50% of women who intend to use contraception in the future, according to Demographic and Health Surveys from 32 countries.[1]

In Kenya, 27% of married women of reproductive age in rural areas have an unmet need for contraception, compared to 20% in urban areas. About 70% of the Kenyan population lives in rural areas, where access to quality health services is a challenge. Contraceptive use in Kenya currently is 53% among married women of reproductive age in urban areas,

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compared to 43% in rural areas. Allowing community health workers to provide injectable contraception, which will help the rural areas in particular, would help address this disparity among the underserved population in Kenya.

Injectables are among the most effective contraceptive methods, after intrauterine devices, implants, and sterilization. The majorityof injectable clients use DMPA. WHO has identified only a few medical conditions that limit or prohibit its use. Prior to initiating use, providers need to be able to screen clients for pregnancy and for medical eligibility. They should also be able to provide injections safely and to inform women about delayed return to fertility and potential side effects, including vaginal bleeding irregularities, amenorrhea, and weight gain.

At the global level, a 2009 Technical Consultation hosted by WHO found that global evidence supports the introduction, continuation, and scale of community-based provision of injectable contraception. It concluded that when CHWs receive appropriate and competency-based training, they can "screen clients effectively, provide DMPA injections safely, and counsel on side effects appropriately, demonstrating competence equivalent to facility-based providers of progestin-only injectables."[2] The 30 technical and program experts from eight countries and 18 organizations based the conclusion on a review of the global scientific evidence and programmatic experience.[3] The United Nations Population Fund, Marie Stopes International, International Council of Nurses, International Federation of Gynecology and Obstretrics, the U.S. Agency for International Development, and others endorsed the consultation findings.

The expansion of CHWs providing DMPA in African countries is part of the broad trend known as "task shifting" or "task sharing," which supports the use of providers with less medical or paramedical training to deliver some services such as injectable contraception, with appropriate training, supervision, and other supports. The term "CHWs" refers to health workers who have received standardized training outside the formal nursing or medical curricula; countries use various names and training approaches for these cadres.

Kenya Pilot Has Positive Results

Before services began in the pilot, 31 CHWs were trained during a three-week course that included classroom work on all family planning methods/counseling issues and practicing actual injections on tomatoes/oranges. A two-week clinical practicum followed, where the CHWs did actual injectables under clinical supervisors. CHWs achieved agreed upon competency standards before the actual pilot began. A nurse and public health technician supervised the 31 CHWs; both supervisors reported to the District Public Health Nurse.

The Kenya pilot demonstrated a sharp uptake and continuation of DMPA during the pilot project, from August 2009 to September 2010. Of the 1,245 women reached by the CHWs, 67% (832) opted for DMPA. Of these DMPA users, 14% (118) were new to family planning, 12% (100) were new to DMPA, and 74% (614) were former clinic users. During the same period, the clinics in the area served another 770 DMPA clients.

Besides delivering services, the CHWs also referred clients to health centers during the counseling process if the clients wanted other methods. Of the 1,245 clients reached, 6% (69) were referred to health centers, and most of these (84%) chose long acting and permanent methods. The counseling led one man to obtain a vasectomy.

Continuation was a notable accomplishment, suggesting high satisfaction with the CHWs from the clients. Seven of ten clients received their fourth injection during the project, a high continuation rate.

During the pilot study, family planning use for all methods tripled in the catchment area from 14% within facilities alone to 46% when the use through CBDs was combined with use through the facilities. Most users chose DMPA. At the clinics, 13% used DMPA, and after adding in use through CBDs, the total DMPA use was 38%.

Notably, during the pilot, no client reported any abscess from the injection. Nor did any CHW report any needle stick injury or other adverse events. The District Health Management Team (DHMT) focused on safety issues in supervision and monitoring. No adverse events were reported. In addition, the supervisor checklist showed that none of the CHWs had problems using the screening checklists for client eligibility.

The Kenya MOH recognizes the important role that nurses in particular have in supporting this effort at expanding family planning options to underserved areas. Nurses at the district level endorsed the pilot project in Tharaka. Nurses can contribute to this expanded access to contraception working as trainers, supervisors, and mentors to the CHWs, as well as providing a crucial link between communities and health center. Working with doctors and other health personnel, the nurses help maintain quality and ensure complete referrals. In the Tharaka project, the DHMT worked with the project team to help ensure involvement of all health provider teams in the three health facilities to which the CHWs were attached.

Potential Impact for Other Underserved Areas

The Tharaka pilot and expanding services by CHWs in neighboring African countries demonstrate that CHWs can expand access to family planning for underserved women. Clients, providers, and program managers all expressed satisfaction with the services provided. For example, the convenience and lack of a long trip to a clinic contributes to greater uptake of the method.

"We can visit our person (CBD) at any time even on our way from the shamba or market," said one client.

Another said, "We don't have to wear our Sunday best clothes, take the babies along to clinic, and spend the whole day waiting for an injection anymore."

The pilot project demonstrated the importance of male involvement. Reports by the CHWs and a field visit by the Project Advisory Committee found such involvement to be important. One male client said, "These days we take a cup of tea at our neighbor and we discuss real family issues including sexuality, child health, and STIs."

The pilot findings offer a model for broader access throughout Kenya, as part of an expanded community-based family planning strategy. Even so, challenges remain in considering expansion of this service delivery option beyond the pilot.

Supervision is needed. Currently, only one nurse is assigned to a dispensary, which limits the amount of supervision available, specifically for home visits. To address this, the pilot utilized clinic supervision for the CHWs.

At the same time, the pilot sought to demonstrate the importance of working with nurses. Utilizing the support of nurses at the national level remains important to the MOH. It is important

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to note that the International Council of Nurses supported the WHO consultation findings and the local nurses supported the pilot activities.

Finally, partner collaboration proved important in the pilot, utilizing the pooled resources of organizations such as Jhpiego/APHIA II Eastern and Family Health International for training, materials, and other support. Such continued collaboration will be needed for expansion.

References

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For more information, please contact:
FHI 360/Kenya, Att: Reproductive Health/Family Planning
Valley Road, Chancery Building, 2nd Floor| Nairobi, Kenya
T: +254 020 282 4000