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Community-Based Health Workers in Nigeria Can Safely and Effectively Administer Injectable Contraceptives

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In June 2010, a national consultation organized by the Nigeria Federal Ministry of Health (FMOH) concluded that evidence from a new pilot project in northern Nigeria, together with global evidence assembled by the World Health Organization, support the introduction, continuation, and expansion of community-based provision of injectable contraceptives. The group of 70 stakeholders, which represented the FMOH, development partners, nongovernmental organizations, the private sector, and regulatory bodies found that community health extension workers (CHEWs), a cadre of health workers in Nigeria, provided injectable contraceptives safely and effectively, thus expanding access to contraceptives in an underserved area of the country.

The FMOH, working in collaboration with the Association for Reproductive and Family Health (ARFH) and FHI, supported the pilot project study. The services and the evaluation covered 16 months, from October 2008 to February 2010, with financial support from the U.S. Agency for International Development (USAID).

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 to be between 25 to 50 percent of women who intend to use contraception in the future, according to Demographic and Health Surveys from 32 countries.[1] In Nigeria, 32 percent of women with an unmet need and an expressed desire to use contraception in the future said they would prefer to use injectables.[2]

According to the latest Demographic Health Survey (DHS) in Nigeria (2008), 10 percent of women currently use modern contraceptive methods, and the largest increase in recent years has been the use of injectables.[3] Unmet need for family planning increased in Nigeria from 17 percent in 2003 to 20 percent in 2008. Meanwhile, the total fertility rate is high at 5.7 births per woman nationwide, with the figure higher in the northern areas where the pilot was held. Expanding access to contraceptives can help reduce the incidence of unintended pregnancy , which in turn reduces the risk of maternal morbidity and mortality, a major health concern in Nigeria.

Injectables are among the most effective contraceptive methods, after intrauterine devices, implants, and sterilization. The majority of injectable clients use depot medroxyprogesterone acetate (DMPA), an intramuscular injection of 150 mg given every 13 weeks. 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.

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According to the 2008 Nigeria DHS, oral contraceptive pills and injectable contraceptives are the only realistic options for family planning for women in rural areas where the majority of Nigeria's population lives. Even so, community-based provision of injectable contraception has been largely unexplored in Nigeria. The shortage of skilled health care workers and a weak distribution chain have contributed to the limited access to family planning services in rural areas. Injectable contraception in Nigeria has been provided almost exclusively in health facilities, including public sector hospitals and health centers. Until the pilot project, little was known of the feasibility and effectiveness of such programs in the Nigerian context, particularly in the predominantly Muslim northern states.

Global Evidence

To make injectables more accessible to women, community health workers (CHWs) have provided DMPA in more than a dozen countries, including Ethiopia, Kenya, Madagascar, Malawi, Uganda, and Zambia in Africa, as well as Afghanistan, Bangladesh, Bolivia, Guatemala, Haiti, and Nepal. These countries have used CHWs as 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. The CHEWs in the Nigeria pilot can be considered CHWs when providing services at the community level.

To help inform policies and programs regarding expanding access to injectable contraceptives, WHO, with USAID and FHI, convened a global technical consultation in 2009. The consultation concluded that given appropriate and competency-based training, CHWs 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.[4] 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.[5]

Nigerian Pilot Has Positive Results

The Nigerian pilot project was conducted in the Gombe state, located in a region with the highest maternal mortality rate, highest total fertility rates, and lowest contraceptive prevalence rates in the country.[6] A total of 30 female CHEWs were selected by authorities from two Local Government Areas to serve as volunteers in the pilot project. CHEWs were trained on family planning methods, informed choice counseling, injection safety, sharps disposal and record keeping. The project provided kits to the CHEWs to carry and safely store a method mix of contraceptives including DMPA. Monthly supervisory and monitoring visits were conducted during the pilot's six-month service provision phase to review supervisory tools used to monitor the CHEWs and ensure quality of services. Regular advocacy visits were also made to district-, state- and national-level stakeholders to keep them informed of the project's progress.

Findings demonstrated that injectable contraceptives are a preferred method in rural northern Nigeria, uptake is higher when provided at the community compared to the facility level, and CHEWs can safely provide injections and dispose of waste.

Key Findings

- The couple-year of protection (CYP) contribution from DMPA was higher in community-based provision than in facility-based provision. Between the two pilot sites DMPA provided 257 CYP in the community compared to only 52 CYP at the facility.[7]
- There was a marked increase in the number of clients who switched from facility-based to community-based access to injectables. This finding indicated there was no significant difference in continuation rates between facility-based and community-based clients and that complementing clinic service delivery would improve access to family planning services.
- Second to the male condom, injectable contraceptives were the most utilized family planning method. These results suggest that injectable contraceptives are a preferred method in rural northern Nigeria particularly when communities are well mobilized.
- CHEWs did not report any needle stick injury and confirmed that they used waste management adequately including appropriate filling of safety boxes and disposal according to facility protocol. This demonstrated that CHEWs can provide injections safely and properly dispose of waste while working in the community.

Nigeria Stakeholders' Meeting Conclusions

The participants at the 2010 national stakeholders meeting identified policy implications of the pilot findings and made recommendations for programmatic and operational issues related to community-based distribution of injectable contraceptives.

Policy implications

- The findings from the pilot provided adequate evidence for the FMOH to support community-based distribution of injectable contraceptives by CHEWs in the community, even in the predominantly Muslim northern states.
- The National Reproductive Health Policy Guidelines and Standards of Practice will be amended at the next review of the document to indicate that CHEWs can provide injectable contraceptives in the community in addition to health facilities.

Programmatic recommendations

- Some stakeholders expressed concern that any scale up of the service should ensure that auto-disable syringes be used and providers should be properly trained in their uses and safe disposal. Major donors only provide such auto-disable syringes, which do not allow re-use of a needle and thus increase injection safety.

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- Advocacy meetings need to be convened regularly at the district, state, and national levels, to obtain and maintain local buy-in and support for this service. Such meetings should keep various stakeholders informed of the project's progress before, during, and after project implementation.
- Representatives of the Community Health Practitioners Registration Board, which regulates community health workers in Nigeria, should be invited to provide input to the Reproductive Health Technical Working Group meetings as to the importance of providing injectable contraceptives at the community level.

Operational recommendations

- The contraceptive commodity supply chain should be strengthened to avoid stock outs and increase the sustainability of the program, particularly at the launch of service delivery in a new area. In addition, CHEWs should be trained on cost-recovery systems.

In conclusion, the pilot study findings demonstrated that programs providing community-based access to injectable contraceptives are feasible and effective, even in a setting like northern Nigeria, which has traditionally been hesitant to embrace family planning. Following discussions of the evidence with stakeholders at the 2010 meeting, the FMOH recognized that community-based provision of injectables can help expand access to family planning in Nigeria, particularly among rural and underserved populations. The next steps are to work towards expansion of this service by CHEWs, working with multiple partners. And, eventually, further explorations could occur about using non-medical community volunteers to provide this service, as has been done successfully in other African countries.

References

1 World Health Organization, U.S. Agency for International Development, FHI. Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation. (2010). Research Triangle Park, NC: FHI.

2 National Population Commission (NPC) [Nigeria] and ICF Macro. 2009. Nigeria Demographic and Health Survey 2008. Abuja, Nigeria: National Population Commission and ICF Macro.

3 National Population Commission (NPC) [Nigeria] and ICF Macro. 2009.

4 Stanback, J., Spieler, J., Shah, I., & Finger, W.R. (2010). Community-based health workers can safely and effectively administer injectable contraceptives: Conclusions from a technical consultation. Contraception, 81, 181-184.

5 Malarcher, S., Meirik, O., Lebetkin, E., Shah, I., Spieler, J., & Stanback, J. (2011) Provision of DMPA by community health workers: What the evidence shows. Contraception.83(6):495-503.

6 United National Population. (2008). Ensuring that Every Pregnancy is Wanted. Retrieved from: *http://www.unfpa.org/rh/planning.htm#contraceptive*

7 The difference observed for CYP provided by DMPA in facility- and community-based provision was higher in both pilot locations but not statistically significant (p=0.07) in one of the sites.

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