

Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy

Conclusions from the WHO Technical Consultation on Expanding Access to Injectable Contraception (2009)

Description: Summarizes the World Health Organization's (WHO) conclusions on provision of injectable contraceptives by community health workers (CHWs), providing policy and programmatic guidance for decision makers.

In June 2009, a technical consultation at the World Health Organization in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and program experts reviewed scientific and programmatic evidence from Africa, Asia, and Latin America that showed that CHWs can safely and effectively provide progestin-only injectable contraceptives,¹ such as depot-medroxyprogesterone acetate (DMPA). The evidence review focused on three main issues: competency of CHWs; acceptability among clients and providers; and uptake and continuation rates of injectable contraceptives. The review identified 16 CHW projects with documented evidence on these issues from a search of more than 500 articles and 55 additional sources. Independent reviewers rated the quality of the projects' evidence related to outcomes in seven areas: client screening, injection safety, counseling on side effects, client perspective, provider perspective, uptake of services, and continuation of use. Participants in the technical consultation agreed that the evidence in these areas was sufficient and consistent to arrive at five overall conclusions, two key policy implications, and four issues for programmatic guidance, summarized below.¹

Overall Conclusions

- Given appropriate training, CHWs can screen clients effectively, provide DMPA injections safely, and counsel on side effects appropriately.
- Provision of DMPA by CHWs will expand choice for underserved populations and is likely to lead to an increased uptake of family planning services.
- Continuation rates of DMPA by clients of CHWs are as high as those of clients receiving injections at clinics.
- The vast majority of clients express satisfaction with CHW provision of DMPA.
- Trained CHWs are comfortable with their ability to provide DMPA.

ORGANIZATIONS ENDORSING THE CONCLUSIONS

- World Health Organization
- U.S. Agency for International Development
- FHI 360
- International Confederation of Midwives
- International Council of Nurses
- International Federation of Obstetrics and Gynecology
- International Planned Parenthood Federation
- Marie Stopes International
- UNFPA
- The World Bank

¹ The evidence largely focused on the progestin-only injectable DMPA, also known as Depo-Provera, the most widely used progestin-only injectable contraceptive.

Policy Implications

- Sufficient evidence exists for national policies to support the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives, especially DMPA.
- Operational guidelines should reflect that appropriately trained CHWs can safely initiate use of DMPA and provide injections.

Programmatic Guidance

- Every community-based program should include continued monitoring of provider competency in screening and counseling clients.
- Guidance and supervision of providers enhance their skills and strengthen their confidence.
- Auto-disable (single-use) syringes should be used when available.
- Women should not be denied a progestin-only injectable simply because a means for measuring blood pressure is not available.

Global Need for Injectable Contraception

The technical consultation concluded that community-based provision of progestin-only injectable contraceptives by appropriately trained CHWs is safe, effective, and acceptable. Such services should be part of all community-based family planning programs.

This is particularly relevant because there is still a large unmet need for injectable contraceptives—between 25% and 50% of women who intend to use contraception in the future say they would choose this method.² Establishing or expanding programs for CHW provision of progestin-only injectable contraceptives will help meet this global need.

For more details on the evidence presented and the conclusions from this technical consultation, visit the **Global Evidence** tab on the Knowledge for Health CBA2I Toolkit.



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²World Health Organization, U.S. Agency for International Development, FHI 360. 2010. *Community-based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation*. Research Triangle Park (NC); FHI 360. Available at: <https://www.k4health.org/toolkits/fpsuccess/conclusions-technical-consultation-community-based-health-workers-can-safely-and-effectively-administer-injectables>.