Benin's Community-Based Access to Injectable Contraceptives Pilot Project

Background

Global research evidence on community-based access to injectable contraceptives (CBA2I) shows that trained community health workers (CHWs) can safely, acceptably, and effectively provide injectable contraceptive services in their communities. In addition, recent international technical guidance promotes the introduction, continuation, and scale-up of this service delivery model.[1]

Currently, women in Benin can only access injectable contraceptives at a health facility, thereby limiting access to those who live in rural communities. The 2011 Demographic Health Survey found that the contraceptive prevalence rate (CPR) for modern methods is only 6.8 percent in rural areas compared to 9.5 percent in urban areas. The national CPR for modern methods is 7.9 percent. Indeed, in Benin, the use of modern methods of contraception only marginally increased between 2006 and 2011 (from 6.1 percent to 7.9 percent) while unmet need grew from 27.3 percent to 32.6 percent (BDHS, 2011).

Advocacy efforts in Benin began in 2012 to gain key stakeholder support for launching a pilot project for community-based provision of injectables through the *Aides-Soignantes* cadre (see sidebar). Since attending the Francophone West Africa Community-Based Family Planning (CBFP) Partners' Meeting in March 2013, officials from Benin have made great strides towards reaching their goal of introducing this emerging standard of practice. In 2014, the Benin Ministry of Health's (MOH) Mother and Child Health Directorate (Direction de la Santé de la Mère et de l'Enfant/DSME) approved a pilot project of Aides-Soignantes' distribution of injectable contraceptives (e.g., Noristérat) at the community level. Starting in early 2015, DSME will implement the pilot over a period of six months, with support from USAID/Benin and USAID/Washington through the Advancing Partners and Communities (APC) Project. At the 2013 International Family Planning Conference in Addis Ababa, Benin formally announced a commitment to increasing CPR to 20 percent by 2018, a goal which was recently affirmed via the launch of a National Costed FP Plan for 2014-2018. The introduction of injectable contraceptives at the community level will be key in the effort to achieve this target.

Who are Aides-Soignantes?

Aides-Soignantes are health workers who assist qualified personnel in health centers. They often support advanced immunization strategies and tend to originate from the community in which the health center they support operates. The majority of Aides-Soignantes have only been trained on the job in specific thematic areas. Recently, the government opened a Medical Training School in Parakou and Aides-Soignantes are one of the cadres being trained there. The CBA2I pilot project team aims to advocate for integrating CBFP, including injectables at this new training school. This will allow Benin's CBFP program to be sustainable and also help achieve the country's development objectives.

[1] World Health Organization, U.S. Agency for International Development, (FHI) FHI. Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation. Research Triangle Park (NC): FHI; 2009.

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Objectives

The specific pilot project objectives are:

- To create an enabling environment for provision of injectable contraceptives through community-based agents;
- To improve capacity for CBFP, including injectable contraceptives;
- To enhance the quality and standard of practice of CBFP, including injectable contraceptives;
- To document best practices and experiences from the pilot project;
- To develop a CBFP program, inclusive of community-based provision of injectables, for Aides-Soignantes.
- To advocate for integration of a comprehensive CBFP curriculum at the Ecole Nationale de Formation Médico-Sociale in Parakou.

Implementation Steps & Timeline

The implementation of the pilot project will follow the 12 steps detailed below:

1. **Advocacy at the National Level (Ongoing):** Identify and engage key stakeholders, including national government and implementing partners.
2. **Creation of a Technical Committee to Oversee the Pilot (Completed August 2014):** The committee is led by DSME and consists of Direction Nationale de la Santé Publique (DNSP), Direction des Pharmacies et Médicaments , Direction de la Programmation et de la Prospective/Service de Gestion de l'Information Sanitaire DPP/SGIS, Association des Sages-Femmes du Bénin (ASFB), APC, USAID, United Nations Population Fund, the Dutch Embassy and the Faculty of Health Sciences of the National University. The committee will oversee the entire pilot process, including planning, tool adaptation, and monitoring and evaluation.
3. **Selection & Assessment of the Pilot Site (Completed January 2015):** The selected pilot site is the Adja-Ouèrè commune in the Pobè/Adja-Ouèrè/Kétou (PAK) health zone. The baseline site assessment was completed by the Technical Committee using APC's *Community-based Family Planning Site Assessment Tool*. A report of findings is available on request.
4. **Adaptation of CBA2I Tools and Materials (February-May 2015):** Materials from Senegal's CBA2I project are being adapted to fit the Benin context.
5. **Training of Trainers (April 2015):** A pool of national trainers will be trained, representing DSME, DNSP, ASFB, Direction Départementale de la Santé OUEME/PLATEAU, ASFB, Association Béninoise pour la Promotion de la Famille and other key partners working in FP in Benin.
6. **Training of Aides-Soignantes (May 2015):** A total of 37 Aides-Soignantes will be trained and provided with the necessary supplies and FP commodities to implement of the pilot.
7. **Community Sensitization & Mobilization Activities (June 2015-Ongoing):** This includes Coordinating and convening regular meetings to engage local leaders; conducting community sensitization activities; sensitizing health facility staff to gain buy-in and support for the service; identifying and utilizing community level champions; producing and disseminating advocacy materials; and conducting a mass media campaign.
8. **A series of orientation workshops (June 2015):** on the CBA2I pilot for CHWs, midwives, community leaders, religious leaders, women's groups, men's groups, radio journalists, etc., as well as large community-level campaigns for sensitization and demand creation.
9. **Start of Service Delivery (June 2015):** Service delivery during the pilot phase will be six months (June–December 2015).
10. **Monitoring and Evaluation (Ongoing):** The detailed monitoring and evaluation plan includes routine supervision of Aides-Soignantes by their supervisors (the health center midwives), monthly data collection

and data verification, monthly supervision visits by the Technical Committee, as well as implementation of a midline and endline assessment (using the same tool that was implemented at baseline).

11. **Dissemination of Final Results (January 2016):** Includes dissemination of a final report and a national stakeholders meeting.
12. **Planning for Scale-Up (January-March 2016):** Includes identification of the first phase of scale-up sites as well advocacy via the MOH to the Minister of Education to adopt the Aides-Soignantes CBFP training curriculum at the national level for pre-service training.

Overview of the Pilot Site

In August 2014, after approving the pilot, the MOH decided that it would be implemented within the PAK health zone of Benin in four boroughs of the Adja-Ouèrè commune. Their decision was based on the following three criteria: i) the proximity of the sites to central-level MOH structures to enable ongoing supervision; ii) sites with very low contraceptive prevalence rate; and iii) a location with a dynamic and competent local MOH team in place.

Characteristics of the Pilot Site

Name of Borough	No. Villages	No. Households	Population		
			Men	Women	Total
Adja-Ouèrè	8	3,075	11,391	12,763	**24,154**
Ikpinlè	10	3,278	12,257	12,684	**24,941**
Ologo (Oko-Akaré)	7	2,176	8,219	9,193	**17,412**
Tatonnoukon	7	1,708	6,801	8,030	**14,831**
Total	**32**	**10,237**	**38,669**	**42,671**	**81,338**

Source: RGPH4

The Adja-Ouèrè commune is predominantly rural, with a total population of 120,238 (81,338 of whom live in the 4 boroughs the pilot project will be implemented in). Women of childbearing age account for 25 percent of the total population. There are 11 health centers in the commune, of which only 8 currently offer FP services. FP methods provided in these health centers include condoms, the Standard Days Method®, contraceptive pills, injectables, and implants. For IUDs and permanent methods, health centers refer clients to the hospital located in the health zone. For injectable contraceptives, both Depo-Provera and Noristerat are available in Benin, however, for purposes of the pilot project, the MOH chose Noristerat, which is the more popular of the two.

The CPR for modern methods in Adja-Ouèrè commune is 8 percent; however, this decreases to only 2 percent in the 4 boroughs the pilot will be implemented in. FP clients in Benin are charged a fee for FP commodities. However, some projects run campaigns offering free methods, particularly implants, which have become the most commonly used FP method in Adja-Ouèrè. Indeed, findings from the baseline assessment of the pilot site revealed that financial constraints are a key barrier to accessing FP services in Adja-Ouèrè. Additional barriers revealed during the assessment were a lack of trained personnel and stockouts.

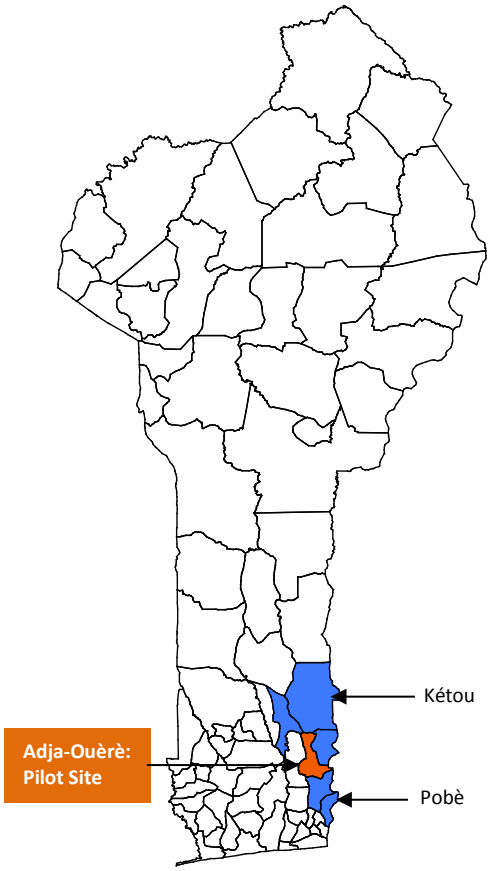
Selected Indicators

The following indicators will be tracked:[2]

PROCESS INDICATORS

1. Number of Aides-Soignantes trained
2. Average number of FP clients the Aides-Soignantes saw monthly
3. Average number of Noristérat users the Aides-Soignantes saw monthly
4. Average number of FP clients the facility-based workers saw in the intervention location prior to the pilot study
5. Average number of Noristérat clients the facility-based workers saw in the intervention location prior to the pilot study
6. Proportion of injections with occurrence of complications (e.g. needle-stick injuries)
7. Number of referrals Aides-Soignantes made to the clinic for side effects
8. Number of referrals Aides-Soignantes made to the clinic for other contraceptive methods
9. Frequency of supervision meetings conducted
10. Number of stockouts of contraceptive methods at the health center level
11. Number of stockouts of Noristérat at the Aides-Soignantes level
12. Proportion of new FP users that were referred to Aides-Soignantes by CHWs (Relais Communautaires)
13. Number of advanced strategies organized by Aides-Soignantes

Map of Pilot Site Location within the PAK Health Zone of Benin



OUTCOME INDICATORS

14. Proportion of observed trained Aides-Soignantes who received a score greater than or equal to 80 percent on a knowledge test
15. Number of new FP users who accepted an FP method from Aides-Soignantes over a six-month period
16. Number of new FP users who accepted Noristérat from Aides-Soignantes over a six-month period
17. Proportion of eligible Aides-Soignantes Noristérat clients who received at least one reinjection from the Aides-Soignantes over a six-month period
18. Proportion of eligible health center Noristérat clients who received at least one reinjection from the facility over a six-month period
19. Number of DMPA clients who switched from facility to community-based reinjection of Noristérat over a six-month period
20. Proportion change in CYP
21. Proportion change in CPR
22. Examples of advocates/champions and types of support demonstrated for CBA2I

[2] Adapted from FHI 360, Key Indicators for Community-based Access to Injectable Contraception Pilot Studies, 2011 https://www.k4health.org/sites/default/files/Key%20Indicators%20for%20CBA2I%20Final%20with%20Branding.pdf