Community-based Access to Injectable Contraception (CBA2I) in Guinea

INTRODUCTION

Located on the coast of West Africa, Guinea is bordered by Guinea-Bissau, Senegal, Mali, Côte d'Ivoire, Liberia and Sierra Leone. Seventy-two percent of Guinea's population of 11.5 million resides in rural areas (PRB, 2012). The use of family planning (FP) remains very low; with a Contraceptive Prevalence Rate (CPR) of modern methods among married women of 5.7 according to the 2005 Guinea Demographic Health Survey (GDHS). Yet, approximately 21 percent of married women of reproductive age want to space or limit births, but are not currently using any method of family planning (GDHS, 2005). Among the 32 percent of married women with intent to use FP in the future –48 percent reported a preference for injectable contraception as compared to 32 percent for pills (GDHS, 2005). Similar to many countries in the region, women in Guinea have a preference for injectables, most commonly depot-medroxyprogesterone acetate (DMPA) due to its discreet use and simple re-injection schedule that make it easier for the client.

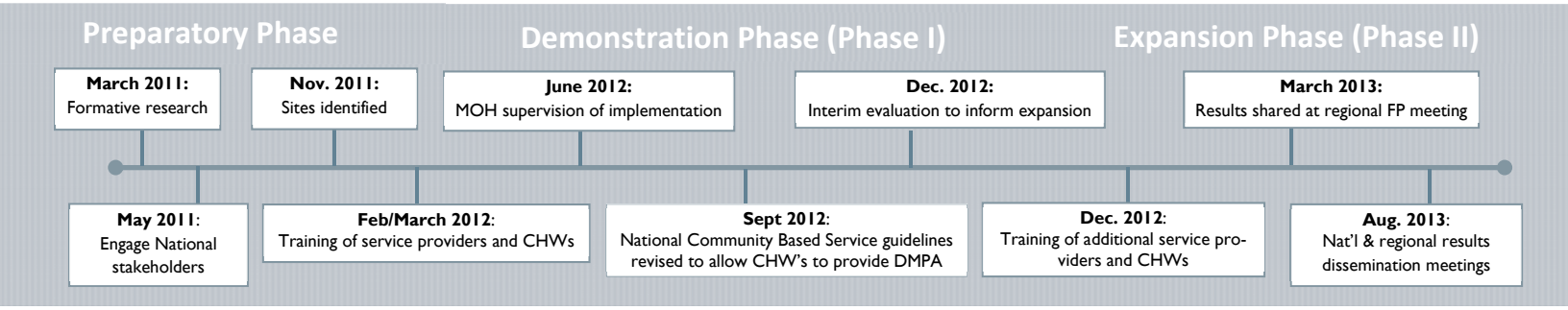
SAVE THE CHILDREN IN GUINEA

Save the Children (SC) has worked in Guinea since 1997, in collaboration with the Ministry of Health (MOH) and partners, with a focus on Mandiana Prefecture. Located in the Kankan Region, Mandiana has a population of 296,800 inhabitants and has one prefectural hospital, 12 health centers, 40 health posts, and 133 villages. In each village, two volunteer Community Health Workers (CHWs), a man and a woman, have been trained to provide health education, counseling and select contraceptive methods including pills, condoms, spermicides, Standard Days Method and Lactational Amenorrhea Method. They also identify and refer women requesting methods that are not available at the community level including Intra-Uterine Devices and tubal ligation.

DEMONSTRATING THE SAFETY AND ACCEPTABILITY OF CBA2I

Prior to 2011, distribution of injectable contraception by CHWs was not permitted in Guinea. However, CBA2I was included as a priority activity in the Guinea country FP Operational Action Plan, developed as a result of the 2011 conference on *Population, Development, and Family Planning in West Africa: An Urgency for Action* held in Ouagadougou.

In 2011, with funding from USAID and the William and Flora Hewlett Foundation, Save the Children negotiated permission from the MOH to support the introduction of community based distribution of injectable contraception in Guinea, focusing on select villages in Mandiana. The project aimed to improve access to injectable contraception by demonstrating the feasibility and safety of the provision of injectables by CHWs and through advocacy for policy change to allow for CBA2I. The first phase (November 2011-December 2012) targeted fifteen villages of Mandiana that were selected based on poor access (at least 5 km from a health facility) and population size (at least 500). After the safety of CBA2I was demonstrated, the project expanded to 32 additional villages in its second phase (December 2012-September 2013).



TRAINING COMMUNITY HEALTH WORKERS

Materials developed in Uganda to train Community Health Workers to distribute injectable contraception were adapted for use in Guinea. Training for CHWs was conducted in two parts covering theoretical and practical training. The theoretical training covered the reproductive health system, DMPA (overview of the method, mechanism of action, side effects, when to start and re-injection), informed choice counseling, the use of checklists (to exclude pregnancy, determine eligibility for DMPA including initiating and reinjections), injection safety including infection prevention practices, and waste disposal management. CHWs were also trained on referrals for side effects and use of management tools. The practical training was conducted in health centers under the supervision of health providers. A total of 47 CHWs were trained to provide DMPA.

USAID FROM THE AMERICAN PEOPLE

THE WILLIAM AND FLORA HEWLETT FOUNDATION

Save the Children

TRAINING REFERRAL SITE PROVIDERS

Recognizing the importance of ensuring women with side effects receive appropriate care, providers in referral sites were trained to manage side effects related to DMPA. A total of 33 providers were trained to manage side effects, while CHWs were trained to identify and refer women with side effects to facilities for care. Providers were also trained in the revised re-injection calendar-- up to 4 weeks beyond the scheduled date for re-injection.

DMPA SATISFACTION: Findings from an Interim Evaluation

Clients	*Local Authorities*	*The Community*
Twenty-nine current DMPA clients were interviewed. 18 had never used a modern method of FP before receiving DMPA from a CHW. The vast majority of these women (27/29 respondents) heard of the program from a CHW or other client. Clients responded positively to questions about client/provider interactions. Twenty-eight (96.6%) clients reported that they were "very satisfied" with DMPA as a method of family planning and would like to continue to receive it from the CHW. One client reported being somewhat dissatisfied because of side effects, but had not discontinued use of DMPA. 18/20 respondents who experienced minor side effects reported going to the CHW for support. Two clients reported more severe side effects - heavy vaginal bleeding, severe headache, and severe abdominal pain - and were referred to a health center by the CHW.	Authorities interviewed reported feeling considerable skepticism when the project was proposed, but acknowledged that it fit with national strategies to decentralize health care and that they saw the project's relevance in light of the successes from other countries in sub Saharan Africa who had piloted or authorized CBA2I. After learning more over the course of program implementation, including through participation in supervision visits, all authorities interviewed viewed CBA2I positively.	Local community leaders, husbands, and women expressed overall satisfaction with the introduction of CBA2I. Opinions expressed during focus group discussions included "The CHW worked well," "The village has full confidence in them," "Services are good and discreet." Community members reported a strength of CBA2I being reduced out of pocket costs of women, but not needing to pay for transportation to the health center. Community members also reported positive opinions of FP, reporting that "one of the strengths of DMPA is to improve the health of children," and that "it reduces expenses of the family."

FINDINGS

- CBA2I is safe. CHWs were able to demonstrate competent injection safety when administering DMPA. This is determined by the occurrence of adverse events such as abscesses or needle sticks. No cases of injection site infection or needle sticks were reported by the CHWs or by clients.

- Side effects have not caused users to discontinue, but facility health workers have limited capacity to manage side effects. To date, no clients have discontinued use of DMPA due to side effects experienced. The interim review found that knowledge and skills related to the management of side effects related to DMPA remain low. The observer noted during simulation that facility based providers were not using the job aids/ decision trees available to them. Quality care at the referral level particularly for the management of side effects is essential for a strong CBA2I program.

LESSONS LEARNED

- Engage local authorities from the start to generate buy-in and sustained support. Sharing experience and successes from other countries can be instrumental to garnering support.

- Strengthened training of CHWs is necessary, particularly around counseling on side effects to improve women's knowledge and understanding of side effects. Where acceptable, inclusion of the sexual partners is essential to ensure the client has support for using the method.

- Strengthen performance of facility based health workers in the management of side effects related to DMPA in order to support method continuation. Encourage regular use of job aids at the facility level to manage side effects. Develop case studies for the management of side effects related to DMPA for use during supervision.

- CHWs function as part of a continuum of care and as additional activities are added to the package of services they provide, attention needs to be paid to ensure they are linked to the formal health system, incentivized and receive continued supervision.

POLICY CHANGE

Based on results from Save the Children's demonstration program, in September 2012, the Community Based Services Guidelines were revised by the Ministry of Health to allow CHWs to provide injectable contraception.

NATIONAL DISSEMINATION MEETING

In August 2013, under the leadership of the MOH and in collaboration with the USAID funded program MCHIP, Save the Children hosted dissemination workshops in Kankan Region and at the national level where results from the introduction of CBA2I in Mandiana were presented and discussed. The MOH has committed to supporting a scale up plan for CBA2I.