

COMMUNITY-BASED DISTRIBUTION OF DEPO-PROVERA: EVIDENCE OF SUCCESS IN THE AFRICAN CONTEXT

KEY POINTS

Recent study results demonstrate the safety, feasibility, and acceptability of community-based distribution of Depo-Provera in the African context.

Depo-Provera clients of CRHWs were equally satisfied with the quality of care received and with their method as clients of clinic-based providers.

Clients of CRHWs continued use of Depo-Provera as long as their clinic-going counterparts.

CBD provision of Depo-Provera appears to be as safe as provision by nurses.

Community-based family planning programs in Uganda and other sub-Saharan African countries should consider making programmatic and policy changes that would allow paramedical provision of injectable contraception by appropriately trained cadres.

SUMMARY

In collaboration with Save the Children USA and the Uganda Ministry of Health, Family Health International (FHI) conducted a cohort study demonstrating the safety, feasibility, and acceptability of community-based distribution (CBD) of depot medroxyprogesterone acetate (DMPA or Depo-Provera) in a rural Ugandan district. Though paramedical provision of injectables has become routine in regions such as Asia and South America, the findings from this study are relevant because concerns about safety have rendered the practice highly controversial in sub-Saharan Africa. Study results reinforce the wealth of successful experiences from other regions and affirm that well-trained community health workers can safely provide injectable contraception in the African context.

INTRODUCTION

In much of sub-Saharan Africa, a significant portion of the population lives in rural areas, leaving many women with limited access to clinic-based family planning services. Thus CBD of contraceptives remains an important service delivery mechanism in this region. Most CBD programs, however, typically only provide a limited selection of contraceptive methods, including condoms, pills, and spermicides. Despite the fact that community-based health workers in Asia and Latin America routinely provide Depo-Provera, safety concerns preclude paramedical provision of injectables in sub-Saharan Africa. Thus, women who prefer Depo-Provera are faced with the choice to travel to distant clinics to obtain it, use a less preferred method, or forego contraception altogether. Demonstrating the safety, feasibility, and acceptability of CBD of Depo-Provera in the African context, the findings from this study provide compelling evidence for programmatic and policy change that could improve women's access to needed family planning services.

METHODOLOGY

The study took place in Nakasongola, a rural district two hours north of Uganda's capital, Kampala. The primary aim was to assess the safety, quality, and feasibility of Depo-Provera provision by community reproductive health workers (CRHWs). This was accomplished by

comparing the Depo-Provera clients of CRHWs with those of clinic-based providers on the following four outcomes: three-month acceptance rates (i.e., acceptance of second Depo-Provera injection), user satisfaction, client knowledge of key information about Depo-Provera (a proxy for the quality of counseling received), and reported incidence of injection site morbidities.

Clinic staff and CRHWs enrolled a total of 945 clients. Participants included new and re-starting clients accepting Depo-Provera either in 10 designated health clinics or from the trained CRHWs. Eighty-two percent (777) of study participants were followed up by local MOH health assistants who attempted to contact each client 13 weeks after the first injection.

The CRHWs underwent intensive classroom training as well as a two-stage clinic practicum, including supervised patient screenings and provision of contraceptive injections. To ensure safety, CRHWs only used auto-disable syringes and were trained in the proper use and disposal of sharps containers. During the study, all CRHWs were supervised by staff from Save the Children and also maintained contact with staff from nearby health centers. District health officials further ensured quality control by making periodic visits to the CRHWs.

RESULTS

The following results illustrate how well CRHWs provided Depo-Provera services in comparison to clinic-based nurses.

Continuation

After controlling for relevant covariates, statistical tests showed no significant difference in the proportion of clinic and CRHW clients receiving a second injection. Furthermore, 94% of each cohort received their second injections within the MOH-approved “grace period” after the due date.

Client Satisfaction

Clients of CRHWs reported being at least as satisfied with services and with Depo-Provera as clinic clients (and more often reported being “very satisfied”).

Quality of Care

Quality of care was measured using client reporting on whether or not the provider explained that Depo-Provera does not protect against HIV, offered condoms, discussed STI/HIV/AIDS, discussed side effects, and provided a written appointment slip. On all measures, there was little difference between client reports of care received from nurses and from CRHWs.

Findings about client counseling showed that clinic-based clients were informed about a broader range of family planning methods than CRHW clients were. In addition, clients in both cohorts demonstrated a substantially low level of knowledge about potential side effects.

Side Effects

Clients in both cohorts exhibited the normal range of side effects, with only minor differences in rates between the two groups.

Injection Safety

To measure injection safety, researchers asked CRHWs to report needle sticks (there were none) and also asked clients about any problems resulting from the first injection. Of the total 748 clients questioned about this, only 4% reported problems, many of which

appeared to be minor upon further investigation (i.e., “felt dizzy,” “little pain”).

DISCUSSION

The findings from this research reinforce the wealth of experience from other regions suggesting that well-trained community health workers can safely provide contraceptive injections. Specifically, the findings demonstrate that Depo-Provera clients of community based health workers were equally satisfied with the care given and with their method as clients of clinic-based provider. They also continued use as long as their clinic-going counterparts and received care, that was, in most respects, comparable in quality. Most importantly, CBD provision of Depo-Provera appears to be as safe as provision by nurses.

While the findings were generally positive, the data also suggest that CRHWS could improve upon their injection techniques and that both CRHWs and nurses could improve upon client counseling.

RECOMMENDATIONS

Given the results of this research and the growing popularity of Depo-Provera in sub-Saharan Africa, it is recommended that:

- Community-based family planning programs in Uganda and other sub-Saharan African countries should consider making programmatic and policy changes that would allow paramedical provision of injectable contraception by appropriately-trained cadres.
- Ministries of Health and donors such as USAID should ensure trained CRHWs a continuing, routine supply of both Depo-Provera and auto-disable syringes.

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Read or download the full study report at <http://www.fhi.org/en/RH/Pubs/booksReports/DepoCBDinAfrica.htm>.



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