Expanding Access to Family Planning Services in Zambia through Community-Based Provision of Injectable Contraception

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Study Background

• Access to family planning (FP) methods is limited in rural areas

• Utilization of modern FP methods is only 28% in rural areas, compared to 42% in urban areas

• DMPA use across Zambia is only 8.5 percent, with higher use in the urban areas

• Unmet need for FP at 27% is higher than the regional average
Study Background

- WHO, UNFPA, World Bank, USAID, FIGO, International Council of Nurses, International Confederation of Midwives, and IPPF have all endorsed community health worker provision of injectable contraceptives

- ChildFund Zambia (CFZ) and FHI collaborated on a Ministry of Health-approved pilot study that added provision of injectables to CFZ’s community-based FP programs in Luangwa and Mumbwa districts
Study Objectives

- To assess safety of CBD agents’ provision of DMPA injections
- To assess acceptability and client satisfaction with CBD agent provision of DMPA
- To document changes in workload with CBD agent delivery of DMPA
- To measure the impact of adding DMPA provision by CBD agents
- To determine the incremental cost per couple-years of protection (CYP) of adding injectable contraceptives to CFZ’s existing CBD program
Study Methodology

Data sources

- Structured observations of initial and final CBD-administered injections during practicum

- Interviews with:
  - 40 CBD agents
  - 253 DMPA clients
  - 9 District Health and 2 ChildFund Zambia Supervisors

- Data retriever registers

- Aggregate district level data on family planning uptake

- Costing spreadsheets
RESULTS: SAFETY
Safety: Structured Observation Guide (N=40)

- 11 items in the SOG to assess infection prevention practice
- 10 items in the SOG to assess injection procedure
Safety: Client report of adverse events

Client reported problems at injection site

No: 98%

Yes: 2%

Problems encountered:
+ Pain around injection site
+ Numbness in the arm
RESULTS: ACCEPTABILITY AND CLIENT SATISFACTION
Acceptability and client satisfaction with CBD provision of DMPA injections

- 94 percent of CBD clients who accepted DMPA between February and April 2010 received a second DMPA injection
- 93 percent wanted to get another DMPA injection
- 98 percent were satisfied with the way CBD agent gave them their injection
- 98 percent would recommend receiving a DMPA injection from their CBD agent to a friend
RESULTS: FEASIBILITY
Feasibility: CBD agent workload

Impact of adding DMPA provision to the number of hours CBD agents have spent providing family planning:

- 89% of agents saw an increase in hours.
- 8% of agents saw no change in hours.
- 3% of agents saw a decrease in hours.

Average time (per week) the agent provides FP services: 21.8 hours
Feasibility: CBD agent workload

More than 50% of DHOs reported a decrease in DMPA and FP clients at clinics, which can potentially result in:

- time savings for busy nurses
- increased numbers of women using local CBD
- reduction in women’s travel and waiting time at clinics
- better access for women in remote areas
RESULTS: IMPACT OF CBD PROVISION OF DMPA
Impact: Method mix

FP use was recorded for up to 12 months on 4,241 CBD clients

- 41% were new to family planning
  - 85% chose DMPA as first method
  - 13% chose pills as first method

- 82% of all clients received DMPA from newly-trained CBD agent
  - 20% were continuing DMPA clients who switched from clinic provision
  - 24% of clients who initiated the study using condoms and pills switched to DMPA during the course of the study
Couple-Year Protection from CBD-provided FP methods

CYP for Feb. 2010 to Feb. 2011

- Condoms: 51
- Pills: 391
- DMPA: 2,206
Comparison of two-year district and one-year CBD couple-year protection data

- Luangwa health district data (Jan. 2009 to Dec. 2010)
- Mumbwa health district data (Jan. 2009 to Dec. 2010)
- CBD CYP for Feb. 2010 to Feb. 2011

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<th>Item</th>
<th>Condoms</th>
<th>Pills</th>
<th>DMPA</th>
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<td>391</td>
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<td>CBD CYP</td>
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Legend:
- Blue: Luangwa health district data
- Red: Mumbwa health district data
RESULTS: INCREMENTAL COST PER CYP WITH ADDITION OF DMPA TO PROGRAM
Incremental costs per CYP of CFZ’s FP program

Total cost $24,322
DMPA CYP 2,206

= $11.03/CYP
Cost per CYP

$61.89

Cost per CYP

$11.03
Summary: Findings Corroborated

Safety:

– All CBD agents had satisfactory scores based on independent assessments by clinic nurses

– 98 percent of a sample of DMPA clients reported no problems after receiving their DMPA injections from a CBD agent

Acceptability/satisfaction:

– Most clients were satisfied with DMPA services

– Most DMPA clients received their second injection and reported desire to continue using DMPA

– Most clients would recommend CBD provision of DMPA services to a friend
Summary: Findings Newly Demonstrated

Feasibility:
CBD agents report increase in workload for FP services but are satisfied with the work and want to continue providing DMPA to women in their communities.

Impact:
FP uptake, CYP, and method mix data all show that the addition of DMPA to ChildFund’s FP program was successful.

Costs:
With scale-up, the cost of this popular program would decrease as more and more women choose to obtain DMPA from CBD agents.