

Increasing Access to Injectable Contraceptives in Ethiopia

In Ethiopia the unmet need for family planning is one of the highest in the world: 34% of women who desire to control their fertility lack access to a modern form of contraception. Community-based access to depo medroxy progesterone acetate (DMPA, or Depo-Provera®) can help resolve the acknowledged crisis in contraceptive supplies; however its use in many countries is heavily limited by policies restricting distribution to health facilities. Therefore, access to injectable contraceptives remains largely out of reach for rural and underserved women.

In 2008 Venture Strategies, the Bixby Center at the University of California, Berkeley and the Tigray Regional Health Bureau began an 18-month study to test the safety and feasibility of distribution of DMPA by community health workers. Community Based Reproductive Health Agents (CBRHAs) are community-based volunteers limited to distributing oral contraceptives and condoms. Health Extension Workers (HEWs) are local government health workers with a high school education and 18 months of post-graduate training. HEWs staff rural health posts and provide primary care information and supply contraceptives, including DMPA. This was the first ever study to test CBRHA-provision of DMPA compared to HEWs in Ethiopia.

Reaching first-time users, illiterate and unmarried women

We analyzed data from the 1062 women enrolled in the study. Forty-one percent received services from HEWs, and 59% from CBRHAs. Among clients served, slightly more unmarried and illiterate women were able to access CBRHAs

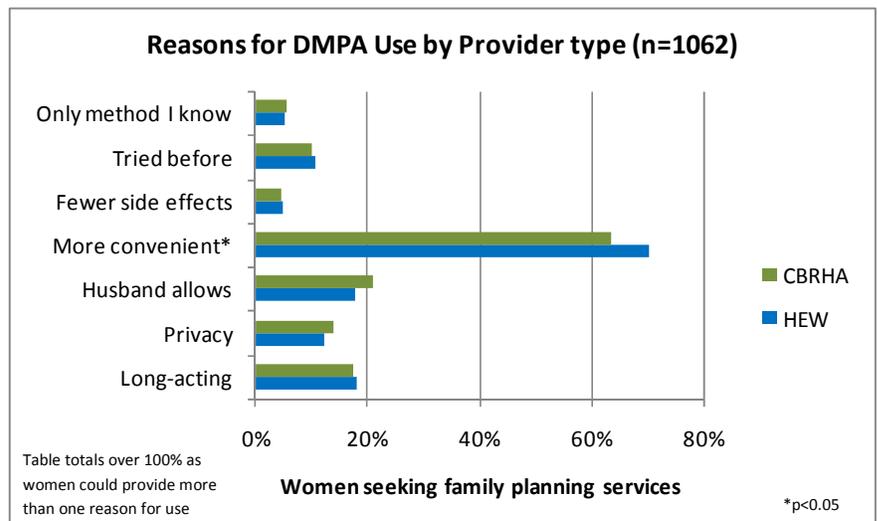


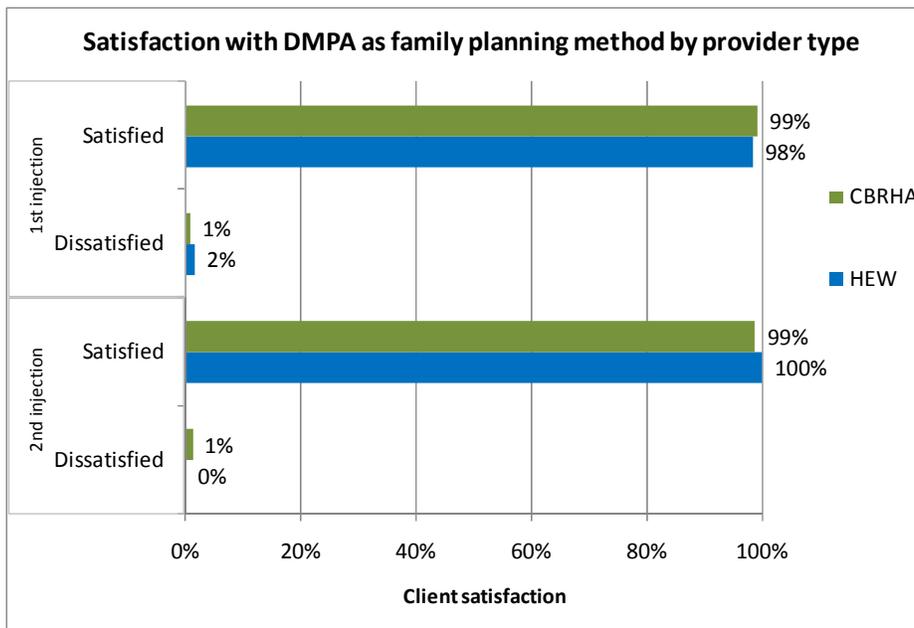
Community-based reproductive health agent, Tigray, Ethiopia

compared to HEWs. Significantly more CBRHA clients were first-time DMPA users compared to HEW clients (58.4 vs 45.9%; $p < 0.05$).

Women want convenience

When asked their reason for DMPA use, most women stated DMPA was a more convenient method. The vast majority of clients expressed satisfaction with community health worker provision of DMPA and in DMPA as a family planning method in general.





research informed recent guidelines on community-based access to DMPA that conclude:

“Evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. Provision by appropriately trained community health workers is safe, effective, and acceptable.”¹

-WHO, USAID, FHI 2009

Additionally, the World Health Organization (WHO) concludes that any woman who wishes to use DMPA and understands its side effects can use the method.² Updated checklists exist for DMPA use based on WHO criteria to assist community-based workers and have been field tested in five developing countries.³ Moreover, community-based distribution and social marketing of DMPA have been successfully implemented in Asia.

Acknowledgement

We wish to thank DKT-Ethiopia who supplied the DMPA supplies for this study.

Method continuation was very high

Only 6.1% of women enrolled actively discontinued use. Primary reasons for discontinuing use were a desire to get pregnant, different contraceptive method use or their husband was gone.

Injection site morbidities were extremely low

Fewer than 3% of women had injection site morbidities after receiving injections (e.g. pain, ulceration, and induration).

Expand community-based provision of injectables

Community-based provision of DMPA is safe, feasible and acceptable to women. Our study has demonstrated low level community health workers, such as CBRHAs can safely and effectively distribute and facilitate supply of DMPA to rural women. Moreover, women prefer the method. This is consistent with Demographic and Health Survey findings across 32 developing countries which found that between 25 and 50% of women with an unmet need for contraception and with a desire to use contraception in the future would prefer to use injectable contraceptives. This

VSI supports our partners in creating access to methods of family planning and safe abortion services through research, policy development and provider training.

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

² Family Health International. Checklist for Screening Clients Who Want to Initiate DMPA. Available at: <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/dmpachecklists/index.htm>

³ Family Health International. Checklist for Screening Clients Who Want to Initiate DMPA. Available at: <http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/dmpachecklists/index.htm>