



East, Central and Southern Africa Health Community

**IMPLEMENTING THE HMC RESOLUTION ON TASK SHIFTING – FOCUS ON
INJECTABLES
EVIDENCE REVIEW AND DEVELOPMENT OF COUNTRY WORKPLANS
12-13 FEBRUARY 2010**

WORKSHOP REPORT

Prepared By:

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Acknowledgements

The organization and conclusion of this workshop was made possible by support from Family Health International (FHI) in collaboration with the East, Central, and Southern African Health Community (ECSA-HC). The ECSA Secretariat worked with counterparts from FHI to develop the programme and materials that enabled the implementation of the workshop.

The passionate participation of country teams from Kenya, Lesotho, Malawi, Tanzania, Uganda, Zambia and Zimbabwe ensured that the issues around country experiences in expanding community-based access to family planning were presented and discussed.

The team of facilitators including Dr. Odongo Odiyo (ECSA-HC), Dr. Marsden Solomon (FHI Kenya), Dr. Angela Akol (FHI Uganda), Patricia Wamala (FHI Uganda), Christine Lasway (FHI Tanzania), Bill Finger (FHI USA), and Morrissa Malkin (FHI USA), worked with participants to deliver the workshop objectives over the two days. Special mention must be made of the Ministries of Health, through offices of the Permanent and Principal Secretaries, who made their technical teams available to participate in this workshop.

To all these individuals, organizations and groups, we owe our heartfelt gratitude.

Executive Summary

The East, Central and Southern Africa health Community (ECSA-HC) in collaboration with Family Health International (FHI), held a regional workshop on expanding community-based access to family planning – focus on injectable contraception. The workshop took place from 12 -13 February 2010 at the Imperial Royale Hotel in Kampala, Uganda and brought together participants from Kenya, Lesotho, Malawi, Tanzania, Uganda, Zambia and Zimbabwe. The workshop was officially opened by Dr. Helen Lugina, the Acting Director General of the ECSA-HC. Other opening remarks were made by Dr. Angela Akol, FHI-Uganda Country Director and Mr. Bill Finger of FHI-USA, Information and Research Utilization Coordinator of the PROGRESS Project.

The objectives of the workshop were;

- To provide an overview of task shifting, specifically expanding community-based access to injectable contraception as and an effective, evidence-based approach
- To review global evidence on task shifting and the experiences of ECSA member states in the provision of family planning by community health workers
- Develop country workplans to advance ECSA health ministers' resolution no. HMC46/R4 of 2008 and HMC48/R2 of 2009
- Identify technical assistance needed to implement country workplans

The workshop was undertaken as a pre-conference activity prior to the 50th ECSA Health Ministers' Conference. The workshop activities included presentations on evidence and programmatic experience, sharing of country experiences, group work to develop country workplans, and consensus building on workshop recommendations.

The following topics were covered during the presentations and groups activities;

- Overview of the global evidence on task shifting with a focus on expanding community-based access to injectables
- Presentations by ECSA member states on the status of task shifting within their individual country contexts
- Group work to develop country workplans on expanding community-based access to injectables to advance ECSA health ministers' resolution no. HMC46/R4 of 2008 and HMC48/R2 of 2009
- Consensus building on recommendations

A summary of each topic is provided the main body of the report. During a final session on 13 February, the draft recommendation was shared with all participants for refining and final endorsement. The final draft of the recommendation is included in the annex of this report.

DAY 1 –12 FEBRUARY 2010

Welcome and introductions

Dr. Odongo Odiyo (ECSA-HC) welcomed participants in the morning. All present participants were then asked to introduce themselves, stating their names and organizational affiliations.

Opening remarks by Dr. Helen Lugina, Acting Director General, ECSA-HC

In her opening remarks, Dr. Helen Lugina welcomed all participants to the workshop and thanked them for participating in the workshop. She thanked FHI for their support to ECSA to facilitate expanded community-based access to family planning with a focus on injectable contraception. Dr. Lugina emphasized that addressing unmet need for family planning is necessary to improve maternal health outcomes, increase contraceptive prevalence rates, and meet the MDGs. She explained that community-based distribution of injectables is a best practice supported by the ECSA Secretariat as an effective, evidence-based approach to increasing access to family planning. She encouraged participants to make improved community-based access to family planning a reality in the ECSA region. Dr. Lugina noted that the June 2009 Technical Consultation on Expanding Access to Injectable Contraception held at the World Health Organization (WHO) in Geneva concluded that evidence supports community-based provision of injectable contraceptives. She ended by thanking ECSA and FHI for the preparation of the workshop and opened the workshop by wishing participants fruitful deliberations.

Opening remarks by Dr. Angela Akol, Country Director of FHI – Uganda

In her remarks, Dr. Angela Akol welcomed participants on behalf of FHI Uganda. She explained that expanding community-based access to injectables comprises a large share of FHI - Uganda's work, and that efforts around this approach are conducted in close collaboration with Uganda's Ministry of Health. Dr. Akol concluded by pledging the availability of FHI-Uganda to share experiences on expanding community-based access to injectables.

Opening remarks by Mr. Bill Finger, Information and Research Utilization Coordinator of FHI's PROGRESS Project

In his remarks, Mr. Finger thanked participants, ECSA and FHI colleagues from Kenya, Uganda, and Tanzania for attending the workshop. He noted that task shifting is a priority for USAID and the PROGRESS Project, with a focus on expanding access to family planning among underserved populations.

Workshop objectives – Mr. Bill Finger

Mr. Finger presented the following workshop objectives:

- To provide an overview of task shifting, specifically expanding community-based access to injectable contraception as and an effective, evidence-based approach
- To review global evidence on task shifting and the experiences of ECSA member states in the provision of family planning by community health workers
- Develop country workplans to advance ECSA health ministers' resolution no. HMC46/R4 of 2008 and HMC48/R2 of 2009
- Identify technical assistance needed to implement country workplans

Presentation of the HMC resolutions – Dr. Odongo Odiyo

Dr. Odongo Odiyo reviewed ECSA health ministers' resolutions no. HMC46/R4 of 2008 and HMC48/R2 of 2009.

Review of the global evidence on provision of injectable contraception by community health workers – Dr. Angela Akol

Dr. Akol began her presentation by explaining the rationale for expanding community-based access to family planning, including injectables. The rationale includes the importance of addressing unmet need for family planning in reaching the MDGs, the critical shortage of health personnel within the ECSA region, and that the need for family planning is often greatest in rural areas where access to clinic-based services is limited. Dr. Akol shared that more than 42 million women worldwide use injectables and that Depo-Provera has been extensively studied and found to be a safe and highly effective contraceptive. In her presentation she noted that in most ECSA countries, more than a third of modern method users use injectables and nearly half of

current non-users prefer to use injectables in the future. She provided an overview of the June 2009 Technical Consultation on Expanding Access to Injectable Contraception convened by the WHO, USAID, and FHI. At the technical consultation, a group of 30 technical and programme experts from eight countries and 18 organizations reviewed the scientific evidence and experiences from programmes that had expanded access to injectable contraceptives through CHWs. The evidence review focused on the following issues: competency of CHWs, acceptability among clients and providers, and uptake and continuation rates of injectable contraceptives. The review identified 16 CHW projects with documented evidence on these issues from a database search of more than 500 articles and 55 additional sources identified by key informants and other resources. The 16 projects covered nine countries: six projects in Bangladesh, two each in Guatemala and Uganda, and one each in Afghanistan, Bolivia, Ethiopia, Haiti, Madagascar, and Peru. The review looked at outcomes in seven areas: client screening, injection safety, counseling on side effects, client perspective, provider perspective, uptake of services, and continuation of use. Two independent reviewers assessed and rated the quality of the reports and studies from the 16 projects prior to the consultation, using the quality of evidence rating system developed by the U.S. Preventive Services Task Force.

The experts found that community-based provision of progestin-only injectable contraception by appropriately trained CHWs is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods. The technical consultation concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraception.

After Dr. Akol's presentation, participants made the following comments;

- Are CHWs typically women or men?
- How sustainable are community-based distribution programs that rely on volunteer CHWs?
- There is need to improve commodity security both at the facility and community levels
- Issues of remuneration and non-monetary compensation
- The level of training of CHWs is variable across countries
- The need for regulation and quality supervision
- The importance of maintaining injection safety standards
- Religious and cultural barriers are context specific. Uganda has addressed this issue by talking to community leaders and relevant stakeholders to gain approval. Community-based distribution of injectables has been successful in areas with strong religious and cultural barriers, such as Bangladesh and Afghanistan.

Expanding community-based access to injectables - experiences from Kenya, Uganda, and Tanzania

During this session, representatives from Kenya, Uganda, and Tanzania were asked to share experiences on expanding community-based access to family planning, highlighted in the table below.

Country	Experiences
Kenya	<ul style="list-style-type: none"> • High unmet need among currently married women in Kenya • Injectable contraception is most preferred method (45% of modern method users) • Community-based distribution (CBD) of injectables in Kenya is a research utilization introduction project and is part of a larger effort to increase access to family planning • Introducing the practice began with consensus building efforts and securing stakeholder buy-in (educational tour to Uganda helped Kenya move forward) • Kenya is successfully piloting an evidence-based strategy for addressing issues of contraceptive access. Additional research questions will be generated, along with lessons learned, which can be applied to future in-country scale-up.
Uganda	<ul style="list-style-type: none"> • Unmet need for injectable contraception in Uganda is high • Between 2003 and 2005, Family Health International partnered with the MOH and Save the Children to conduct a USAID-funded pilot study to assess the feasibility and safety of community-based distribution of injectable contraceptives. The pilot study confirmed findings of other studies in other parts of the world: CHWs can safely and feasibly provide DMPA in settings other than clinics, and the practice is accepted by communities. • This evidence, combined with the service's potential in Uganda to increase women's access to injectables and alleviate critical shortages of health workers, led to a phased scale-up of the program tested in the pilot study. • Districts and NGOs expressed interest for scale-up; Scaled up to both NGO and district-led sites in four districts in 2007 – 2008 • All the CHWs in scale-up districts had former training on family planning and were already distributing pills and condoms • 2 week training using the MOH general family planning curriculum and a manual developed by FHI on community-based distribution of DMPA • No reported needle related injuries • The majority of clients served by CHWs during scale-up were new to injectables, suggesting that CHWs may be increasing community knowledge and acceptance of the method • Majority (92%) of injections were given within the re-injection window; Half of all injections were given on the exact day on which they were due • CBD of DMPA is being incorporated into the National RH Strategy and the National Road Map for reduction of maternal and neonatal mortality
Tanzania	<ul style="list-style-type: none"> • Delegation from Tanzania visited Uganda in 2007 to observe the CBD program • Efforts to strengthen the CBD program are currently underway by GTZ, Pathfinder, and others • Recognizing that family planning plays a key role in reducing maternal mortality, the The National Road Map Strategic Plan to Accelerate Reduction of Maternal and Newborn Deaths in Tanzania (One Plan) 2006 to 2010 has an operational target of increasing modern CPR from 20% to 60% by 2015 • National Family Planning Costed Implementation Plan (to be launched in March 2010) aims to make quality family planning services more accessible and equitable under the leadership of the Ministry of Health and Social Welfare • Tanzania is looking at various modalities for expanding community-based access to family planning, such as using retired nurses and accredited drug shops.

General Comments

After the country representatives shared their experiences, there were other comments from the plenary to expand upon the experiences shared and also clarify issues. The main points are highlighted below:

- The need for effective waste management/disposal systems
- What mechanisms are in place to maintain these programs in the absence of donor funds?
- Remuneration for CHWs is an important aspect of sustainability
- Use of retired or unemployed nurses could be beneficial
- Supervision improves service delivery
- Sustainability can be improved by working within existing systems
- Ensuring linkages between CHWs and health facilities; effective referral systems are critical
- CHWs are often engaged in income generating activities and do not spend all their time as volunteer health workers
- According to country experience, communities are made aware that CHWs can only provide DMPA injections (not any other kind of injection)

Expanding community-based access to injectables - experiences from Lesotho, Malawi, Zambia and Zimbabwe

During this session, representatives from Lesotho, Malawi, Zambia and Zimbabwe were asked to share experiences on expanding community-based access to family planning, highlighted in the table below.

Country	Experiences
Lesotho	<ul style="list-style-type: none"> • CPR is 37% (2004) • Initial training of CHWs is 2 weeks from trained CHWs, CBDs are identified and trained for additional 10 days using CBD curriculum and training manual • Trained CBDs give information on family planning, condoms, OCP refills, and referrals; R300 is given to CHWs/CBDs on monthly basis as incentive • Challenges: shortages of health personnel leading to limited supervision • CBD curriculum will soon be reviewed • Community-based distribution of DMPA is supported by the Permanent Secretary
Malawi	<ul style="list-style-type: none"> • In 2008, Ministry of Health agreed by to allow Health Surveillance Assistant (HSAs) to administer injectable contraceptives at the community level • HSAs are paid MOH employees and undergo 10 weeks of training plus 1 week of training on DMPA administration, infection prevention, logistics, disposal • 380 HSAs have been trained thus far • HSAs have other duties, such as providing immunization, and conducting community assessments • Community-based distribution agents (CBDAs) are volunteers selected by their communities to provide counseling, oral contraceptives, and condoms. They also make referrals for other methods or who need more counseling on side effects • Drop-out has been a challenge among CBDAs • Policy change is required to allow CBDAs to provide DMPA

Zambia	<ul style="list-style-type: none"> • Modern family planning use is 33% and CPR is 41% (2007) • For future use, 42% prefer injectables • There is a need to develop protocols and guidelines to facilitate CHW provision of family planning, and to optimize the clinic-CHW linkage • HRH for Health: HR retention scheme for HRH including training school tutors, lecturers and clinicians, direct training entry for midwives • Opportunity: Establishing CBDs in all districts, with a mandate to provide COCs, counseling, and referral for injectables and permanent methods • Current policy does not permit CBDs to provide injectable contraception • New HRH strategic Plan allows for use of uniform incentives and inclusion of CHWs in the Health Services • Challenges: weak infrastructure, supply chain, logistics management, limited funding
Zimbabwe	<ul style="list-style-type: none"> • Currently 332 CBD agents and 4,502 depot holders • CBD agents are mobile with a catchment area of 20 km • CBD agents are salaried, and trained in a comprehensive family planning package, including HIV/AIDS • Depot holders remain in a fixed location and clients come to them. • Depot holders cannot change a woman's method; they can only continue the method woman is on • Stockout rate less than 5% • Commodity supply is well organized; 48 trucks for 8 provinces distribute family planning and PMTCT/HIV kits, syphilis kits. Well organized. CBDs provide a comprehensive package of information on FP, PMTCT, HIV/AIDS. Usually it would be clinic worker to give this info; now CBDs do this in one-on-one advocacy • Program funded by UNFPA, not yet 100% coverage

General Comments

After the country groups shared their experiences, there were other comments from the plenary to expand upon the experiences shared and also clarify issues. The main points are highlighted below:

- Is community-based distribution of family planning a stop-gap measure?
- Is there any structure for job progression for CHWs?
- The contribution of social marketing to community-based access to family planning
- The importance of remuneration and compensation issues in terms of sustainability and poverty reduction
- CHWs find motivation in their contribution to the health and well-being of their community, and in non-monetary compensation (uniforms, bicycles, nametags or informal assistance from recipients of their services)
- Encourage and support volunteerism at the community level

DAY 2 – 13 FEBRUARY 2010

Review of day 1 – Morrisa Malkin, Technical Officer, FHI

Ms. Morrisa Malkin gave a comprehensive recap of the deliberations and activities of day 1 of the workshop, pointing out the highlights of each session. She thanked Dr. Helen Lugina for opening the workshop and reminding participants that addressing unmet need for family planning is necessary to improve maternal health outcomes and meet the MDGs, and that CBD of injectables is a practice supported by the ECSA Secretariat as an effective, evidence-based strategy for increasing access to family planning. Ms. Malkin noted that the key themes of day 1 were remuneration, incentives, commodity security, and regulation.

Group work to develop country workplans

Mr. Bill Finger, assisted by Ms. Christine Lasway and Dr. Marsden Solomon, provided guidance for the development of country workplans to advance the HMC resolutions on task shifting. Ms. Morrisa Malkin presented a template for countries to use in developing their workplans. Participants were asked to develop a workplan to be implemented over the period of 1 year. Workplans included objectives, activities, process indicators, responsible persons/groups, partners, technical assistance needs, and resources required.

Presentation of country workplans

After the group work, a representative from each country team presented their workplan and solicited feedback from the larger group. Dr. Odongo Odiyo requested that each country designate a focal person to serve as the point of contact for the workplans.

Workshop recommendations

Dr. Odongo Odiyo facilitated the session in which participants deliberated on the workshop recommendations. A draft recommendation was produced (see annex).

Closing remarks –Permanent Secretary, Lesotho Ministry of Health and Social Welfare

Lesotho's Permanent Secretary, Ministry of Health and Social Welfare, provided the closing remarks for the workshop, thanking all participants and the ECSA Secretariat for fruitful deliberations. The workshop was officially closed.

Annex

PROPOSED RECOMMENDATION OF THE WORKSHOP ON IMPLEMENTING THE HMC RESOLUTION ON TASK SHIFTING – FOCUS ON INJECTABLES

IMPERIAL ROYALE HOTEL, KAMPALA UGANDA- 12-13 FEBRUARY 2010

EXPANDING COMMUNITY-BASED ACCESS TO CONTRACEPTION, INCLUDING INJECTABLES

Preamble:

Recalling resolution number 4 of 46th ECSA Health Ministers Conference and number 5 of 48th ECSA Health Ministers Conference held in Seychelles and Swaziland, respectively:

Recognizing that in 2009, the first global evidence review of community-based provision of injectable contraception, convened by the WHO, which included evidence from Uganda and Madagascar, concluded that given appropriate and competency-based training, community health workers can screen clients effectively, provide DMPA injections safely, and counsel on side effects appropriately.

Further Noting that on 12-13 February 2010, ECSA held a pre-conference workshop on “Implementing the HMC Resolution on Task Shifting with Focus on Injectables Evidence Review and Development of Country Work Plan” where teams from seven ECSA member countries developed implementation plans to support expanded access to community provision of contraception, including injectables.

Aware that expanding access to family planning services is critical to meeting all of the MDGs, including the unmet need for family planning, and that injectable contraception is an important part of family planning programmes; and that in sub-Saharan Africa, evidence shows an increased demand for injectable contraception, high unmet need for contraception especially in rural and peri-urban areas; and a concentration of skilled health workers in urban areas, and thereby a shortage of human resource in rural and peri-urban areas. Geographical distance and terrain to the health facility is a barrier for rural women and girls to access family planning services.

Urges Member States to:

1. Consider expanded community-based access to contraception, including injectables, as a priority within their country’s existing family planning programmes and Technical Working Group or equivalent body.

2. To establish FP Technical Working Groups where none exist, in order to make community-based access to contraception, including injectable contraceptive methods, a priority.
3. To ensure that FP Technical Working Groups, working closely with Ministries of Health:
 - Address important operational barriers to the delivery of community-based family planning services, including injectables.
 - Sustain and motivate the community-based service providers.
 - Ensure adequate commodity supplies and logistics.
 - Utilize existing, or put in place, appropriate waste management and regulatory systems.
 - Provide adequate training and supervision to the CHWs.

Direct the Secretariat to:

1. Support each country team to implement the work plan developed at the February 2010 ECSA Task Shifting workshop.
2. Assist and advise the country teams to develop policies and guidelines in their countries to address the operational issues summarized above, including promotion of the expanded provision of community-based contraception including injectables.
3. Monitor the Member States' work plans, developed in the February 2010 workshop through regular reporting from the country teams.