

This list of steps is designed to help family planning policy-makers and program managers determine whether and how to begin providing the contraceptive injectable depot-medroxyprogesterone acetate (DMPA or Depo-Provera) through existing community-based services.

## **STEP 1: Conduct a needs assessment for provision of DMPA through community-based services.**

- Conduct a needs assessment.
- Determine whether an unmet need for injectable contraception exists, and if any unmet need could be better met by provision of DMPA through community-based services.
- Identify areas where the greatest unmet need exists.
- Assess whether there is a lack of clinic-based personnel trained to deliver injectables, and if that gap could be filled by providing DMPA through community-based services.
- Identify an ongoing community-based service that would benefit from the addition of DMPA provision.

## **STEP 2: Evaluate the cost of adding DMPA to community-based services.**

- Assess the costs of both introducing and sustaining the provision of DMPA through community-based services.
- Determine whether the benefits of introducing and sustaining DMPA provision through such services outweigh the costs.
- Identify funding for the addition of DMPA provision to such services.

## **STEP 3: Consider how to incorporate into national regulations and service delivery guidelines DMPA provision through community-based services.**

- Determine whether national health policy or service delivery guidelines already support such activities, and whether paramedical personnel are allowed to provide injections.
- If not, conduct advocacy to influence health policy or service delivery guidelines to support DMPA provision through community-based services.
- Engage key stakeholders at the national level to secure their support for the intervention.
- Engage key stakeholders at the district level, including political, community-level, and religious leaders, as well as service providers.
- Mobilize community support for DMPA provision through community-based services.

## **STEP 4: Conduct advocacy and community mobilization to create and sustain demand and support for DMPA provision through community-based services.**

- If possible, conduct a mass media campaign.
- Produce and disseminate printed advocacy materials (handbills, posters, etc.) about injectable contraceptives.
- Convene and coordinate community meetings for opinion leaders.

## **STEP 5: Set up a logistics system to ensure steady provision of commodities.**

- Working within the established government system for procurement and distribution of contraceptives and related supplies, define a specific system for reliably providing DMPA through community-based services.
- Identify project personnel in charge of logistics management.
- Procure sufficient stocks of single-use vials, injection safety boxes, and auto-disable syringes.
- Ensure timely submission of supply orders.
- Link community-based health workers to clinics for supplies, referrals, and waste management.
- Identify means to properly store DMPA (upright, away from direct sunlight, 20-25° C, five-year shelf life).



### STEP 6: Train paraprofessionals to competently provide DMPA via community-based services.

- Using methods to involve the community, identify competent potential workers to provide DMPA through community-based services.
- Create a training curriculum for such workers. Several available curricula can easily be tailored to a country's specific needs.<sup>1</sup>
- Review the training curriculum to ensure that it reflects the World Health Organization's Medical Eligibility Criteria and meets the approval of the Ministry of Health.
- Procure the relevant training materials (e.g., checklists, assessment tools, client cards, calendars, stationery, etc.).
- Identify competent trainers.
- Conduct training.
- Evaluate all training.

### STEP 7: Enhance quality assurance mechanisms.

To ensure that the project complies with standards for Good Clinical Practice, and that project staff can competently and efficiently carry out their responsibilities:

- Assign tasks for logistics management, equipment, counseling, and waste management.
- Establish a system for maintaining injection schedules.
- Provide ongoing support supervision according to the prescribed schedule.
- Conduct on-site performance evaluation of trainees at scheduled post-training intervals.
- Conduct refresher trainings for providers, as needed.

### STEP 8: Document processes and outcomes.

To maintain quality, improve the program, and facilitate learning and scale-up, establish a mechanism for identifying program progress, successes, challenges, and important lessons learned, as follows:

- Create a monitoring and evaluation (M&E) framework with baseline and endline evaluations, indicators for measurement, and reporting.
- Conduct baseline and endline evaluations.
- Compile activity, quarterly, and annual project reports.
- Submit outcomes to the District Health Office using the approved HMIS formats.
- Report the views of clients.
- Disseminate reports, as appropriate.

*Note: The conventional term "community-based distribution" (CBD) is used throughout these briefs for the sake of consistency. However, the concept of distributing commodities to individuals in communities is gradually being replaced by that of delivering not only commodities, but also services. Thus, the term "community-based services" (CBS), which embraces activities carried out through such vehicles as agricultural extension programs, drug shops, pharmacies, and literacy programs, is increasingly used. Likewise, alternative terms – such as community health workers (CHWs), community reproductive health workers (CRHWs), community health officers (CHOs), or village health workers (VHWs) – have been used to more accurately describe specific categories of community-based paraprofessionals.*

<sup>1</sup> Lande RE. *Counseling about Injectables*, Supplement to *New Era for Injectables*. Population Reports, Series K, No. 5. Baltimore, MD: Johns Hopkins School of Public Health, Population Information Program, 1995. Available: [www.infoforhealth.org/pr/k5/k5gather.shtml](http://www.infoforhealth.org/pr/k5/k5gather.shtml); Solter C. *Comprehensive Family Planning and Reproductive Health Training Curriculum Module 6: DMPA Injectable Contraceptive*. Watertown, MA: Pathfinder, 1999. Available: [www.pathfind.org/pf/pubs/module\\_6.pdf](http://www.pathfind.org/pf/pubs/module_6.pdf).

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