

12.2. RECOMMENDATION:

Should LAY HEALTH WORKERS initiate and maintain injectable contraceptives using a standard syringe?

Problem: Poor access to contraception
Option: LHWs initiating and maintaining injectable contraceptives using a standard syringe
Comparison: Care delivered by other cadres or no care
Setting: Community/primary health care settings in LMICs with poor access to health professionals

Recommendation	<i>We recommend against the option</i>	<i>We suggest considering the option with targeted monitoring and evaluation</i>	<i>We recommend the option</i>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We suggest considering the option with targeted monitoring and evaluation. We suggest implementing this intervention where a well-functioning LHW programme already exists.			
Justification	There is insufficient evidence that met the criteria for this guideline on the effectiveness of this intervention. However, based on programme experience, the panel concluded that the intervention has the potential to improve equity by increasing access to family planning, and does not appear to have safety issues. In many settings, LHWs already deliver some contraceptive counselling and use injections for other conditions.		
Implementation considerations	<p>The following should be considered when using LHWs to deliver injectable contraceptives using a standard syringe:</p> <ul style="list-style-type: none"> - LHWs from the same community may be particularly acceptable to recipients. However, they may also be particularly vulnerable to social blame where incidental death or disease or problems in treatment occur. Systems therefore need to be in place to support these cadres, for instance through visible support from the health system, regular supervision, and counselling - LHWs and relevant professional bodies should be involved in the planning and implementation of the intervention to ensure acceptability among affected health workers - Implementation needs to be in the context of a comprehensive remuneration scheme, in which salaries or incentives reflect any changes in scope of practice. Giving incentives for certain tasks but not for others may negatively affect the work that is carried out - Referral systems need to function well, i.e. financial, logistical (e.g. transport) and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve quality of care at the first referral facility - Changes in regulations may be necessary to support any changes in LHWs' scope of practice - Supplies of drugs and other commodities need to be secure - Responsibility for supervision needs to be clear and supervision needs to be regular and supportive - Certain topics, including sexual and reproductive health, may be sensitive and it is possible that confidentiality may be a concern, particularly where providers are from the same local communities as recipients. Selection and training needs to take this into consideration. LHWs need to be trained in confidentiality issues and recipients need to be made aware that their interactions with health workers regarding contraception are confidential. - Because of the sensitivity of sexual and contraceptive issues, planners should consider whether health workers promoting or delivering reproductive health services to women should also be women. It may also be an advantage to ensure that relevant training of female health workers is carried out by females - LHWs and their supervisors need to receive appropriate initial and ongoing training, including in communicating with recipients and in side effects of different contraceptive methods. Training needs to reinforce that LHWs should avoid introducing their own criteria for determining who should receive contraception 		
Monitoring and evaluation	Monitoring of the quality of counselling on contraceptive choice; of the appropriate of assessments of medical eligibility for this method; and of side-effects		
Research priorities			

12.2. EVIDENCE BASE:

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CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES								
BENEFITS & HARMS OF THE OPTIONS	<p>Are the anticipated desirable effects large?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>A systematic review (Lewin 2012) searched for studies that assessed the effects of LHW programmes for maternal and child health. However, this review did not identify any studies that assessed the effects of using LHWs to deliver injectable contraceptives. Another systematic review (Oladapo 2012) assessed the effects of LHWs delivering injectable contraceptives to women of reproductive age. This review identified one study from Uganda in which women received DMPA from LHWs using 'autodisable' syringes (not CPAD devices). It is uncertain whether LHWs delivering injectable contraceptives improves contraceptive uptake and maintains safety and patient satisfaction because the quality of the evidence from this study is very low. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: One of these reviews (Lewin 2012) identified a trial in which LHWs injected <u>procaine penicillin and gentamicin</u> to treat sick neonates, apparently using a standard syringe. The trial did not report any adverse effects of LHWs using injectable antibiotics.</p> <p>Annex: page 15 (Oladapo 2012); page 10 (Lewin 2012 – Table 2)</p>									
	<p>Are the anticipated undesirable effects small?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>										
	<p>What is the certainty of the anticipated effects?</p> <p>Very low <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> No direct evidence <input type="checkbox"/> Varies <input type="checkbox"/></p>										
	<p>Are the desirable effects large relative to the undesirable effects?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input checked="" type="checkbox"/> Probably yes <input type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>										
RESOURCE USE	<p>Are the resources required small?</p> <p>No <input type="checkbox"/> Probably no <input type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Varies <input type="checkbox"/></p>	<p>Main resource requirements</p> <table border="1"> <thead> <tr> <th>Resource</th> <th>Settings in which LHW programmes already exist</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>1-2 weeks of practice-based training in injection techniques and in contraceptive methods and promotion</td> </tr> <tr> <td>Supervision and monitoring</td> <td>Regular supervision by midwife or nurse</td> </tr> <tr> <td>Supplies</td> <td>Injectable contraceptive, syringes, sterile solution, robust supply chain</td> </tr> </tbody> </table>	Resource	Settings in which LHW programmes already exist	Training	1-2 weeks of practice-based training in injection techniques and in contraceptive methods and promotion	Supervision and monitoring	Regular supervision by midwife or nurse	Supplies	Injectable contraceptive, syringes, sterile solution, robust supply chain	
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ACCEPTABILITY	Is the option acceptable to most stakeholders?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A review of country case studies of task shifting for family planning (Polus 2012b) mainly identified LHW programmes, some of which included the delivery of injectable contraceptives. The review suggests that recipients appreciate the easy access that community-based or home-based provision of contraceptives provides and appreciate the use of female health workers in the delivery of contraceptives. However, the review also suggests that some health workers may introduce their own criteria when determining who should receive contraceptives, including criteria tied to the recipient's marital status and age. Other factors that may affect the uptake of the intervention are primarily tied to the contraceptives themselves rather than the use of specific types of health workers, including a lack of knowledge about different methods of contraception; religious and other beliefs regarding family planning; a fear of side effects, service fees; and a lack of support from husbands.</p> <p>Indirect evidence: A systematic review (Glenton, Khanna 2012) of <u>drug delivery by LHWs using a CPAD device</u> suggest that recipients, LHWs and other health workers find the delivery of drugs and vaccines by LHWs through this device to be acceptable, although the importance of training and supervision is emphasised (low certainty evidence). Some LHWs voiced concerns about possible social or legal consequences if something went wrong. These concerns were at least partly addressed through support and supervision (low certainty evidence).</p> <p>Sexual and reproductive health may be a sensitive topic and it is possible that confidentiality may be a concern among recipients, particularly where LHWs are based in the same local communities. In a systematic review of LHW programmes (Glenton, Colvin 2012), some recipients of <u>promotional interventions</u> were concerned that LHWs might share personal or sensitive information (low certainty evidence).</p> <p>Annex: page 63 (Polus 2012b) ; page 26 (Glenton, Colvin 2012); page 33 (Glenton, Khanna 2012)</p>	
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FEASIBILITY	Is the option feasible to implement?	<table border="0"> <tr> <td>No</td> <td>Probably no</td> <td>Uncertain</td> <td>Probably yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	No	Probably no	Uncertain	Probably yes	Yes	Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Significant additional work may be needed to add this intervention to an existing LHW programme. It is likely to require changes in regulations; and significant changes to drug supplies and training. Implementation may additionally require consideration of factors affecting referral by LHWs (see under 'Acceptability').</p> <p>Training and supervision provided by skilled health cadres is needed. However, a review of country case studies of task shifting for family planning (Polus 2012b) and a systematic review of LHW programmes (Glenton, Colvin 2012, moderate certainty evidence) suggest that ongoing support, training and supervision was often insufficient in LHW programmes . This second review also suggests that counselling and communication about family planning was a complex task for which LHWs requested specific training (moderate certainty evidence).</p> <p>Annex: page 63 (Polus 2012b); page 33 (Glenton, Khanna 2012); page 26 (Glenton, Colvin 2012)</p>	
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