

12.1. EVIDENCE BASE:

Should AUXILIARY NURSES initiate and maintain injectable contraceptives using a compact, prefilled, autodisable device (CPAD) such as Uniject?

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

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 (Polus 2012a) searched for studies that assessed the effects and safety of task shifting for family planning delivery in low and middle income countries. Another systematic review searched for studies that assessed the effects of midlevel providers, including auxiliary nurses, in improving the delivery of health care services (Lassi 2012). Neither of these reviews identified any studies that assessed the effects of using auxiliary nurses to deliver injectable contraceptives using a CPAD device. We are therefore unable to draw any conclusions about the desirable or undesirable effects of this intervention.</p> <p>Indirect evidence: Another systematic review (Oladapo 2012) assessed the effects of <u>LHWs</u> 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 (it was not clear whether this was a CPAD device). 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.</p> <p>Annex: page 15 (Oladapo 2012)</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 type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> No direct evidence <input checked="" 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 checked="" type="checkbox"/> Uncertain <input type="checkbox"/> Probably yes <input 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 auxiliary nurses already provide other care</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>Contraceptive CPAD, sterile solution, robust supply chain</td> </tr> </tbody> </table>	Resource	Settings in which auxiliary nurses already provide other care	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	Contraceptive CPAD, sterile solution, robust supply chain	<p>While the costs of CPAD devices are currently higher than standard syringe, these costs may decrease as production volumes increase.</p>
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	CRITERIA	JUDGEMENT	EVIDENCE	COMMENTS AND QUERIES
	<p>Is the incremental cost small relative to the benefits?</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>Uncertain as there is insufficient evidence on effectiveness</p>	
ACCEPTABILITY	<p>Is the option acceptable to most stakeholders?</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>We are not aware of any systematic reviews that considered the acceptability of auxiliary nurse interventions. We are therefore uncertain about the acceptability of this intervention to key stakeholders.</p> <p>Indirect evidence: A systematic review (Rashidian 2012) exploring factors that influence the success of <u>doctor-nurse substitution</u> suggests that the acceptability of this intervention to key stakeholders may be mixed:</p> <ul style="list-style-type: none"> • Nurses may be motivated to take on new tasks by increased recognition and job satisfaction (moderate certainty evidence) • Doctors may welcome the contribution of nurses where it reduces doctors' workloads (moderate certainty evidence). They may welcome the transfer of certain repetitive tasks to nurses (e.g. pap smears) and nurses seem to be happy with these tasks • However, a lack of clarity about nurse roles and responsibilities in relation to other health workers may be a challenge (low certainty evidence) <p>A review of country case studies of task shifting for family planning (Polus 2012b), which mainly included <u>LHW programmes</u>, 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>Annex: page 43 (Rashidian 2012); page 63 (Polus 2012b)</p>	
FEASIBILITY	<p>Is the option feasible to implement?</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>The intervention requires very few supplies (contraceptive CPAD, sterile solution). However, changes to drug supplies may be needed and the intervention is also likely to require changes to norms or regulations.</p> <p>Training, including in communication about family planning, and supervision is necessary. However, a review of country case studies of task shifting for family planning (Polus 2012b) suggests that auxiliary nurses lacked confidence in their skills, partly because they had insufficient opportunities to practice these skills in settings where demand was low. In addition, systematic reviews of lay health worker, nurse and midwife programmes suggest that sufficient training and supervision is often lacking (moderate certainty evidence) (Glenton, Colvin 2012, Rashidian 2012, Colvin 2012).</p> <p>Annex: page 26 (Glenton, Colvin 2012); page 20 (Colvin 2012); page 43 (Rashidian 2012)</p>	