

# CHWs Advance Family Planning for Women

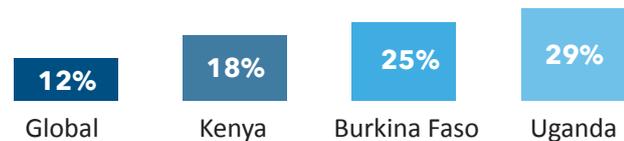
## The Problem

By 2030, sub-Saharan Africans will shoulder more than half the world's unmet need for family planning.<sup>1</sup>

**Family planning reduces maternal and child mortality and enables better health outcomes by increasing birth spacing, delaying first birth, and reducing high-risk births.**<sup>2</sup> Giving women the ability to plan their births also enables them to participate more fully in society, pursue educational opportunities, seek out paid work if they choose – and ensures families and communities are more resilient to climate disruption.<sup>3</sup> However, many women lack access to these services. The COVID-19 pandemic and recent budget cuts to the UNFPA Supplies Partnership will have rippling effects on family planning across the continent, resulting in more unintended pregnancies and posing an immediate threat to maternal and child health.<sup>4</sup>

### Unmet need for family planning is high<sup>5,6</sup>

% of married women who want to avoid or postpone pregnancy but are not using contraception



### Barriers to family planning include:

- **Physical:** Inaccessible health facilities and poor commodity security
- **Social:** Opposition from intimate partners or health providers and community stigmas
- **Educational:** Fear of contraception due to misinformation

## The Solution

**Community health workers (CHWs) are proven to increase the use of contraception—especially where unmet need is high, access is low, and geographic and social barriers exist.**

- **Improving access and filling gaps:** CHWs provide a range of family planning services safely and effectively, ensuring that women can make informed choices and enjoy increased access to affordable options.<sup>7</sup> For example, a study in Niger found women visited by CHWs were more likely to use modern contraceptive methods than those who were not.<sup>8</sup> In Uganda, CHWs trained and supported by Living Goods to deliver family planning services reached 47% of women of reproductive age in their communities. Task sharing and task shifting that allow the expansion or redistribution of the provision of family planning services to include CHWs are also promising ways to address health workforce shortages and improve access to contraception.<sup>9</sup>
- **Overcoming physical obstacles:** CHWs bring services and supplies to women where they live and work, saving them trips to health facilities that may be far away or inaccessible. They also help clients navigate health systems by keeping track of facilities with long-term methods and providing referral follow-ups and reminders. By using digital tools, CHWs collect real-time data that monitors their commodity usage and client preferences, which also helps to improve commodity security.
- **Addressing social barriers:** CHWs come from the communities they serve, so have longstanding relationships with their clients built on trust. This means they are well-placed to provide education on family planning, overcome myths and misconceptions, and stimulate behavior change over time. CHWs also navigate social obstacles by offering family planning counseling within the home, giving women the privacy they need to make their own decisions.



## Injectable Contraceptives

Injectable contraceptives are critical tools for expanding access to family planning and have become one of the most popular methods of contraception in Sub-Saharan Africa.<sup>10</sup> CHWs are proven to successfully administer and refer for injectables. For example, a study in Zambia found that CHW provision of injectable depot medroxyprogesterone acetate (DMPA) is safe and feasible, with high rates of uptake in hard-to-reach areas.<sup>11</sup> The subcutaneous version of DMPA, known as Sayana Press, provides three months of protection and does not require a visit to a health facility, allowing both discretion and ease of use – which is especially critical for women at the last mile. It is particularly popular among younger women,<sup>12</sup> presenting an important opportunity to address the disproportionately high unmet need for family planning among adolescents. In 2017, with support from Uganda’s Ministry of Health, Living Goods started equipping CHWs to deliver Sayana Press as part of its package of family planning services.



## Recommendations

**For CHWs to effectively deliver family planning services, Living Goods advises practitioners and policymakers to implement the following recommendations in line with WHO guidelines:**

- **Prioritize family planning services:** Include family planning in the package of essential health services; ensure family planning commodities are available and affordable during times of health service disruption, such as COVID-19; equip CHWs with digital tools that capture real-time data on family planning commodity distribution and usage; strengthen family planning commodity management by supporting training for government and partners in forecasting, quantification, and quality data management.
- **Integrate CHWs into family planning service provision:** Scale family planning interventions through task sharing/shifting with CHWs, particularly to reach last mile communities. Train CHWs in a client-centered, gender competent, and rights-based approach to family planning services that includes informed choice, anticipatory guidance, and follow-up. Support and invest in CHWs to deliver the full range of family planning services – education, counseling, and contraceptives, including injectables and referrals to facilities for long-term options.
- **Improve the quality of family planning services:** Sufficiently support CHVs with high-quality training, digital tools, essential medicines and supplies, supervision, and compensation to improve performance and strengthen quality of services.

1 [https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Sep/unpd\\_world\\_family\\_planning\\_2020\\_10\\_key\\_mes-sages.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Sep/unpd_world_family_planning_2020_10_key_messages.pdf)

2 <https://www.guttmacher.org/report/family-planning-can-reduce-high-infant-mortality-levels#>

3 <https://www.newsecuritybeat.org/2012/04/in-building-resilience-for-a-changing-world-reproductive-health-is-key/>

4 <https://www.friendsofunfpa.org/friends-of-unfpa-statement-on-uk-government-cuts-to-unfpa-funding/>

5 <https://population.un.org/dataportal/data/indicators/4,5/locations/854,404,800/start/1990/end/2021/table/pivotbylocation>

6 [https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un\\_2017\\_worldfamilyplanning\\_highlights.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2017_worldfamilyplanning_highlights.pdf)

7 <https://www.fphighimpactpractices.org/briefs/community-health-workers/>

8 <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-019-0701-1>

9 <http://apps.who.int/iris/bitstream/handle/10665/259633/WHO-RHR-17.20-eng.pdf?sequence=1>

10 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5658050/>

11 <https://pubmed.ncbi.nlm.nih.gov/25276547/>

12 [tinyurl.com/ypzy3nsk](https://tinyurl.com/ypzy3nsk)

