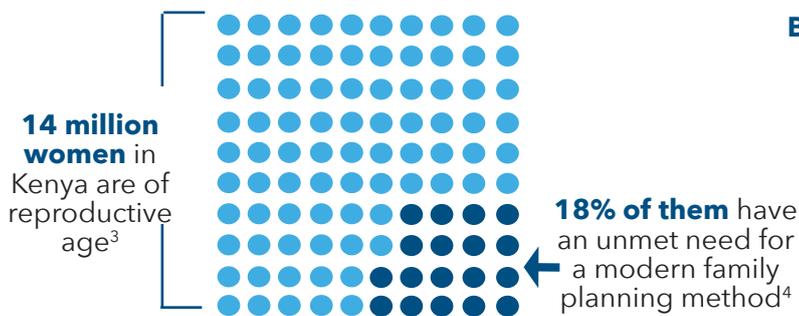


# CHVs Advance Family Planning for Women in Kenya

## The Problem

**Family planning reduces maternal and child mortality, helps build thriving families, and leads to more resilient communities – but many women lack access to these services.**

In 2021, about 6.1 million Kenyan women used a modern method of contraception. As a result, an estimated 2.3 million unintended pregnancies were averted, over half a million unsafe abortions were avoided, and 6,000 maternal deaths were prevented.<sup>1</sup> Contraception is a cost-effective intervention and can make it easier for women and their families to participate more fully in society, pursue educational opportunities, or seek out paid work if they choose.<sup>2</sup> However, many women who are interested in these services are not currently accessing them.



### 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

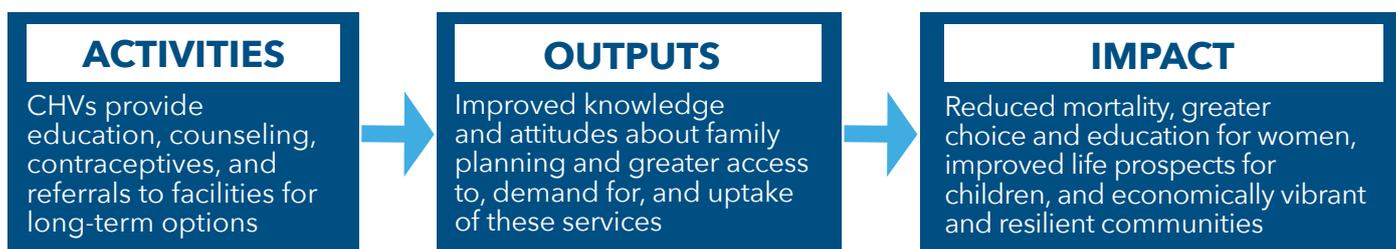
## The Solution

**Community health volunteers (CHVs) 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:** CHVs safely and effectively provide a range of family planning services, ensuring that women have informed choices and increased access to affordable options.<sup>5</sup> Task sharing or shifting that expands the provision of family planning services by including CHVs are promising ways to address health workforce shortages and improve access to contraception.<sup>6</sup> A study in Kenya found that formalized task-sharing and task-shifting of family planning services “can increase health service uptake [including family planning], especially when CHVs are involved to provide services to the community.”<sup>7</sup>
- **Overcoming physical obstacles:** CHVs 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, keeping track of link facilities with long-term methods and providing referral follow-ups and reminders. By using digital tools, CHVs collect real-time data that monitors their commodity usage and client preference, which helps to improve commodity security
- **Addressing social barriers:** CHVs come from the communities they serve so have longstanding relationships with their clients built on trust, meaning they are well-placed to provide education on family planning, overcome myths and misconceptions, and stimulate behaviour change over time. CHVs also navigate social obstacles by offering family planning counselling within the home, giving women the privacy to make decisions they may not feel empowered to make at a health centre.

## **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>8</sup> CHVs are proven to successfully administer and refer for injectable contraceptives.<sup>9</sup> One such tool, Sayana Press –which was approved for self-injection by Kenya’s Pharmacy and Poisons Board in 2018, 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. A study in Uganda and Burkina Faso found that continuation of injectable contraceptives, whether subcutaneous or intramuscular, was higher through community-based distribution than health facilities.<sup>10</sup>



## Recommendations

**For CHVs to effectively carry out these functions, Living Goods advises practitioners and policymakers to implement the following recommendations in line with WHO guidelines.**

- **Expand access to high-quality family planning services** by implementing strategies to increase the number of CHVs trained and allowed to provide these services, with a focus on underserved areas. Scale up efforts to equip CHVs with skills to provide long acting and permanent methods. Sufficiently support CHVs with high-quality training, digital tools, essential medicines and supplies, supervision, and compensation to improve performance and strengthen quality of services.
- **Integrate family planning within the continuum of care for women** and develop mechanisms that remove barriers among vulnerable women of reproductive age from accessing affordable and high-quality family planning information, supplies, and services. Develop and implement locally appropriate task-shifting/sharing policies among health worker cadres for family planning services.
- **Improve commodity availability** by strengthening supply chain management, including training government and partners in forecasting, quantification, and quality data management. Ensure informed choice by stocking CHVs with a range of high-quality, safe, and affordable contraceptive methods. Work with Kenya Medical Supplies Agency to ensure commodities are costed before distribution to counties.
- **Position family planning as a pivotal investment** for national development and achieving UHC. Prioritize investments in family planning at national and county levels and ensure its inclusion in the NHIF and private insurance funds to facilitate sustainable financing. Adopt and strengthen public-private partnerships to optimize CHV capacity and family planning funding, including the Sustainable Financing Mechanism for the Procurement of FP Commodities established in November 2021.

1 <http://track20.org/Kenya>

2 [https://www.who.int/health-topics/contraception#tab=tab\\_1](https://www.who.int/health-topics/contraception#tab=tab_1)

3 <https://population.un.org/dataportal/data/indicators/41/locations/404/start/1990/end/2021/table/pivotbylocation>

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

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

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

7 <https://www.scrip.org/journal/paperinformation.aspx?paperid=103607>

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

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

10 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6197835/>

