

Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy

First Lady of Zambia Supports CBA2I

Zambia is struggling with a human resource crisis. We have piloted a study on community workers providing injectable contraceptives and the results were very promising. We need to move from the pilot to scale up, and we've made commitments to do this.

– Dr. Christine Kaseba-Sata
First Lady of Zambia
at the Women Deliver
Conference, May 2013

Introduction

Countries around the world have demonstrated that allowing trained community health workers¹ (CHWs) to administer injectable contraceptives (injectables) can expand access to a woman's preferred contraceptive method, reduce unmet need for family planning in underserved areas, and address the critical health workforce shortage in many countries. In addition, community-based family planning (CBFP) programs that add injectables to the list of contraceptives available can increase the contraceptive prevalence rate. In Kenya for example, adding community-based provision of injectable contraceptives to the method mix dramatically increased contraceptive uptake and improved method choice during their pilot program.²

Because community-based access to injectable contraceptives (CBA2I) has the potential to significantly expand access to and use of modern contraceptive methods, several countries are employing CBA2I strategies to help achieve their FP2020 goals.

This set of resources and DVD promote CHW provision of injectable contraceptives through new and existing CBFP programs.

Audience

These resources are intended to be used by advocates, program managers, policymakers, donors, ministry of health staff, and other key stakeholders such as faith-based groups, media, and family planning champions who are interested in expanding CBA2I through CHWs in countries where they work.

How to Use the Advocates Package

Use these resources to craft a strategy for building support for CBA2I among key decision makers in your country. Begin by reviewing Resources 1–6. Then use the suggestions in *Key Actions for CBA2I Advocacy* (Resource 7) to develop an advocacy action plan.

You may use the resources in this package and those in the Knowledge for Health (K4Health) CBA2I Toolkit to develop talking points and custom-designed advocacy materials to share with stakeholders who support your advocacy objectives. www.k4health.org/toolkits/cba2i.

Use the Advocates Package to Achieve FP2020 Goals

The Family Planning 2020 (FP2020) goal of reaching 120 million new users of family planning by 2020 can only be achieved if contraceptive services are extended beyond the facility and into communities,

¹ The terms "community health worker" and "CHW" as used in these resources refer to lay health workers who provide family planning commodities and services. Lay health workers are community-based health workers who have received training but often do not have formal professional or paraprofessional education or certificates. Other terms for these health workers include community reproductive health agents, community health officers, village health workers, and community-based distributors of family planning.

² Kenya Ministry of Public Health and Sanitation (MOPHS)—Division of Reproductive Health, FHI 360, Jhpiego, USAID/APHIA II Eastern, Tharaka District Health Management Team. 2010. *Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province of Kenya*. Tharaka, Kenya: MOPHS. Available at: <http://www.k4health.org/toolkits/cba2i/introducing-community-based-distribution-cbd-injectable-contraceptives-experiences>

PACKAGE RESOURCES

1. Provision of Injectable Contraceptives by Community Health Workers
2. Initiation and Continuation of Injectable Contraceptives by Community Health Workers
3. Community-Based Access to Injectable Contraception: *Radical Common Sense* (advocacy video)
4. WHO *Optimize MNH* Guidance: Recommendations on CHW Provision of Injectable Contraceptives (2012)
5. Conclusions from the WHO Technical Consultation on Expanding Access to Injectable Contraception (2009)
6. Guide to Resources in the Online CBA2I Toolkit
7. Key Actions for CBA2I Advocacy

reaching the millions of women and couples whom health system fails to reach effectively. There is a significant history of improving access to family planning through community-based services, as demonstrated in countries such as Bangladesh, Ethiopia, Indonesia, Kenya, and Malawi. For example, in a pilot project in Kenya in 2009, the percentage of women using a modern contraceptive method tripled in the targeted area when CHWs began offering injectables.³ Expanding this model of community-based family planning can reach more women and couples, increase the available contraceptive options, improve continuation of contraceptive methods, and increase the number of new family planning users, thus helping to meet the goals of FP2020.

Other CBA2I Approaches

Besides **CHW provision of injectable contraceptives**, other strategies for expanding community access to injectable contraceptives in rural and hard-to-reach areas include use of **drug shops and mobile service delivery**.

- **Drug Shops**



Photo: 2012 Akintunde Akinleye/NURHI, Courtesy of Photoshare

Drug shops are small commercial shops that are legally allowed to sell nonprescription drugs and prepackaged medicines. Drug shops are also known in various countries as licensed chemical shops, patent medicine shops, and accredited drug dispensing outlets. They are often the first line of health care in poor countries, especially in rural areas that have few private or public clinics. Many drug shops sell family planning methods over the counter (condoms and oral contraceptives), and some provide injectable contraceptives even though they may not be licensed to do so. Drug shops are already popular sources for health care advice, medicines, and supplies, and could offer opportunities to reach existing and new family planning clients. For more information about how to promote family planning through drug shops, see

the K4Health Community-Based Family Planning Toolkit and the Advancing Partners & Communities (APC) brief, *Provision of Family Planning within Drug Shops: A Promising Approach to Increasing Access*.

- **Mobile Service Delivery**

Mobile service delivery, or mobile outreach, is the provision of family planning services by a mobile team of trained providers. Mobile services offer family planning methods to underserved communities by bringing equipment and supplies that are not available locally. The teams visit and provide services at lower-level health facilities or other community facilities such as schools and health posts. Mobile service team members

partner with local CHWs, who promote the services in advance to build demand and assist teams with service provision as needed. For more information, see the K4Health Community-Based Family Planning Toolkit, <https://www.k4health.org/toolkits/communitybasedfp>.



Photo: 2012 Akintunde Akinleye/NURHI, Courtesy of Photoshare



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³ Ibid.