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


Description: Describes the latest World Health Organization (WHO) task-sharing recommendations related to initiation and reinjection of injectable contraceptives by community health workers (CHWs) and confirms the high-level support for CHW provision of injectables.

Task-Sharing Definition

Task-sharing, sometimes known as task-shifting, is the distribution of tasks and responsibilities among cadres of health workers to increase access to and use of health care services and to improve cost-effectiveness within health systems. Task-sharing involves training mid- and low-level cadres of health workers—such as clinical officers, auxiliary nurses, and CHWs—to deliver some services offered by higher-level cadres in order to optimize the reach of a limited health workforce.

WHO Recommendations: Optimizing Health Worker Roles for Maternal and Newborn Health Optimize MNH Guidance

In 2012, WHO convened panels of international experts to review and recommend strategies for task-sharing to improve maternal and newborn health (MNH). Development of the Optimize MNH guidance followed a formal, structured process involving a thorough review of available evidence and the participation of more than 60 technical and programmatic experts from 23 countries. The resulting guidance includes a set of recommendations to increase access to modern methods of family planning and improve family planning services.1,2

On the question of whether CHWs should initiate and reinject injectable contraceptives using a standard syringe, the WHO concluded:

- “Based on program experience, we concluded that the intervention has the potential to improve equity by increasing access to family planning, and does not appear to have associated safety issues. In many settings, lay health workers [CHWs] already deliver some form of contraceptive counseling and use injections for other conditions. We therefore suggest that this option be considered in the context of targeted monitoring and evaluation. We suggest that this intervention be implemented where a well-functioning CHW program already exists.”2

This high-level support for the provision of injectable contraceptives by CHWs is essential to advocates’ efforts to implement supportive CBA2I policy and programmatic recommendations.
WHO Recommendations on Task-Sharing for Family Planning

This table summarizes the WHO task-sharing recommendations on the provision of family planning by seven cadres of health workers. Each color represents one of the four categories of WHO recommendations as defined in the key below the table.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>LHWs (CHWs)</th>
<th>Auxiliary Nurses</th>
<th>Auxiliary Midwives</th>
<th>Nurses</th>
<th>Midwives</th>
<th>Associate Clinicians</th>
<th>Doctors</th>
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<tbody>
<tr>
<td>Tubal Ligation</td>
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<td>Yellow</td>
<td>Green</td>
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<tr>
<td>IUDs</td>
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<tr>
<td>Injectables</td>
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<td>Oral contraceptive pills &amp; condoms</td>
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Key to WHO Recommendations:
- WHO recommended as already widely recognized and established practice
- WHO recommended
- WHO recommended with targeted monitoring and evaluation
- WHO recommended only in the context of rigorous research
- WHO recommends against

Allowing CHWs to initiate and reinject injectable contraceptives increases access to family planning for those most in need and helps reduce maternal mortality. With the recommended monitoring and evaluation, CBA2I can be part of a health system that guarantees each individual's right to make fully informed choices about contraceptive use.


3 The terms "community health worker" and "CHW" used in these resources refer to lay health workers who provide family planning commodities and services. See Resource 1 for a detailed definition.