Financing

- Financial constraints contribute to challenges in increasing coverage of community services. Recommendation: Generate country specific ways to track financing of reproductive health (RH), including FP, such as a national health account, subaccounts on RH, line item funding, or ring funding for FP.

- Recommendation: Develop a regional advocacy toolkit that countries can adopt and adapt to advocate for more FP funds.

Countries are dependent on donor funds for expanding FP activities at the community level. Recommendation: Develop ways that countries can gradually absorb FP programme costs, using such tools as costed implementation plans that include emphasis on community FP services.

- Some countries fund FP as a lower priority than emergency health areas. Recommendation: Where possible and not currently functioning, member states should establish a government agency with a mandate to focus on FP at the policy and financing level, such as national AIDS control programs.


Policies, Guidelines and Strategies

- Some countries have essential health packages to be provided by CHWs, but FP is usually not a priority service. Recommendation: Include FP services explicitly as a priority in these packages.

- CHW cadres vary extensively, including length of training, remuneration, and types of services. Recommendation: Develop prototype policy and operational guidelines on these issues.

- Some country policies are not consistent with global and regional evidence in terms of the provision of all methods, including injectables, by CHWs. Recommendation: Review country policies so that they are based on evidence.

- Regulatory and professional associations expressed concerns about CHWs. Recommendation: Address these concerns.

- Research and experience is limited on pharmacists and drug shops as sources of contraceptives at the community level. Recommendation: Conduct research including a needs assessment on options for policies and guidance on this issue.

The assessments show that community-based FP has clear benefits in improving access to family planning information and services. Therefore, this approach is a powerful tool for social transformation towards improved quality of life at the community level, including improvement in the contraceptive prevalence rate and the resulting impact on maternal and child health. While promising practices and models are emerging, much remains to be done.

Findings and Recommendations

Expanding access to family planning at the community level is a priority strategy for accelerating progress toward achieving Millennium Development Goals (MDGs), particularly goal 5b – universal access to reproductive health, including family planning (FP). Emphasis on community access to FP has emerged as a major goal in sub-Saharan Africa. In the March 2010 meeting in Kigali, 12 African participating countries reached consensus that community FP should be the priority strategy for expanding access to FP to address unmet need and accelerate progress toward the MDGs. This strategy resonates with earlier calls for action in the region, including resolutions from the East, Central and Southern Africa (ECSA) Health Ministers Conference (2008 and 2009), the Maputo Plan of Action, and the 2009 International Conference on Family Planning held in Uganda.

To address ECSA resolutions and other international commitments and recommendations related to community-based FP, ECSA worked with the Ministry of Health in five member states – Kenya, Lesotho, Malawi, Uganda, and Zimbabwe – to assess current policies, guidelines, financing, training materials, and implementation of community-based FP. In the ECSA region, the majority of the population live in the rural areas, where health services are poor compared to those in urban areas. The assessment, conducted in 2010-11, sought to:

- Describe national level policy and service delivery guidelines/standards that facilitate delivery of quality FP at the community level.

- Identify challenges and opportunities in current community-level FP service delivery systems in addressing FP needs of underserved populations.

- Synthesize commonalities for improved approaches to expanding FP services to inform country and regional priorities for improved service delivery of FP services.

The assessments used material from a desk review, key informant interviews, and focus group discussions. The interviews were conducted with policy-makers, associations, regulatory boards, implementing agencies, donors, members of Parliament, providers, and community health workers (CHWs). Country reports were prepared on each assessment. In June of 2011, ECSA sponsored a regional dissemination workshop based on these five reports; at the meeting, representatives of the Ministry of Health from four other ECSA member states – Mauritius, Swaziland, Tanzania, and Zambia – added information for consideration.

Key indicators from the assessments showed the dramatic differences in rural and urban populations in unmet need for FP, contraceptive prevalence rates, total fertility rates, and others. Note these differences in unmet need and total fertility rate shown in the graphics. A synthesis of the findings and recommendations from the five country reports as well as presentations and discussions at the regional meeting led to the recommendations addressing the various findings and issues. Selected findings and recommendations are included in this summary.
Unmet Need for Family Planning

![Chart showing unmet need for family planning across different countries and their data sources.]

Total Fertility Rate

![Chart showing total fertility rate across different countries and urban vs. rural populations.]

**Operational Issues**

- National guidance on training, remuneration, and types of services vary.  
  Recommendation: Develop a regional service delivery package that provides discrete guidance on CHWs and FP; it could cover levels of health cadres and non-health groups such as teachers, police, youth peer educators, and military personnel.

- Guidelines for supervision of CHWs vary extensively.  
  Recommendation: Develop supervision guidelines and generic tools that can be adapted by member states, including guidelines on proper training of CHW supervisors.

- FP information and services from CHWs are often not linked well with facilities.  
  Recommendation: Develop clear referral structures and linkages between the community and facilities (and vice versa), including linkages with maternal and child health systems.

- CHWs and others reported problems with motivation and turnover.  
  Recommendation: Address issues related to sustainability, motivation, and remuneration, including in-kind services such as transport, actual remuneration, possible career paths, refresher training and supervision, and innovative approaches such as access to credit and community cooperatives.

- Regular supplies of commodities are a problem in most countries.  
  Recommendation: Improve systems that can ensure continued supply of commodities to the CHWs, such as community depots and monitoring systems, both of which require strong community commitment. Countries should pay attention to the demand from the community, known as the “pull system” and not rely exclusively on a central quota system, known as the “push system.”

- Men can be barriers to FP services in the community.  
  Recommendation: Strengthen efforts to engage men at the community level, including individual or couple discussions, having male CHWs, and engaging village councils and other forums that are often led by men.

- Youth make up a large part of potential clients but are underserved.  
  Recommendation: Engage unmarried, sexually active youth and newly married youth through peer educators, youth centers, and other linkages.

- Nurses/midwives organizations said they are not involved sufficiently in community services.  
  Recommendation: Involve nurses/midwives and their regulatory authorities and professional associations in training and supervising CHWs, as well as providing services at the community level.

- CHW activities with FP are not monitored well.  
  Recommendation: Provide guidance on monitoring and evaluation of community-based FP including dropout rates of lower level and unpaid CHWs, work load pressures of CHWs, and new research on motivation of CHWs.

- Community mobilization is important for successful CHW programs.  
  Recommendation: Provide regional guidance on community mobilization approaches such as community gatherings, contests, and other events.