

Guidance for Monitoring and Evaluation of Community-Based Access to Injectable Contraception

EXECUTIVE SUMMARY

BACKGROUND

Increased efforts to tackle global health concerns including HIV, malaria, and maternal and infant mortality have highlighted the shortage of health care workers in resource-constrained countries. One strategy to alleviate this shortage is task shifting, whereby tasks traditionally performed by higher-level cadres of health care workers are shifted to lower-level cadres through training and mentoring. In response, the World Health Organization (WHO) has issued guidance^{1,2} addressing which cadres of health care workers may provide given services. Regarding family planning, WHO guidance recommends lay health worker provision of injectable contraception with “targeted monitoring and evaluation.” While WHO did not define “targeted monitoring and evaluation” or expand upon specific circumstances under which lay health workers could provide injectable contraception, general consensus in the global family planning community is that the concerns are related to the safety of such a program.

To assist countries in following the WHO recommendation, FHI 360 initiated a project to develop written guidance on monitoring and evaluation (M&E) of community-based access to injectable contraception (CBA2I), including recommended M&E indicators. This guidance and these indicators can be adapted for clients who self-inject and receive commodities through community distribution.

PURPOSE

The purpose of the guidance is to strengthen CBA2I programs through improved M&E, resulting in increased access to and quality of family planning services. The guidance is intended for use by

governments and programs or projects wanting to implement or improve their CBA2I programs, specifically, monitoring and evaluation.

How can monitoring and evaluation help to ensure that lay health workers providing injectables in a community setting do so with proper screening and aseptic techniques?

This guidance and the recommended indicators were developed based on a literature review, a technical consultation with experts in the field, and case studies from countries implementing CBA2I programs ([Malawi](#), [Senegal](#), and [Uganda](#)).

RECOMMENDED PRACTICES AND ESSENTIAL INDICATORS

Both programmatic and M&E practices will help strengthen safety and accountability.

Recommended Practices

- Conduct regular supervision
- Deliver quality training on data collection and use
- Ensure timely submission of accurate data reports
- Analyze and use data at multiple levels
- Conduct data quality assessments
- Offer regular refresher training
- Recognize and support CHWs

In addition, the guidance lists recommended indicators and definitions for effective monitoring. While the full list is important, we recognize that resource constraints may limit implementation and have highlighted the most essential ones.

¹World Health Organization (WHO). Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: WHO; 2015. Available from: http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/.

²World Health Organization (WHO). WHO recommendations: optimizing health worker roles for maternal and newborn health through task shifting. Geneva: WHO; 2012. Available from: <http://optimizemnh.org/>.

Essential Indicators

- Number and percent of CHWs certified to inject contraception
- Number and percent of CHWs certified during the *previous* reporting period who received at least one in-person supportive supervision visit for providing injectable contraception within [x] months after successful completion of practicum
- Number and percent of CHWs reporting a stock-out of injectables
- Number of injections provided

HOW TO UPDATE A CBA2I M&E SYSTEM

Because task sharing can affect the entire family planning service system, efforts to update M&E systems need to be tailored to the relevant programmatic levels—catchment area, facility, district, regional, national—and may require a coordinated multilevel strategy. For example, this may include encouraging national programs to invest in building M&E capacity of front-line health staff and district-level data managers, capitalizing on existing cycles of program planning and review to make changes to M&E, and field testing revised forms with CHWs in the community.

WHY M&E OF CBA2I IS IMPORTANT

M&E allows managers to ensure a program is achieving goals and outcomes, and identify problems or constraints as well as any unintended consequences. For CBA2I, carefully considered indicators can help managers ensure that adequate numbers of properly trained CHWs have what they need to consistently provide high-quality services, use their skills regularly, and are trained to collect accurate, timely data. M&E data are vital for guiding the planning, coordination, and implementation of the program at large and specific CBA2I programs; assessing the effectiveness of the program and identifying areas for improvement; ensuring accountability to clients as well as to those providing resources. With proper time and effort invested at the start, implementing new indicators can be a smooth process, resulting in improved M&E systems, higher quality services, and a healthier population.

For more information on Community-Based Family Planning, see fhi360.org.

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