

Community Health Workers References and Appendix

Appendix

Summary of key studies on CHWs' impact in increasing knowledge of, access to, and use of modern contraception

Citation	Type and Topic of Study	Key Findings
Ayuk et al., 2022⁸	Systematic review of provision of injectable contraceptives by CHWs in sub-Saharan Africa	When CHWs provided DMPA, access to family planning services and choice of method were improved in underserved populations. Studies found DMPA provision by CHWs both acceptable and effective.
Brooks et al., 2019¹⁶	Cross-sectional household survey of young married women in rural Niger to determine if visits by CHWs are associated with increased use of modern contraception	Study showed when CHWs visited young married women, modern contraceptive use increased twofold over those who were not visited.
Burke et al., 2018³¹	Randomized controlled trial in rural Malawi examining the effect on continuation rates of self-administration of subcutaneous DMPA versus provider-administered injection, including by CHWs	The study found clinically significant improvement in the rate of method continuation among women assigned to self-injection compared with those who received injections from a provider, including CHWs. It also yielded evidence that CHWs can safely and effectively train women to self-inject DMPA-SC in low- and middle-income country settings.
Burke et al., 2019³²	Randomized controlled trial to measure and assess supply- and demand-side factors influencing DMPA-SC continuation rates in Malawi among women who received the method from a provider and those trained by clinic-based providers or CHWs to self-inject	Continuation rates were significantly higher among women in the self-injection group, with no differences reported by type of provider in continuation, pregnancy, or safety. The study provides further evidence that public sector CHWs can safely and effectively provide DMPA-SC and train women to self-inject DMPA-SC in low-resource settings.

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Herrera-Almanza and Rosales-Rueda, 2020²⁷	Intervention study on the effects of a large-scale community-based health delivery program on short-term fertility in Madagascar	Exposure at the commune level to CHWs trained in maternal and child primary health reduced women's quarterly probability of conception by about 12% and increased women's likelihood of ever using any contraceptive method.
MacLachlan et al., 2018⁹	Intervention study comparing continuation of subcutaneous and intramuscular DMPA when administered by facility-based health workers in Burkina Faso and village health teams in Uganda	Twelve-month continuation (through four injections) between DMPA-SC and DMPA-IM showed no differences by administration by facility-based or village (community-based) health teams. Continuation in Uganda through community-based distribution was higher than from health facilities in Burkina Faso, suggesting that CHWs are an important part of a family planning program and might even improve continuation of methods.
Ouedraogo et al., 2021²⁸	Desk review and analysis of implementation and impact of task sharing policies for family planning in Burkina Faso, Democratic Republic of Congo, Ethiopia, Ghana, and Nigeria, which included training and supporting CHWs to provide a wider range of contraceptive counseling and methods, including long-acting and reversible methods	The study showed task sharing programs including CHWs led to an increase in family planning indicators. The contraception prevalence rate doubled in Ethiopia. In Burkina Faso, the uptake of long-acting reversible contraceptives, or LARCs, increased more than threefold within six months. In Ghana and Nigeria, there was an increase in new contraceptive users and a significant uptake of LARCs.

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Scott et al., 2015¹⁰	Systematic review of evidence on effectiveness of CHW provision of family planning services in low- and middle-income countries	93% of studies assessed found increased use of modern contraception; 83% found improved knowledge and attitudes.
Solanke et al., 2023²³	Intervention study examining the impact of health service contacts with CHWs on intention to use modern contraception among non-users in rural communities of Nigeria	Controlling for individual demographic and social characteristics, the odds of the intention to use modern contraceptives were found to be higher among women who had health service contacts with CHWs than among women who did not.
Tadesse et al., 2022²⁹	Analysis of data from a national rural Health Extension Program (HEP) assessment to determine the role of the HEP in reducing unmet need for family planning	Women living in areas with HEP and health extension workers (HEWs) were significantly associated with lower levels of unmet need for family planning, higher demand, and a higher contraceptive prevalence rate.
Tilahun et al., 2017³⁰	Analysis of data from 2009 to 2015 on the impact of the Ethiopian Federal Ministry of Health's task sharing initiative, aimed at improving availability of long-acting reversible contraception at the community level, which trained HEWs in Implanon insertion	The analysis demonstrated the importance of HEWs in reaching women at the community level. One-quarter of women who received an implant from a HEW in the first six months were new contraceptive users.
Weidert et al., 2017²²	Intervention study on the impact of combining community-based distribution of DMPA injections, along with counseling and referral for other methods, with a social marketing approach in Tigray, Ethiopia	This approach resulted in expanded access of DMPA injections for rural women including younger women, a 25% increase in contraceptive use among women surveyed, in large part due to DMPA use. CHWs served over 8,600 women; almost 20% were new family planning users.
Wu et al., 2020¹¹	Intervention study on the impact on contraceptive use in rural Nepal of employing CHWs aided by mobile technology to deliver patient-centered, home-based antenatal and postnatal counseling on postpartum modern contraceptive	The intervention contributed to a significant increase in modern contraceptive use, from 29% to 46%. CHWs provided contraceptive counseling, referrals to health care facilities, and follow-up to address barriers to access and answer questions.