



RESEARCH SUMMARY

Family Planning Task Shifting: A Review of Approaches in East and Southern Africa



Synopsis

This desk review sought to examine the methods of task shifting used in the East and Southern Africa region, in order to design more effective programmes that better meet the contraception needs of all women in the region and achieve universal health coverage. Its ultimate aim is to contribute to the realization of reproductive health and rights and to reduce maternal morbidity and mortality in the region. This research will generate evidence to inform design, planning, scale up and delivery of quality family planning services for women and youth. It will contribute directly towards achievement of Sustainable Development Goal 3.

Task shifting is critical for scaling up the provision of much-needed family planning services in hard-to-reach and vulnerable communities, in the midst of an acute lack of adequate human resources for health in the region. A literature review was undertaken to determine the approaches and best practices being undertaken in implementation of task shifting in the region.

Research lead and budget

Dr. Kanyanta Sunkutu; US\$30,000

Objective

The aim of the review was to undertake a rapid appraisal of task-shifting methods used at health facility and community levels for family planning service delivery in the region.

Methodology

Tools were developed and field tested before a desk review was conducted on literature covering East and Southern Africa from 2000 to

2016. Online documents were reviewed from relevant ministries of health, supporting agencies, journal articles and other documents on electronic databases such as PubMed, Cochrane Library, and Social Science Citation Index.

Various search terms were used, including family planning, contraception, birth spacing, task shifting, human resources for health, community-based distribution, CBD, community distributors, training for family planning, task-shifting policies, task-shifting programme, increasing access to contraception, and Community Health Worker (CHW). This yielded 1,160,000 items, of which 512 were downloaded and read, but only 167 had content appropriate for this review. The results of the literature review informed development of the task-shifting compendium.

Limitations

The scope of the review did not include interactions with task-shifting implementers, policy makers, programme managers, health workers and clients. This rendered the review to be based on the consultant's interpretation and understanding of the literature.

Findings

Low level of adoption of task shifting: only 13 countries were fully compliant with the WHO task shifting recommendations; 6 had adopted at least two levels of task shifting, while 4 had not adopted any of the WHO recommendations. In most cases, task shifting is ad hoc and precedes policy guidance. There are limited documented task-shifting models within the region; however, five models were identified: (1) health facility-based, (2) mobile outreach, (3)

dedicated CHW, (4) cooperative CHW, and (5) voluntary CHW. Studies on task shifting implementation, best practices and scale up are limited; most focus on the ability of health

workers to effectively take on the new tasks, almost all related to HIV work and implementation models that been well documented with clear government ownership.

Implications

The report is being repackaged for advocacy purposes, so that policy makers and practitioners proactively plan for task shifting as they plan and implement programmes in situations of inadequate human resources for health. This will allow

informed task shifting with best practices in an easy-to-use compendium. It will also avoid ad hoc task shifting. However, the ultimate aim is to have adequately planned and well trained human resources for health.

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