



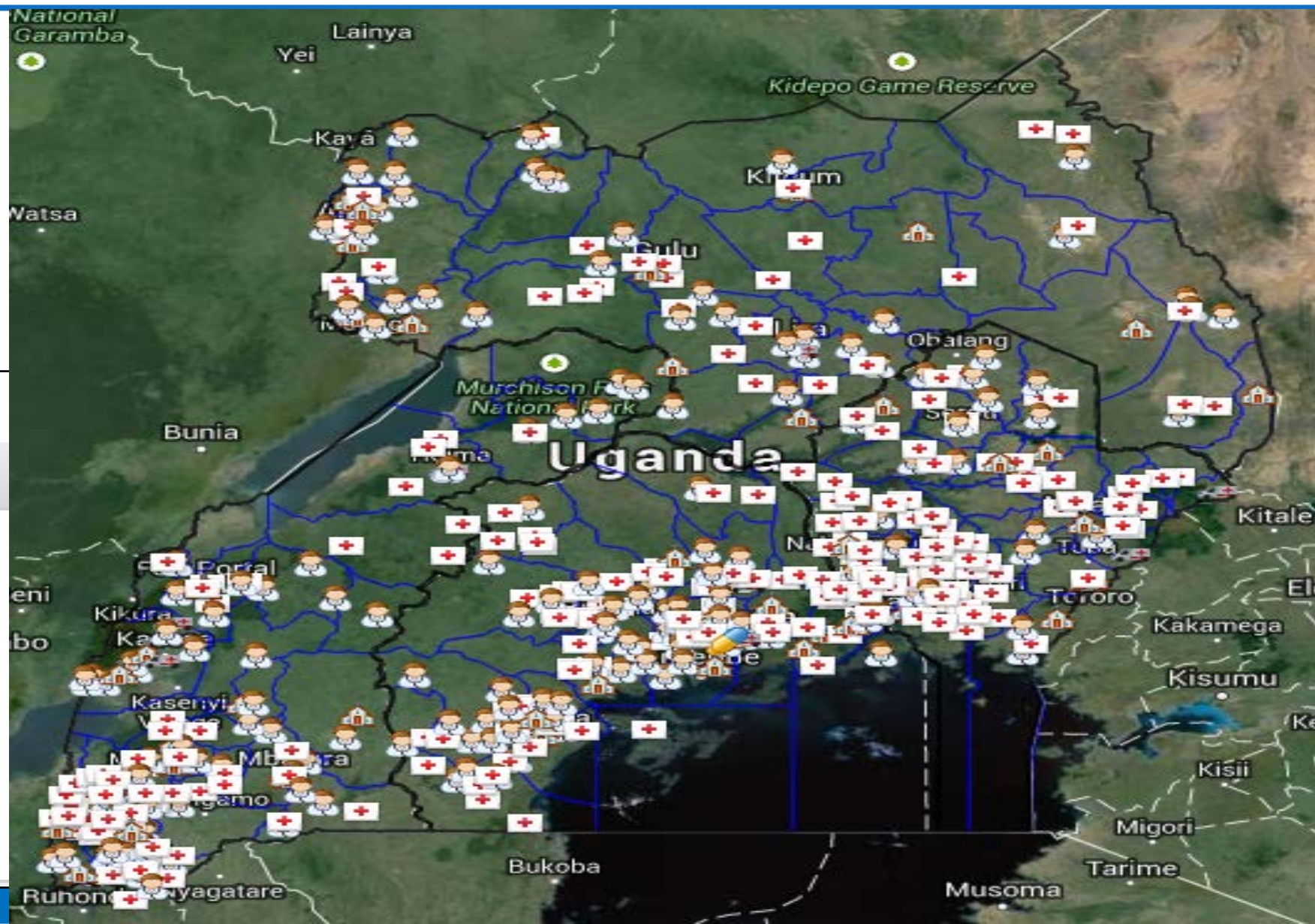
Community-based Family Planning Services: Introduction of SDM

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Private Not for Profit (PNFP) Facilities across Uganda

(DHIS2 – GIS – *Over 70 facilities missing from this map*)



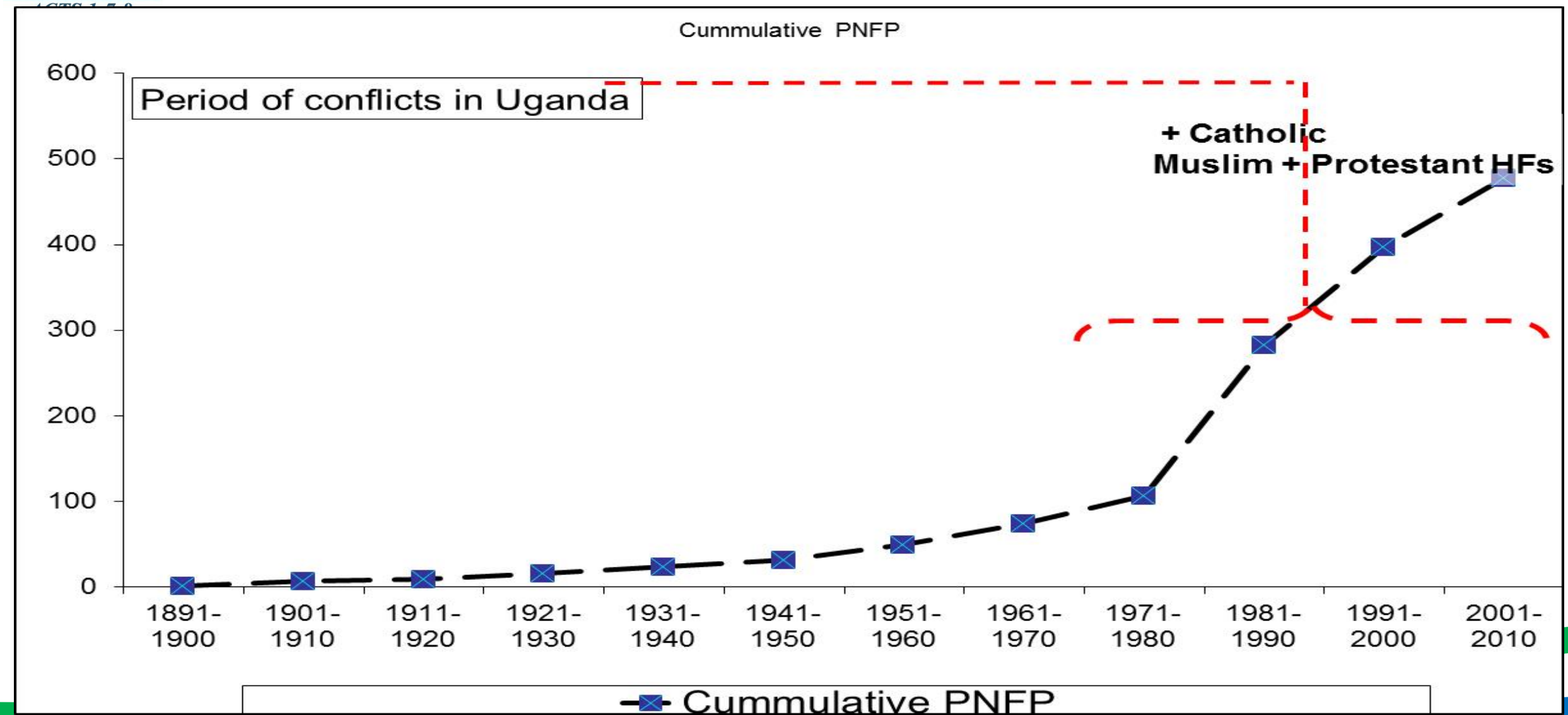
Facility layer legend

-  NR Hospital
-  Administrative Unit
-  General Hospital
-  HC IV
-  RR Hospital
-  HC III
-  HC II
-  Clinic

UPMB & Private Not for Profit Sector (PNFP)

- 42% of Uganda's Hospital Beds managed by PNFP sector
- 65% of institutions training nurses/midwives in Uganda are PNFP sector
- PNFP sector receives approximately 17 billion UGX of Public Funding from GoU for the FY 2012/13 out of 11 Trillion
- UPMB runs a network of 278 Health facilities, 35% of the PNFP sector in Uganda
- 90% of UPMB facilities serve rural populations
- UPMB & Uganda Catholic Medical Bureau established the Joint Medical Store (JMS) in 1979, procurement and distribution of medicines, supplies equipment

1. Historical feature of Uganda's health system



The Baby Boom – Uganda

- Highest growth rate in the world
- 50% population under 18 years with >100 % dependence ratio
- High fertility (7 children per woman) and low CPR (30%)
- 34 % average unmet need for FP with rural bias





Reproductive Health at UPMB

YEAR	PROJECT/ FUNDER	# FACILITIES	FOCUS
2002/04	Family Health International (FHI)	10	Facility-based strengthening local networks in integrated maternal health and SRH Services in rural communities
2006/09	Big Lottery	10	Facility-based strengthening of SRH information, particularly targeting adolescent girls
2009/13	Big Lottery	31	Voucher program for antenatal services, support to facility based maternal and neonatal health services, community outreaches, ambulances
2012/15	National Expansion for Sustainable HIV Services (NESH - CDC/PEPFAR)	16	Facility-based, comprehensive HIV care and treatment, FP included as part of PMTCT strategy
2013/15	ACHAP (Packard)	2	Facility & Community-based FP pilot, raising rural FP demand & health facility capacity, sensitization of religious leaders
2014/16	E2A (Pathfinder/ USAID)	9	Facility & Community-based FP, emphasis on scaling up FP services, demand creation, reducing unmet need
2014/15	A3 (IRH)	8	Facility & Community-based FP, introduction of fertility awareness-based methods, sensitization of religious leaders
2014/15	UN Foundation/FP 2020	3	Advocacy for access to FP, demand creation, radio messages, sensitization of religious leaders, awareness raising facility providers & VHTs

Village Health Teams (VHTs)

- Lowest level of health system (Level 1)
- Introduced by MOH as the link between the villages and facility
- Volunteers – Unpaid
- Many were former traditional birth attendants
- Involved in different health programs (project-specific); malaria, TB, MCH, etc.
- Health system is overburdening the VHTs
- No standard criteria for VHTs
- VHT policy in Uganda is under development

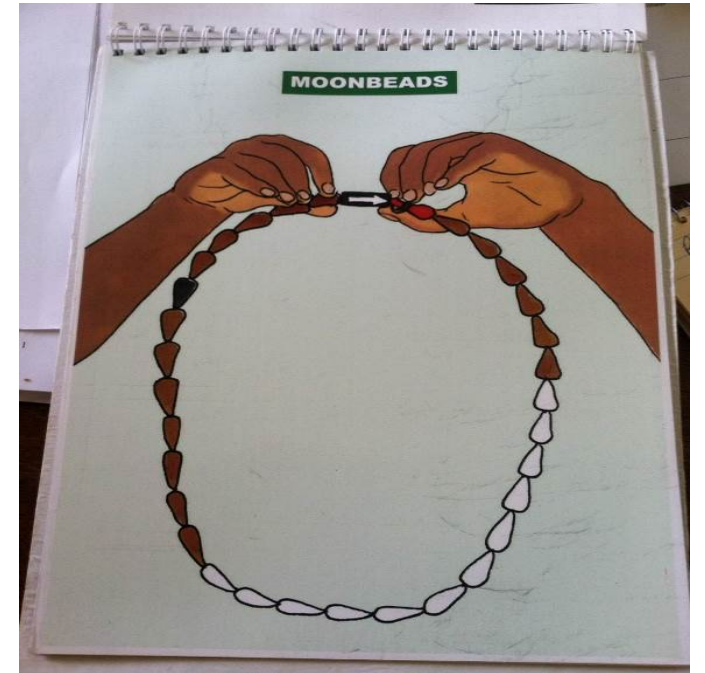
VHTS' role in family planning

- With donor support, trained VHTs deliver quality family planning counseling and commodities to the doorsteps of their clients. Lack of standardization across the country depending on pilot programs.
- VHTs allowed to offer a mix of short-term methods: pills, condoms, FAM, and injectable (new policy)
- Refer clients to health centers and clinics for long-acting and permanent methods.



Introducing SDM with VHTs

- 120 VHTs identified by facilities, trained and equipped for family planning mobilization and service provision
- VHTs trained on Standard Days Method (SDM), TwoDay Method, Lactational Amenorrhea Method (LAM) & refresher on all other methods
- VHTs equipped with supply kits of CycleBeads, condoms, data collection tools, and a family planning flip chart



Lessons: SDM is acceptable

VOICES OF VHTs

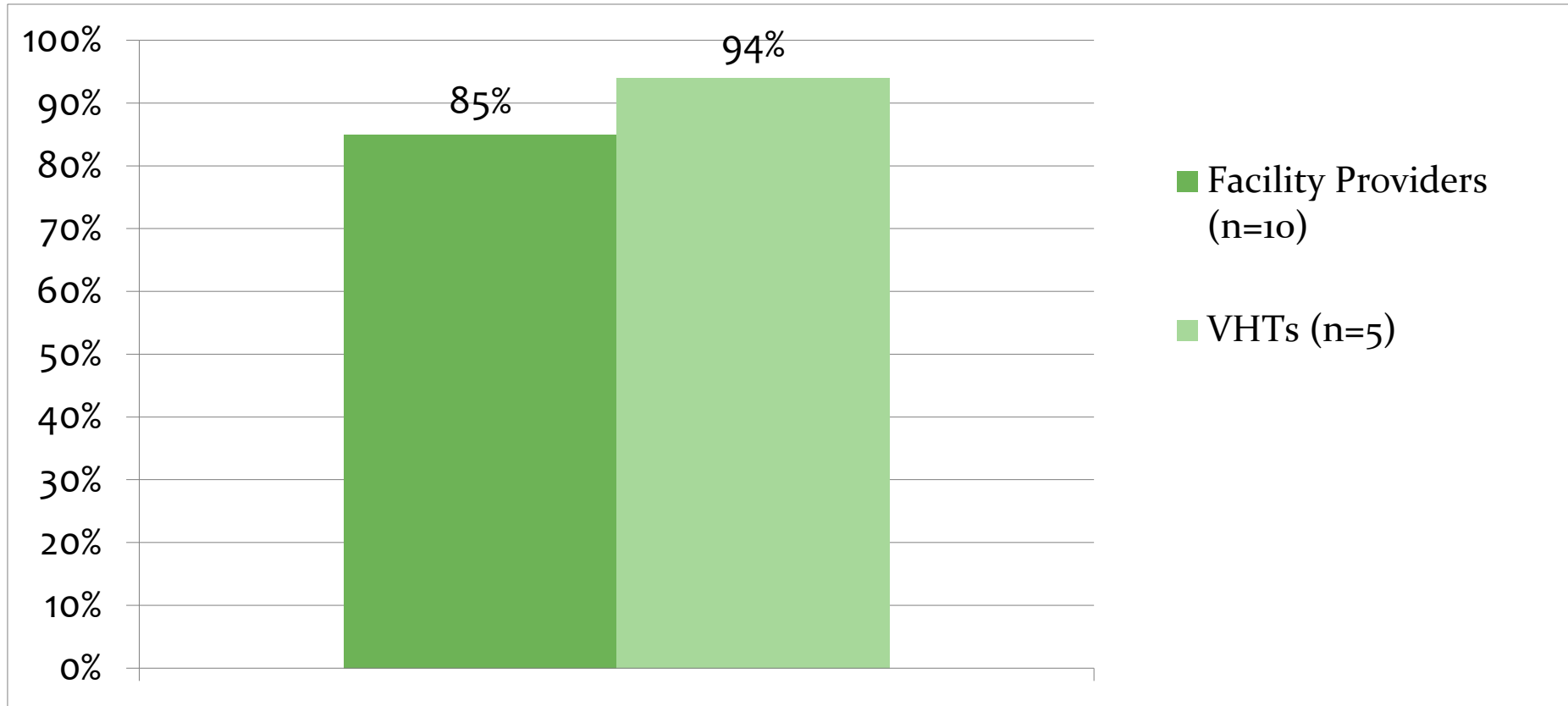
“People in my community are excited that for once the health facility is introducing a family planning that their church endorses”.

“I tried out the Moon Beads personally and I feel confident recommending it to the community based on my positive experience.”



“I had never used contraception due to the stories about side effects I was hearing from friends but I am comfortable using the beads (CycleBeads) without fear of these.”

Lessons: VHTs competent in SDM counseling



Data from SDM Knowledge Improvement Tool (KIT)

Lessons: Peer Education for Religious Leaders



SDM creates entry
point for
discussion of
challenging
interfaith issues

Lessons: Working with Men

- Husbands/men play a dominant role in decision making regarding RH services.
- Yet, most available RH services are not male friendly
- VHTs able to access men/couples in the community
- Introducing SDM has improved couple decision-making re FP, included men rather than woman alone



Lessons: More effort needed for integration & sustainability

- **MoH Reporting tool:** No disaggregation of fertility awareness-based methods
- **Commodities:** Consider inclusion of CycleBeads on MoH essential list/credit line & JMS




Thank you



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