Community-based Family Planning Services: Introduction of SDM

Dr. Tonny Tumwesigye
Executive Director
Private Not for Profit (PNFP) Facilities across Uganda

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

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

Dr. Tonny Tumwesigye | Executive Director