

ADVANCING PARTNERS & COMMUNITIES SUMMARY SERIES

Increasing Access to High-Quality, Community-Based Family Planning Services: APC's Comprehensive Approach in Uganda

JULY 2018

Chapter One: Bringing Family Planning to Communities

Uganda has less than one doctor per 10,000 clients, and more than 80 percent of Ugandans live in rural areas. Nearly 7 in 10 married women in Uganda (67 percent) have a demand for FP, yet only 35 percent are using a modern method of contraception. Among sexually active unmarried women, 47 percent are using a modern method.

Unmet need is highest in rural areas for unmarried women (35.9 percent), compared to 24.8 percent in urban areas (DHS 2016).

APC'S CBFP RESULTS

- 1,944 VHTs trained and mentored
- 332 health workers trained to mentor, coach, and supervise VHTs
- Rolled-out CBFP interventions at 120 sites
- 680 client referrals VHTs have made for LARCs and PMs
- 126 health workers and 71 HMIS officers trained in CBFP quality assurance and reporting
- 181,550 short-term FP services offered to clients
- 27,238 clients provided with DMPA-SC by VHTs
- 48,262 total couples' years of protection
- 22 APC districts increased short-term mCPR of 11.3 percent compared to 5.1 percent non-APC districts

The Challenge

With one of the fastest annual rates of population growth globally (3.3 percent) and nearly half of its population under age 15, Uganda faces major obstacles in meeting the health needs of its largely rural population. While the total fertility rate has declined from 7.4 births per woman in 1988 to 5.4 births per woman in 2016 (DHS 2016), it remains one of the highest in eastern and southern Africa. Women who are unable to plan or space their pregnancies are more at risk of health problems or death. For women of reproductive age in Uganda who want to avoid pregnancy but are not using a contraceptive method, there is a critical shortage of family planning (FP) services. This is especially true for women living in rural areas, where contraceptive methods and information are limited.

Much of the population lives more than five kilometers from a government health facility and there are few trained personnel available in rural areas. With the shortage of health care workers, many Ugandans lack access to health facilities and skilled medical professionals. Shifting FP counseling and services from over-worked clinics to community-based providers, a USAID high-impact practice, is a key part of Uganda's national reproductive health guidelines. When well-designed and implemented, community-based family planning (CBFP) programs increase use of contraception, particularly where unmet need is high, access is low, and there are geographic or social barriers to service use.

APC's Solution

To help ensure that all Ugandans have access to high-quality, voluntary FP services, USAID's Advancing Partners and Communities (APC)—led by JSI Research & Training Institute, Inc. (JSI) and implemented by FHI 360 in Uganda—supported the Ministry of Health (MOH) with an innovative, community-based task-sharing model. With the aim of making the full range of modern FP methods available in 22 districts, APC empowered districts teams, facility-based nurses and midwives, community-based voluntary health workers (known as village health team [VHT] members) with FP training, mentoring, processes, and tools. APC built the capacity of VHTs to provide FP information and trained them to provide short-term methods, which expanded the reach of services while reducing the burden on the facility-based staff.

APC ensured that its CBFP model embraced and expanded the hormonal contraceptive, subcutaneous depot medroxyprogesterone acetate (DMPA-SC). DMPA-SC comes in a prefilled, auto-disabled injection system (brand name Sayana® Press) and is quick and easy-to-use. Once trained, VHTs became comfortable promoting and administering injectables. A popular FP method among women, injectables now account for more than 50 percent of all modern methods used in Uganda. From 2014 to 2017, APC was the largest implementing partner offering community-based DMPA-SC and intramuscular DMPA (DMPA-IM).

Working through the MOH and district health teams, APC staff selected VHTs for a 10-day training using the MOH FP curriculum, and a refresher training at

APC partners FHI 360 and WellShare International conducted a formative assessment that explored CHW provision of emergency contraceptive pills (ECP) across four districts' communities. The assessment shed new light on why ECP is a lesser-known method among communities in Uganda and provided guidance that informed efforts to integrate ECPs into existing FP programs. WellShare International trained 257 VHTs and 44 clinic-based providers on ECPs as part of pilot activity in Kumi and Iganga Districts. Results showed that training VHTs and integrating ECP into the CBFP method-mix contributed to the prevention of unwanted pregnancy. Client satisfaction surveys of community-based ECP services showed that 77 percent of clients in Kumi and 94 percent of clients in Iganga were very satisfied after their most recent visit with a VHT member. FHI 360 and other partners have since scaled up community-based ECP into their CBFP programs and the MOH has updated the VHT CBFP training materials to include the new job aid and fact sheet on ECPs.



Midwife shows a VHT member how to provide DMPA-IM to client during training.

Credit: Evelyn Akumu, FHI 360

six months. These trainings emphasized FP counseling, screening for method eligibility, and compliance with national FP service delivery guidelines. After the training, VHTs were given daily registers, referral books, client registers, job aids, flip charts, and client return cards.

Each VHT member was assigned a health facility and supervisor, often a midwife or nurse. All supervisors received a three-day regional training from APC on supervision and how to administer DMPA-SC, and were regularly mentored by APC staff.

In coordination with the facilities, VHTs collected the FP commodities, completed a stock card to track the contraceptives and, over the course of the month, completed a client daily register to record the number of products distributed and basic client information. At the end of each month, VHTs brought the daily register forms to the health facility for the supervisor to check for completeness and correctness. The supervisors reported the data to the national health management information system

FP-VHT PROFILE

- Nominated by their communities
- Literate in the local language and English
- Completed primary school or more
- Attached to health centers and supervised by midwives
- Complete a 10-day FP training with a focus on services, especially safe injection techniques
- Can administer short-term FP methods (cycle beads, lactational amenorrhea method, pills, condoms, injectables, emergency contraceptive pills), make referrals for LARCs and PMs, and provide counseling on all methods
- Provided service kits by APC that include counseling guides, t-shirts, commodity bags

“With VHTs providing short-term methods, this has reduced long waiting queues and hours for the client at health facilities.”

~ MIDWIFE, BUSIA DISTRICT, UGANDA

register ensuring that APC data is routinely available to the project and critically, the Government of Uganda.

When requested, VHTs referred clients to mobile outreach services offering long-acting reversible contraception (LARCs) and permanent methods (PMs). APC also strengthened the referral and linkage system between VHTs and health facilities for LARCs and PMs. The referral mechanisms (referral slips and escort by VHTs as needed), ensured that clients received the services and were tracked.

Building Capacity: Mentoring, Supervision, and Quality Improvement Collaborative to Increase Ownership and Results

APC applied multiple methods for strengthening the community-facility link and ensuring that VHTs developed and improved their ability to deliver high-quality FP services. Supportive supervision programs took place monthly to provide an opportunity for VHTs to re-stock supplies and meet their supervisors to discuss injection techniques and key messages, and progress related to counselling and screening. These meetings also ensured that VHTs submitted the service registers to their supervisors. Quarterly supervision visits were a collaborative effort conducted by district health teams. These review and information-sharing sessions enabled VHTs to learn about other APC districts' best practices, especially in the challenging area of increasing male involvement. Over time, APC transferred the management of the supportive supervision to districts to increase program ownership for lasting change.

Perhaps the aspect that most strengthened the ownership of the CBFP program at the district and facility levels was the use of the collaborative QI approach at APC sites. APC established the first CBFP learning site in Busia District, using the collaborative QI approach model. The goal was to create a network within a district health system that has a high-functioning CBFP program

SPOTLIGHT ON OYAM DISTRICT

with VHTs as core providers of FP services. By testing and demonstrating best practices, APC aimed to increase the uptake and continuation of FP services and scale-up the QI collaboratives in Uganda. With the MOH Quality Assurance and Inspection Department, APC scaled the QI collaborative approach from 3 to 28 health center catchments in four districts.

Owned and managed by facility staff and VHTs, QI approaches focused on improving the quality of counseling on side-effects, increasing the retention of clients, increasing male engagement in FP, and improving waste management and infection prevention. Service data suggests that the QI initiative had a positive effect on the number of new users and the retention of CBFP clients, with the mean monthly number of FP services offered by VHTs increasing by 34 percent and the percentage of returning clients increasing from 19 to 43 percent.

For more information on the APC project's collaborative QI approach, please see the APC project series supplements.

Integrating FP into Other Health Areas and Sectors

Routine child immunization and child health visits are ideal opportunities for reaching postpartum women who may have unmet need for FP with counseling, services, or referrals. VHTs already trained in FP by APC are appealing candidates for additional training in maternal, newborn, and child health. In Oyam District, for example, several VHTs from APC were selected for integrated community case management programs, which aim to provide timely and effective treatment of malaria, pneumonia, and diarrhea to populations with limited access to health facilities. APC also partnered with the USAID Uganda Community Connector Project, implemented by FHI 360, to integrate FP into nutrition and agriculture activities through community dialogue meetings.

Applying What We Learned to Future FP Programs

Continue effective and sustainable CBFP: APC brought FP services into northern Uganda communities for the first time. Achievements there and in other areas show that strengthening existing community health systems and service providers expands the reach of the formal health system and increases access to essential health services in Uganda. The addition of QI approaches to CBFP programming showed that these methods can improve client retention.

With long-term country ownership as the goal, APC was designed and implemented in close partnership with the MOH at central level, along with the district, facility, and community stakeholders who now have the skills to continue effective CBFP programs. This was especially true for the role of supportive supervision and VHT mentorship by midwives, which was managed closely with districts to encourage sustainability.

Located in Northern Uganda in the Lango sub-region, Oyam District is predominantly rural and recovering from nearly 20 years of conflict. APC achievements in Oyam were encouraging, with the proportion of clients who reported receiving sufficient information on FP methods increasing from 19 percent to 70 percent, and the rate of returning clients increasing from 48 to 70 percent (October 2016 to July 2017).

APC CBFP success in Oyam was due to a collaborative and motivated team effort that included the district health officer, assistant district health officer in charge of maternal and child health, district FP focal person, facility-based midwives, and committed VHTs. Oyam's quality improvement (QI) collaboratives reviewed baseline assessment results, identified areas for improvement, and tested change ideas to help them improve performance. Data was collected monthly through service registers, referral registers, and client satisfaction interviews. APC technical support included a QI coaching sessions during which data were summarized, plotted, and interpreted with run charts of QI indicators. Cross-district learning sessions and exchange visits were conducted for VHTs and midwives to share experiences, new ideas and tested changes. In Oyam, APC also piloted the experience-based co-design approach to understand what clients thought constituted high-quality FP services and recognize their fear points through an emotional mapping exercise.

Through the APC activities, VHTs improved competence in CBFP service provision especially FP counseling, timely reporting, documentation, and adapting the tested change ideas.

Respectfully referred to *dakatal me kin pacu* or "doctor" by community members, VHTs in Oyam have reported high

motivation to continue tackling issues such as low FP uptake and harmful FP myths. To summarize the long-term impact of APC in Oyam District, one VHT said, "The [APC] project came in when people were sleeping, now they are awake and hungry for services. The work has continued, even after APC left."



VHT in Oyam District
Credit: Barbara Aceng, FHI 360



VHTs and midwives work in small groups during a CBFP training session. Credit: Leigh Wynne, FHI 360

Offer injectables in communities: Injectables must continue to be offered in communities and remain fully stocked in nearby facilities. Potentially, women themselves will also be able to self-administer injectables, since recent research from FHI 360 in Malawi and PATH in Uganda showed higher continuation rates among women who self-administered DMPA-SC compared to those who received it from a provider.

Build up the VHT cadre: While working with VHTs presents challenges because they are volunteers and likely lack data analysis or monitoring and evaluation experience, APC found that VHTs offer enthusiasm, creativity, and fresh ideas for work and can make a vital contribution to meeting Uganda's FP goals.

References

APC 2017. Self-injection of DMPA-SC leads to improved continuation rates. Available from: https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/apc_sayana_brief_25_sept_2017_tagged.pdf

Cover J, Namagembe A, Tumusiime J, Lim J, Drake JK, Mbonye AK. *A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self-injection*. *Contraception*. 2017; 95(3):306–311.

High-Impact Practices in Family Planning. Family Planning and Immunization Integration: Reaching postpartum women with family planning services. Washington, DC: USAID; 2013 Jul. Available from: <http://www.fphighimpactpractices.org/briefs/family-planning-and-immunization-integration>

MOH, Uganda (2015). Health Sector Development Plan 2015/16–2019/20

Performance Monitoring and Accountability 2020, Round 3 Survey 2015.

Performance Monitoring and Accountability 2020, Round 5 Survey 2018.

Stanback J, Mbonyeb AK, and Bekiita M. 2007. *Contraceptive injections by community health workers in Uganda: a nonrandomized community trial*. *Bulletin of the World Health Organization* 85:768–773.

Uganda Bureau of Statistics (UBOS) and ICF. 2017. *Uganda Demographic and Health Survey 2016: Key Indicators Report*. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF.

CONTACT

Frederick Mubiru

Project director, FHI 360

fmubiru@fhi360.org

Leigh Wynne

Technical advisor, FHI 360

lwynne@fhi360.org



JSI Research & Training Institute, Inc.



THE SCIENCE OF IMPROVING LIVES

Advancing Partners & Communities

Advancing Partners & Communities (APC) is a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360.

MORE ON THE APC SUMMARY SERIES IN UGANDA

Chapter One: Bringing Family Planning to Communities

Chapter Two: Bringing Family Planning Services to More Young People

Chapter Three: Transforming Gender Norms to Improve Health Outcomes with the Emanzi Program

Chapter Four: Developing and Executing Uganda's Costed Implementation Plan for FP

Chapter Five: Integrating FP and HIV Services in Public and Private Health Facilities

Chapter Six: Using Advocacy Successfully — Drug Shops' Provision of Injectable Contraception in Uganda

APC SUMMARY SERIES: SUPPLEMENTS

[Applying a Quality Improvement Model to Strengthen Community-based Family Planning Services in Busia District, Uganda](#)

[Strengthening Community-based Family Planning Systems through Collaborative Improvement in Busia District, Uganda](#)

[Strengthening Community-based Family Planning Systems through Collaborative Improvement in Uganda: Lessons and Results](#)