COMMUNITY-BASED FAMILY PLANNING (CBFP) PROVISION OF INJECTABLES IN UGANDA

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February 15, 2018

Photo by Laura Wando, WellShare International
Outline

• CBFP and CBA2I
  – Overview
  – Policy and program in Uganda
  – Practice in Uganda
  – APC Uganda project results

• DMPA
  – DMPA-SC scale up in Uganda
  – Provision of injectables through drug shops

• Key lessons and recommendations
Overview

• **Total population:** 34.6 million
• **Total Fertility Rate:** 5.4
• **mCPR (married women)**: 35%
• **mCPR (all women)**: 27%
• **Unmet need:** 28%
• **FP2020 goals:**
  – increase mCPR to 50%
  – Reduce unmet need to 10%

*In 2017, ~2.6 million women are using a modern method of contraception* *

*Data source: Track20 (2017)
Current Modern Method Mix Among Contraceptive Users

Source: Performance Monitoring and Accountability 2020 (PMA2020) Uganda brief, Round 5
CBA2I Policy and Program in Uganda

- CBA2I evidence-based advocacy resulted in a revision to the National Policy Guidelines in Uganda
- CBA2I is achieved through a task shifting framework where Village Health Teams are the primary service providers
- 28 districts by June 2017
CBFP Practice in Uganda

- The CBFP program is overseen by the Ministry of Health and implemented by several partners.
- Various NGOs support training on short-term family planning methods, including injectables.
- Trainings last 7-10 days using MOH approved curriculum:

  - **1st week:** Theoretical training
  - **2nd week:** Injectable practicum
  - Post-training supervision is conducted by a midwife

- VHTs visit the health facility monthly to submit reports, to resupply and receive mentoring from midwife.
- Refresher training is generally offered every three to six months.
Source of Methods Among All Women Currently Using Injectables

**DMPA-SC Users**
- Public: 68.4%
- Non-Public: 31.6%

**DMPA-IM Users**
- Public: 45.1%
- Non-Public: 54.0%
- Other: 0.9%

Source: Performance Monitoring and Accountability 2020 (PMA2020) Uganda brief, Round 5
APC Uganda

Project Overview

• Supports community programs that improve the overall health of communities, focusing on CBFP
• Strengthens country leadership and coordination
• Creates enabling environment to transform social norms that affect FP
• Supports innovation, collaboration and learning

Key Results

• The 22 APC/CBFP districts showed an increase in short term mCPR of 11.3% compared to 5.1% in non-CBFP districts.
• APC implementing sub-counties showed higher mCPR
• Sub-counties that included a Quality Improvement component had higher mCPR than others.
Note that APC is also implementing in six districts in Eastern Uganda: Blambuli, Sironko, Manafwa, Buteleja, and Budaka, Bulambili
APC Uganda Program Results, cont.

Percent of DMPA-IM and DMPA-SC clients

- 2015: 21% DMPA-SC, 62% DMPA-IM
- 2016: 40% DMPA-SC, 45% DMPA-IM
- 2017: 48% DMPA-SC, 37% DMPA-IM
DMPA-IM and DMPA-SC through Drug Shops

• Research and pilots conducted between 2007 and 2013
• FHI 360 led multi-stakeholder task force between 2014 and 2017
• Approved by the NDA and MOH in 2017
• Implementation to start in 20 districts
• Population Council ongoing research in Ghana and Nigeria
• Studies from Ghana, Bangladesh, and Tanzania

Photo by Tracy Orr, FHI 360
Key Lessons for Successful CBA2I

✓ Political will and Ministry of Health collaboration
  • Champions leading advocacy
  • Family Planning Technical Working Group
✓ Supportive policies are important (but not always necessary with MOH approval)
✓ Community ownership
✓ Harmonization with existing health structure
✓ Steady supply of commodities
✓ Strong monitoring and evaluation system implemented early
✓ Partnerships
THANK YOU

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