SUMMARY
World Vision/Kenya Study Tour to WellShare International
Iganga District, Uganda

Background: For the past four years, WellShare International has been implementing a community-based family planning (CBFP) project under the Advancing Partners & Communities Project (APC) in Eastern Uganda. The project incorporates community health worker (CHW) provision of emergency contraceptive pills (CB-EC) and injectables (CBA2I), including Sayana Press/DMPA-subQ. World Vision/Kenya requested an educational tour to explore introduction of CB-EC into its APC-supported project. The tour took place May 29-31, 2017 in Iganga, Uganda.

Participants: 14 delegates representing World Vision Kenya, Uganda, and USA; Ministry of Health (MOH) Kenya; MOH Uganda; Iganga District Health; WellShare International; FHI 360; and JSI.

Purpose of Tour for Visiting Kenyans:

- Learn about CBFP policy formulation.
- Review and discuss access to emergency contraceptive pills (ECPs) in the local context, CB-EC strategy and its unique challenges.
- Learn about the supervision of the program including the roles and responsibilities of the various stakeholders and tools for supportive supervision for CBFP at all levels in Iganga District.
- Observe the provision of short-term FP methods, including injectables and ECPs, by a community health worker (CHW), known as a village health team (VHT) member in Uganda.
- Learn about the FP commodity supply chain in the public sector in Uganda and how commodities are distributed and tracked at the community level.
- Learn about FP demand-creation activities and how community leaders--particularly religious--are involved.
- Review referral system to manage complications and provision of other FP methods and RH services.
- Share lessons from cascade training model with partners.
- Work with World Vision and Kenya MOH delegation to develop an advocacy and implementation action plan for introducing CB-EC and CBA2I into CBFP program.

Key Activities

Day 1 (Monday, May 29th): Orientation meeting and introductions. WellShare hosted team visit to MOH and introduced members to Dr. Dinah Nakiganda-Busiku, acting commissioner for RH services, and Dr. Placid Mihayo, principal medical officer for RH services. Team proceeded to the field in the afternoon.
Day 2 (Tuesday, May 30th): District MOH and administration courtesy call; review of goals and objectives of the visit at WellShare office; site visit to health center (HC) level III; meeting with health workers and VHT members; and discussion of support supervision, monitoring, referrals, commodities distribution, and reporting. Visit to VHT member's home to observe FP provision.

Day 3 (Wednesday, May 31st): Meeting with a religious leader to discuss FP; site visit to HC level II to meet with VHT members and health workers; discussion of supportive supervision, monitoring, referrals, commodities distribution, and reporting, with emphasis on ECPs and youth. Testimonial by a Muslim couple that took up FP. Planning session to note lessons and actions for follow up by all team members.

Key Learning:
- WellShare monitors service delivery data closely.
- Encourage World Vision/Uganda to replicate aspects of Kenya program and use VHT members to provide FP, including ECPs and injectables.
- Advocate to add ECPs to the CHW method mix, since they already provide pills. In areas where World Vision’s APC-supported project operates, women and men accept that APCs are at times necessary.
- Midwives saw that CBFP provision by VHT members allowed them to focus on clients who have more critical needs.
- WellShare’s approach to ECP educates and convinces men.
- ECP use led to subsequent uptake of routine FP methods by several clients.
- WellShare worked within the existing service delivery structure which can take more time, but is more sustainable.
- There are opportunities for WellShare to work with faith leaders in Uganda.
- Establish links between CB-EC provision, police, and post-exposure prophylaxis services.
- If Kenya RH guidelines allow, CHWs could provide services in their homes like VHT members.

Next Steps for World Vision Team:
- Conduct advocacy/stakeholder engagement activities to encourage task-sharing between health facility and CHWs, such as presenting at central- and county-level FP technical working group meetings.
- Modify CB-EC job aids and M&E tools so that they feed into Kenya HMIS.
- Identify champions (e.g., teachers, couples, religious leaders, CHWs) to participate in demand-creation activities.
- Assess and help supply chain management avoid stockouts.
- Identify and promote CHW motivators and throughout the intervention.