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# COMMUNITY-BASED PROVISION OF EMERGENCY CONTRACEPTIVES IN UGANDA



A community health worker counsels a youth on ECPs in Kumi District, November 2017.

## Background

Community-based family planning (CBFP) is a high-impact practice for extending reproductive services to women, especially those who live in hard-to-reach places.<sup>1</sup> Condoms, oral contraceptive pills, injectable contraceptives, and even self-injection are provided by community health workers (CHWs) through family planning (FP) programs. Yet many of these programs do not include emergency contraceptive pills (ECPs), even though the World Health Organization's Summary Brief: Task Sharing to Improve Access to Family Planning/Contraception<sup>2</sup> includes ECPs in the list of contraceptive services considered

within typical scope of practice for a CHW. Globally, only one-third of social marketing programs distribute ECPs, and the proportion is even smaller among CBFP programs. This absence is significant because the method occupies a unique position in the method mix as a post-coital contraceptive—offering women a second chance to prevent an unintended pregnancy in the event of contraceptive failure, rape, or not using a contraceptive method.

Under the USAID-funded Advancing Partners & Community Project (APC) implemented by JSI Research & Training Institute Inc., in partnership with FHI 360 and APC grantee, WellShare International started researching why a method with no medical contraindications was excluded from the CBFP method mix in Uganda. They found that in 2012, the Ugandan government included levonorgestrel in its Essential Medicines List in the dose required for emergency contraception, and

### Figure 1. CB-EC Assessment's Key Findings

- Assessed communities had little knowledge or awareness of ECPs.
- The majority of respondents believed that the community-based provision of ECPs and community sensitization would increase demand for the method.
- Despite concerns about the training and the abilities of village health team (VHT) providers, most respondents believed that the provision of ECPs by CHWs had more advantages than disadvantages.

1 USAID High Impact Practices Community Health Workers: Bringing family planning services to where people live and work. Available at: <https://www.fphighimpactpractices.org/briefs/community-health-workers/>  
2 World Health Organization's Summary Brief: Task Sharing to Improve Access to Family Planning/Contraception. Available at: <https://www.who.int/reproductivehealth/publications/task-sharing-access-fp-contraception/en/>

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the third edition of the National Policy Guidelines and Service Standards for Reproductive Health Services permitted provision of ECPs by CHWs, known as Village Health Team members (VHTs) in Uganda (Reproductive Health Division, 2012). However, rollout was hampered by misinformation, limited training, and commodity shortages at the health center level. As of 2014, provision of emergency contraception at the community level had not been institutionalized in the public sector in Uganda, and by the end of July 2015 available units of levonorgestrel had expired.

Between 2014 and 2015, FHI 360 and WellShare International conducted a formative assessment that explored CHW provision of ECPs across communities in four districts. The assessment shed new light on why the ECP is a lesser-known method among communities in Uganda and provided guidance that informed efforts to integrate ECPs into existing FP programs. WellShare's efforts renewed interest in ECPs and their place in the method mix by Ministry of Health (MOH) and partners, and re-oriented national CBFP implementing partners to the training tools, job aides, fact sheets, latest levonorgestrel brand names, and helped them distribute them at the community level. Other implementing partners including FHI 360 and Living Goods have scaled up community-based emergency contraception (CB-EC) into their CBFP programs, and the MOH has updated CHW CBFP training materials to include a new job aide and fact sheet on ECPs.<sup>3</sup>

**Table 1: WellShare's Steps for CB-EC Integration Activities**

#### Advocacy process

- 1** Advocated at national level to strengthen provision of ECPs through the CHW CBFP program
- 2** Convened partner meetings to review assessment findings, tools, and share experiences and garner commitment to integrate ECP into CBFP programs

#### Integration of ECP into CBFP programs

- 3** Updated ECP training materials, including creating a job aide and fact sheet on ECPs for CHWs
- 4** Updated FP monitoring tools to include ECPs
- 5** Helped make sure that the community level supply chain includes ECPs
- 6** Built capacity of district staff, health workers, and CHWs on how to integrate ECPs into their FP service delivery program and provide youth-friendly services
- 7** Conducted demand-creation and social and behavior change activities, such as radio jingles and talk shows and community dialogues on FP, including on ECPs and CB-EC
- 8** Worked with districts health team to conduct quarterly supportive supervision, including direct observation of CHW provision of FP, including ECPs
- 9** Conducted client satisfaction interviews and integrated ECP data into health management information systems (HMIS)
- 10** Documented processes and shared lessons

## Implementation Science to Scale-Up

In response to the findings and recommendations from the assessment, WellShare incorporated specific activities (Table 1) into its CBFP program.

### Advocacy Process

WellShare formulated a rights-based approach to advocate provision of ECPs at the community level, while addressing concerns about VHT member competence through capacity building and development of an ECP fact sheet and job aide. A key component of WellShare's advocacy effort was a series of strategic meetings with the various decision makers and stakeholders tailored to each audience.

#### MOH meetings

**Initial advocacy meeting.** In February 2016, WellShare held a meeting with key members of the Ministry of Health Reproductive Health Division. On the MOH side, reluctance for CB-EC came mainly from hesitancy to promote ECPs as a vertical method, low demand for ECPs, and previous expiry of all ECP stock. WellShare reported

<sup>3</sup> Providing Emergency Contraception through Community Health Workers in Uganda: A Formative Assessment. Available at: [https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/2017.9.14\\_apc\\_ecp-chw\\_formassess\\_0.pdf](https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/2017.9.14_apc_ecp-chw_formassess_0.pdf)

results of the ECP assessment, program background, information on supply chain bottlenecks and the ability to obtain ECPs through alternative channels, ECP as a lifesaving commodity and entry point to other methods (not as a routine method), plans for building the capacity of CHWs and VHT members and supporting them with an ECP-specific job aide and fact sheet, plans for coordination with districts and other IPs, and the need for ECP-specific messaging and tools. The MOH affirmed that it planned to procure ECPs and oral pills through UNFPA, but they would be distributed only through the Alternative Distribution Strategy (ADS) through the Uganda Health Marketing Group (UHMG) starting in March/April 2016.

**Second advocacy meeting.** In April 2016, WellShare requested a follow-up meeting with a senior MOH official to discuss the role of ECPs in the method mix and whether to pursue development of a national ECP scale-up plan. In preparation for this meeting, WellShare developed “advocacy talking points” that focused on: 1) universal access to ECPs through the Uganda supply chain at all levels of the health system; 2) competency of VHT members to provide ECPs; 3) myths and misconceptions and the need to improve basic knowledge of ECPs; and 4) operational guidance/strategy on ECPs. The MOH did not think that ECPs needed their own operational strategy or scale-up plan, but was supportive of ECPs and their place as a non-routine method of FP (used in cases of rape, when a method failed, or after unprotected sex).

### National-level meetings:

**Family Planning Working Group.** WellShare presented and sought input from the MOH’s FP Working Group (FPWG) throughout the process. This gave WellShare input and buy-in from the MOH on how to proceed with ECP-related activities. The FPWG members accepted the proposed recommendations from the presentation and agreed that CHWs were an important means of increasing access to ECPs.

**National stakeholders meeting.** WellShare and the MOH organized a national stakeholders meeting for implementing partners and stakeholders to discuss, recommendations, and achievements related to CB-EC integration and scale-up and to disseminate data on district and partner experiences, including results of client satisfaction surveys on ECPs, and CB-EC tools and job aides to a wider group of partners. Representatives from 20 nongovernmental organizations and the MOH attended.

### Implementing partners meetings:

**Implementing partners meeting on CB-EC.** Held in March 2017, the meeting convened implementing partners from 10 nongovernmental organizations working in CBFP in Uganda to discuss WellShare’s CB-EC integration process. The meeting aimed to disseminate the “how to” of CB-EC integration. As a result, key FP partners made commitments to CB-EC integration, including FHI 360 and Living Goods.

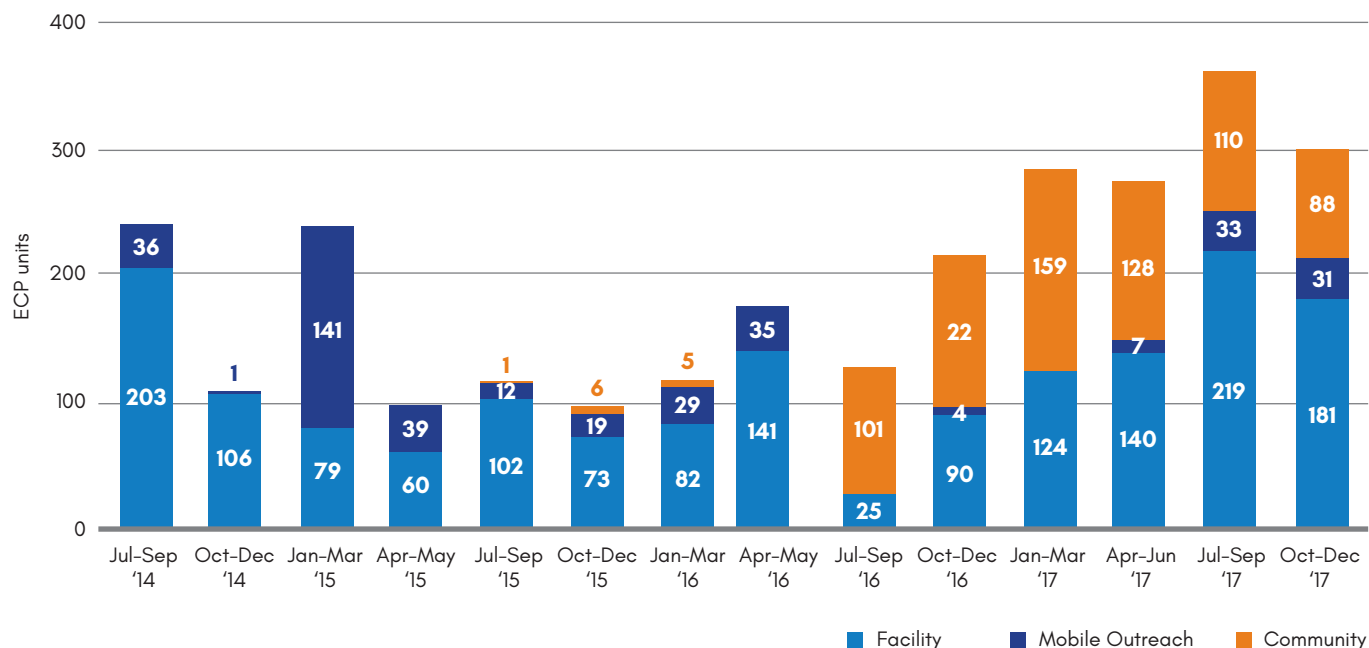
### International conferences:

In 2016, the assessment findings were presented at the International Conference for Family Planning (ICFP) in Bali, Indonesia, as part of the Dimensions of Contraceptive Acceptability: New Methods, New Settings panel, and at the Emergency Contraception Symposium hosted by the International Consortium for Emergency Contraception (ICEC) and World Health Organization (WHO). At the 2018 ICFP meeting in Kigali, Rwanda, WellShare presented “Expanding community-based family planning programs to include emergency contraception.” The presentation included data on public-sector distribution of ECPs from July 2014–December 2018 (Figure 2), which illustrates the increase in CB-EC since it was introduced in August 2016.

## Integration of ECPs into CBFP Programs

**Updated ECP training materials, including job-aide and fact sheet on ECPs for CHWs.** In response to findings and recommendations from the 2014 ECP assessment, WellShare developed an EC-specific job aide and fact sheet with the assistance of FHI 360, the ICEC and the MOH. The documents were pre-tested with VHTs in

Figure 2. Public-Sector Distribution of Emergency Contraceptive Pills Iganga and Kumi Districts, Uganda, 2014–2017



Iganga and Kumi Districts between May and June 2016; MOH approved the tools in September 2016. WellShare continued to advocate for ECP availability through FPWG meetings and discussions with USAID, UNFPA, and UHMG representatives. In addition, a two-day stand-alone supplementary training session and agenda on ECPs was developed for project use with WHO's and PATH's CHW training materials on ECPs.

**Updated monitoring tools to include ECP.** WellShare updated its program-level monitoring tools—including VHT FP client registers, health center summary form, direct observation checklist, health center supervision checklist, and client satisfaction survey—to integrate ECPs.

**Assured ECP supply chain.** Around the time the project was integrating ECPs into its FP program, the MOH made ECPs available through the ADS that provides socially marked FP commodities and buffer stocks for public sector. Through this mechanism, partners such as WellShare were able to requisition buffer stocks to supply the districts with enough ECPs for CBFP. Approximately 10 units per CHW were forecast and supplied per quarter.

**Built capacity of district staff, health workers, and CHWs to deliver CBFP services, including ECPs, and provide youth-friendly services.** An FP refresher training-of-trainers that included ECPs was held in 2016 for district health team members and health workers, who went on to train the CHWs. VHT members were oriented to use of the job aide and fact sheet and evaluated on counseling skills through quarterly supervision meetings at the sub-county level about two months later. WellShare also supported the training of CHWs and health center staff to provide adolescents with sexual and reproductive health counseling and FP services. Many adolescent pregnancies result from unplanned or inadequately planned sex, and—far worse—rape. Emergency contraceptive pills, which prevent pregnancy after unprotected sex by delaying or preventing ovulation, can help reduce teenage pregnancies.

**Integrated ECPs into social behavior change activities.** WellShare aired two ECP-specific radio talk shows (one in each district). ECP discussions were also integrated into community dialogue sessions in 2016.





Conducting the formative assessment on CHW of ECPs

Laura Wando/WellShare

**Provided supportive supervision.** WellShare developed a direct observation checklist to supervise the provision of ECPs by VHT members to clients. WellShare also integrated review of the ECP job aide and fact sheet and discussions on ECP into the quarterly review meetings held with VHTs every three months. Finally, the health center support supervision checklist was updated to include ECPs.

**Administered client satisfaction surveys and analyzed HMIS data.** After a year of implementation, WellShare analyzed program results, and conducted 30 client satisfaction surveys with ECPs to inform and improve service delivery. Eighty-seven percent of clients were very satisfied with their services and 13 percent were satisfied. WellShare shared the findings of the survey with providers and VHTs so program adjustments could be made (e.g., the need to allow more counseling time on ECPs and reviewing with providers how to counsel on, manage, and refer for side effects).

The results from district HMIS (ECPs dispensed by facility, outreach, and community) and client surveys were given to stakeholders (implementing partners and MOH officials, and Kumi and Iganga district health officers) during the Emergency Contraceptives National Stakeholders workshop. In addition, HMIS data from the districts where WellShare was working showed an increase in uptake of ECPs overall and a clear increase ECP access at community level, as was indicated in Figure 2.

**Documented and shared lessons.** WellShare disseminated the job aide and fact sheet to all members of the FP working group in Uganda and the results of the ECP formative assessment at FPWG meetings in Uganda; posted an ECP success story on the APC and WellShare websites; and presented results from the client satisfaction survey during a Uganda national stakeholders meeting. WellShare also presented two abstracts on CB-EC at the 2016 and 2018 ICFPs, and shared all tools developed with other FP implementing partners in Uganda 2017.

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## Lessons for Future Scale-Up

- CB-EC is feasible and should be provided in community-based programs to increase access.
- Women's fundamental right to access ECPs as a life-saving commodity through prevention of unintended pregnancy and abortion is a key advocacy message.
- Distribution of ECPs through CHWs is feasible and has been successful in Uganda
- Orient CHWs in addition to training in ECPs and provide supportive supervision for district health team and clinic-based providers.
- ECPs may create a bridge to more effective methods of pregnancy prevention.<sup>4</sup> Making an emergency method available in the community can educate users on the routine methods of FP (both short- and long-term).
- Making ECPs available in the districts has increased use over time.
- Training VHTs and integrating ECPs into the community FP method-mix help prevent unwanted pregnancies.
- Sexual violence interventions must include access to ECPs.
- VHTs are an important part of the referral network for rape in Uganda. They need additional training to address sexual and gender-based violence.

## Results of CB-EC Integration in Uganda

- Updated an oriented CBFP implementing partners operating at the national level about the available training tools, job aides, fact sheets, latest levonorgestrel ECP brand names, and distribution of ECPs at the community level.
- Renewed interest in ECPs and its place in the method-mix by MOH and partners and as an entry point to routine FP use.
- Improved CHW knowledge and skills to provide comprehensive CBFP services including CB-EC.
- Implementing partners such as FHI 360 and Living Goods have since scaled up CB-EC into their CBFP programs and the MOH has endorsed the new job aide and fact sheet on ECPs.



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### Advancing Partners & Communities

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4 Chin-Quee, Dawn S., et al. "ARHP Commentary – Thinking (Re)Productively: In Support of Community-Based Emergency Contraception." *Contraception*, vol. 94, no. 1, 2016, pp. 1–5., doi:10.1016/j.contraception.2016.03.002.