Uganda Program Brief

# Expanding Community-Based Family Planning: Lessons and Next Steps

In the last five years, the expansion of community based family planning (CBFP) information and services in Uganda has been a significant new source of services in the country, including in particular injectable contraceptives, the most popular method in the country. FHI 360/Uganda has played a key role in this expansion, working closely with the Ministry of Health (MOH) and other partners. The FHI 360/Uganda office has provided leadership at the district, national, and international levels. FHI 360's global PROGRESS project (2008-13) has supported much of this work, with funding from the U.S. Agency for International Development (USAID).

At the district level, FHI 360 has been working with the MOH and its cadre of volunteer community health workers known as Village Health Teams (VHTs). At the national level, FHI 360 has worked to help change a key policy and strengthen governmental systems for CBFP. At the international level, FHI 360/Uganda has shared its experience through participation and presentations at key meetings, including the World Health Consultation 2009 technical consultation on community based access to injectables, known as CBA2I. The expert group concluded that "community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers is safe, effective, and acceptable." This has further encouraged CBA2I efforts in Uganda and throughout Africa.

## Expanding Services at the District Level

As early as 2003, FHI 360 began working with Save the Children in a pilot project in Nakasongola district, which eventually demonstrated the feasibility and safety of using trained community health workers to provide injectables in Uganda. In 2007, the MOH offered to assist districts who wanted to participate in a program to provide CBA2I. The MOH initially chose two districts (Bugiri and Busia) to receive assistance from the MOH and FHI 360, an approach that has gradually expanded to 15 districts.

Under the PROGRESS and STRIDES for Family Health projects, FHI 360/Uganda has provided technical assistance for greater expansion of CBA2I as part of CBFP programs. This process starts with a rapid assessment to understand available resources for implementing CBA2I at the district level. Then, FHI 360 works with core teams including district health officials, clinic managers, clinic midwives, and health assistants to prepare for expanded CBFP services, including injectables.

The technical assistance has included developing monitoring and supervision systems (including data collection tools and a database), conducting continuing medical education (CME) workshops for FP providers in the health centers supporting the VHTs, and creating FP job aids for VHTs. Also, FHI 360 participates in technical update sessions held every month, targeting all trained VHTs and

led by health center midwives., FHI 360 holds stakeholder and community FP awareness meetings. For example, from July-September 2012, VHTs held six community radio programs and reached nearly 8,000 potential and current FP users with information on FP through community meetings.

In addition, FHI 360 has continued to work with other NGOs providing CBFP, including Wellshare International in two districts, and more recently with Marie Stopes International, which has begun to provide CBA2I in six districts. The technical assistance involves review of M&E systems, training, and operational aspects of CBA2I implementation.

Since 2008, FHI 360 has trained 554 VHTs in 15 districts on basic FP including the provision of the injectable contraceptive DMPA. In 2011, these VHTs made 11,795 client visits, providing 10,574 injections, which represent 2,644 couple years protection (CYPs) for injectables. In 2011, 76% of women returned for a second injection, 69% returned for a third injection, and 61% returned for a fourth injection. VHTs also supplied pills and condoms and made referrals to clinics for long-acting and permanent methods (LAPMs). An assessment in 2009 showed that approximately 61% of VHT FP clients were first-time users. By supporting these VHTs to provide FP, PROGRESS/FHI 360 is expanding access to rural populations that previously had limited services.

Expansion and sustainability of CBA2I services requires attention to capacity building at the district and national levels. FHI 360 has been supporting district level core teams to hold meetings to discuss project updates, challenges, and a planning process. In nearly all recent core team meetings, district team members expressed frustration at community stock-outs. FHI 360 is continuing advocacy and capacity building efforts with the MOH and other partners as they expand CBFP and CBA2I to more districts.

**Advocacy and Leadership at National Level**

In recent years, the MOH has requested FHI 360 to provide advocacy and technical leadership at the national level. This has included working with the MOH to develop policies and documents supporting CBA2I. The most important efforts are summarized here.

- The *Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health* were amended to allow DMPA provision by well-trained community health workers. This change came after several years of advocacy efforts by FHI 360, working through the Family Planning Training Working Group and later with the Johns Hopkins University Advance Family Planning project. This policy change has solidified the expanding service delivery approach at the district levels.
- A national scale-up plan for bringing CBFP to all districts has been developed. FHI 360 has worked closely with the MOH to assess the type of training materials and other system approaches that are needed to make the gradual expansion into a truly national service delivery system.
- A national family planning curriculum for VHTs has been developed. This curriculum development and dissemination process has been an essential element of the national and district level assistance.

FHI 360 also has been at the fore of national efforts to share experiences and lessons learnt with partners. In September 2012, FHI 360/PROGRESS organized a study tour to a CBFP implementing site for six districts and four partners (Wellshare International, Marie Stopes International, Reproductive Health Uganda, and EngenderHealth). Designed to orient the new MOH FP manager, it also served as a learning experience. "From what I have seen, this VHT strategy works," Dr. Zainab Akol, the

MOH FP focal person said after the tour. "VHTs in Busia [the district toured] are very, very well trained."

### Sharing Uganda Leadership on Regional, Global Stage

In addition to the district and national level work, FHI 360 has been a leader at the regional and national level in three important ways. First, Uganda has been a leader in exploring the feasibility of using drug shops to provide injectables in addition to the condoms and pills they currently supply. FHI 360 has initiated policy dialogue with the MOH and has conducted several studies to assess the effectiveness and safety of using drug shops as sales outlets for the socially marketed injectable, Injectaplan (see separate brief for more information).

Second, at the regional level, FHI 360 supported the East, Central and Southern Africa Health Community (ECSA) with an assessment of CBFP, with a goal of expanding access to CBFP and advancing task shifting through CBFP. The findings from Uganda were part of a regional report that synthesized thinking on next steps for CBFP systems. Also, officials from Rwanda, Nigeria, and Kenya have visited Uganda to learn more about FHI 360's experience in scaling up CBA2I, and these countries now have expanded their own CBA2I programs. Most recently, in September 2012, FHI 360/Uganda supported an MOH implementing district representative to make a presentation on Uganda's experience at a task-shifting workshop held in conjunction with the ECSA regional nurses/midwives meeting (ECSACON) meeting; FHI 360 sponsored the workshop with ECSACON. All of these activities have helped Uganda to emerge as a leader in using CBA2I to reduce unmet need.

Finally, FHI 360 has undertaken path-breaking research activities related to difficult questions on CBFP. The two current research studies in Uganda are:

- *Community Health Worker Motivation: Understanding the Role of Incentives as Determinants of Retention and Performance* .
  This cross-sectional study was conducted with volunteer CHWs recruited from three family planning programs covering seven districts in Uganda. It included a survey with 183 active CHWs, in-depth interviews with a different sample of 43 active and 5 former CHWs, and record data extraction. Results indicate that bicycles were the most preferred of the incentives proposed, followed by an ID card. These findings are consistent with in-depth interview data that emphasized transportation and status as key themes.
- *Acceptability of Depo-subQ in Uniject.*
  This study is assessing acceptability among clients and providers in community-based services. Clients who accept the Uniject injection were followed up after 3 months. Depo-subQ in Uniject, commercially known as Sayana Press, will be available for distribution in developing countries in the future. The addition of this new method is anticipated to increase the use of FP. This outcome hinges on the method being acceptable to in-country decision makers, providers, and users.

### Lessons Learned and Next Steps

Overall, FHI 360's scale-up of CBA2I has demonstrated that well-trained and supervised VHTs deliver FP services that enhance clients' family planning options in terms of choice and easy access. Several factors helped facilitate the successful scale up of CBFP in the FHI 360 supported districts:

- Government leadership and support for CBA2I at the national and district levels have been important, based on evidence of CBA2I's safety and effectiveness, as well as ownership and commitment at all levels.

- A strong, committed District Health Officer (DHO) is essential to drive progress and ensure results.
- Consistent staffing at the national level, including an important high-ranking champion within the MOH, can help ensure sufficient government support and funding and motivate the district teams.
- Capacity building must be a continuous theme and prioritized at all levels to ensure a strong implementation.
- Expanding CBA2I/CBFP has been a slow process, beginning with the first research results in 2005, requiring consistent commitment and funding at many levels.
- Educational visits for high level government officials, district officials, and development partners allowed them to see how VHTs can play an important role in increasing FP use, and increased their commitment to scaling up the CBFP effort.
- The VHT cadre provided an effective and efficient structure for scaling up CBFP services across the districts.

The MOH has successfully begun the scale-up of CBFP. A national plan is in place, and partners are working with the MOH to help expand CBA2I to more districts. However, as with most health programs in Uganda, sustainability and stable funding are challenges. Commodity security is a concern due to frequent stock-outs of FP supplies. Retention of VHTs is a concern, and FHI 360 initiated a study on community health worker retention and motivation to better understand and address this. Supportive supervision for VHTs has also been weak, in part due to insufficient supervisory training, overburdened nurse midwives who are responsible for supervising the VHTs, and insufficient travel funds. It is also difficult for VHTs to travel to the health centers to submit data on time.

Certain cultural and gender beliefs, particularly among males, are a source of resistance to FP use in general. For women who have used injectables for several years and now want a LAPM, access to these methods is difficult. Marie Stopes is addressing this need with outreach teams that visit health centers in all districts every two months to provide LAPMs and train more providers in this area. FHI 360 partners with Marie Stopes to promote and refer clients to these LAPM days at the health centers.

In the face of limited funding, the MOH scale-up effort will benefit from continued assistance from partners at the district and national level, especially to address supply obstacles and build MOH capacity to lead the CBFP program. The MOH may want to constitute task forces to examine and address key issues such as worker retention, supervision and motivation of VHTs, quality assurance, HMIS data collection and use, commodities security, and integrating the CBFP activities of VHTs with other activities (e.g., HIV counseling, water and sanitation, and immunization). More evidence about how to best deliver and expand CBFP/CBA2I is needed, and the MOH can play a leadership role in supporting these efforts. FHI 360 recently signed an MOU with the Regional Center for Quality of Health Care (RCQHC), which will take over the support role played by FHI 360 starting in 2014.

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