Health Systems Strengthening and Integration of FP/MNCH in Uganda

The experience of MSH STRIDES project

Stronger health systems. Greater health impact.

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FP/RH - MSH

Women Deliver Conference, May 27, 2013, Kuala Lumpur
Presentation Objectives

- Share STRIDES’ story about building stronger integrated services in Uganda
- Provide examples of FP/MNCH integration
- Discuss how performance base incentives and corporate social responsibility programs strengthen public private partnerships
non-functional equipment

Stock outs

Insufficient health workers

Knowledge & skills

private sector involvement

Long distances

Negative perceptions
A DISGRACE: 16 PREGNANT WOMEN DIE DAILY IN UGANDA

We Demand Medicines, Midwives, & Maamas Kits in Health Centres
# Health Systems Strengthening Approach

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![Map of Uganda showing health system strengthening approach](image-url)
### Health Systems Strengthening Approach and interventions supporting integration

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- Fully Functional Service Delivery System (FFSDS)
- Leadership Development Program (LDP)
- Quality Improvement Collaboratives (QIC)
- Public Private Partnerships (PPP)
- Performance Base Contracting (PBC)
Approach to integration of FP/RH and other services and programs

FP/RH and MCH

But also integration of …

FP/RH and Nutrition MC
FP/RH and PMTCT
FP/RH and Malaria/MNCH
FP/RH and WASH
Sexual and Reproductive health

Before pregnancy

Pregnancy

Birth

Postpartum

Newborn

Maternal health

Infancy

Childhood

Health facilities

PP FP counseling VSC

Post-partum IUD

ART clinics: PMTCT + FP

Young Child Clinics: immunization, nutrition

Community

Maternal Child health passport

Integrated home visits - Village Health Teams & drug sellers

BCC: Radio talk shows, community dialogues & health facility activations

Strengthened integrated services FFSDS

Management Sciences for Health
Results: FP uptake

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<th>Year (PY)</th>
<th>New users</th>
<th>Revisits</th>
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<td>PY1 (Baseline)</td>
<td>136,272</td>
<td>85,154</td>
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<td>PY2</td>
<td>123,280</td>
<td>88,614</td>
</tr>
<tr>
<td>PY3</td>
<td>133,750</td>
<td>116,565</td>
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<tr>
<td>PY4</td>
<td>193,910</td>
<td>135,798</td>
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Public facilities 15 districts: 312,268 (38.2%) of 817,916 ANC clients tested and provided with PMTCT and FP counseling (3 years)

10 facilities in QIC, increased PPIUD from 0 to 81 the 1st month implementation

Midas Touch: In 9 months women reached: 4,057; 78% ANC; 73% delivered at facilities; 40% of PNC enrolled for FP, nutrition counseling; Children <5 years: 14,209 2nd dose of Vitamin A

Health facilities
Performance-based Contracts (PBCs) and Integration of FP/RH with other programs

• Open to *all* private-sector players
• Up to 38 subcontractors, 76% conduct integrated outreaches
• Services:
  - Antenatal care, maternal health, FP/RH
  - Ultrasound, screening for pregnancy complications, referral
  - Child survival, immunization, nutrition, prevention/treatment of malaria, IMCI, ICCM
  - Adolescent sexual and RH youth friendly services
  - Cervical cancer screening
Effect of FFSDS* & PBCs on implants and IUDs

*FFSDS: fully functional service delivery system; PBCs: performance-based contracts
Project’s impact

Saved **25,998** lives of children under the age of five

Averted **1,097** maternal deaths and **125,920** disability-adjusted life years (DALYS)

Generated cost saving to the Ugandan health system for more than **47** million USD
Challenges and lessons learned on integration

• Sustainable integrated services = stronger local systems + district-focused management and leadership
• Effective PBCs = integration + PPP + value for $
• Postpartum ideal for FP integration but …. Institutional delivery still low
• “Quality gap” and data management affects integration
• Stock outs still a major challenge
• Child Days Plus effective, no sustainable FP/immunization integration
• Community-based integration: VHTs + supervision + referral systems
Saving lives and improving the health
of the world’s poorest and most vulnerable people
by closing the gap between knowledge and action in public health.

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