The experience of the MSH STRIDES for Family Health project

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Family Planning and Immunization Integration Working Group Meeting
November 29, 2012
Presentation Outline

• About the project-STRIDES for Family Health
• Situation/Problem
• Interventions
• Results
• Lessons learned
PROJECT SCOPE:

- Working in 15/119 districts
- Serving 5.09/34.1 Million, 15% of total population
- 1 million children in project area under 5 yrs
- Approx 250,000 pregnancies annually
- Working with 588 health facilities: 400 public, 188 private) and 1,047 drug shops/medical outlets
Teenage Childbearing

18% of women between the ages of 15-19 are already mothers and another 6% are pregnant with their first child.

Demand for Family Planning

Percent of married women age 15-49

<table>
<thead>
<tr>
<th>Total demand (Met need + unmet need)</th>
<th>Met need (Women currently using)</th>
<th>Unmet need</th>
<th>Percent of demand satisfied</th>
<th>Percent of demand satisfied by modern methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>30</td>
<td>34</td>
<td>47</td>
<td>41</td>
</tr>
</tbody>
</table>

Trends in Contraceptive use

Percent of currently married women age 15-49

<table>
<thead>
<tr>
<th>Modern methods</th>
<th>1995</th>
<th>2006</th>
<th>2000/1</th>
<th>2011</th>
<th>All methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>14</td>
<td>18</td>
<td>26</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Gap Between Knowledge and Use Among Married Women

Percent of married women 15-49

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Current use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any method</td>
<td>99</td>
</tr>
<tr>
<td>Modern method</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Uganda 2011 DHS
Factors contributing to low utilization of RH/FP, Child Survival and Nutrition services

- Stock out of drugs and supplies
- Lack of or non-functional equipment
- Inadequate numbers of health workers
- Inadequate knowledge & skills of health workers including interpersonal communication skills
- Negative community perceptions of services at health facilities
- Lack of regular quality support supervision
- Minimal private sector involvement
## Some project indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>March 2009</th>
<th>June 2012</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP Users</td>
<td>New = 136,272</td>
<td>New = 450,940</td>
<td>New: 231% Revisit: 300%</td>
</tr>
<tr>
<td></td>
<td>Revisits = 85,154</td>
<td>Revisits = 340,977</td>
<td></td>
</tr>
<tr>
<td>Implants &amp; IUDs</td>
<td>6,402</td>
<td>43,017</td>
<td>572%</td>
</tr>
<tr>
<td>DPT3</td>
<td>211,567</td>
<td>618,981</td>
<td>193%</td>
</tr>
<tr>
<td>Live births delivered at health facility</td>
<td>27%</td>
<td>36%</td>
<td>33%</td>
</tr>
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Project interventions supporting integration

• Who: hard-to-reach …“the poorest of the poor”
• Where: facility (HCII-Hospitals), communities
• When: continuum of care
• What: integrated package of MCH, FP-RH, Nutrition, Malaria
• With whom (partners): MOH and districts, civil society organizations, international NGOs
• How:
  – Ensuring fully functional service delivery systems
  – Implementing performance-based initiatives: performance-based contracts PBCs (+50) and performance-based MOUs (15)
  – Fostering public-private partnerships and corporate social responsibility activities
  – Strengthening capacity: technical, clinical, leadership, management
  – Promoting demand (BCC)
<table>
<thead>
<tr>
<th>Antenatal period</th>
<th>Immediate postpartum - within the first week</th>
<th>Postnatal care contact - within 6 weeks</th>
<th>Child health contacts during the first year</th>
</tr>
</thead>
</table>
| • Reproductive intentions  
• Pregnancy risk  
• LAM or other methods as reproductive intentions indicate  
• Pregnancy spacing for women who want another child  
• Dual protection against HIV/Family Planning  
• Immunization schedules for the newborn are introduced | • Reproductive intentions  
• Pregnancy spacing for women who want another child - HTSP messages  
• LAM or other methods as reproductive intentions indicate  
• PPIUD is offered  
• Importance of postnatal care for the mother and newborn  
• Immunization schedules for the newborn discussed with the mother | • Exclusive breastfeeding  
• Reproductive intentions  
• Return of sexual activity and Fertility  
• Pregnancy spacing for women who want another child  
• LAM or other methods as reproductive intentions indicate  
• Contraceptive options  
• Importance of well baby care  
• Immunization discussed | • EBF and complementary feeding  
• Pregnancy spacing for women who want another child  
• HTSP  
• LAM and transition to other methods  
• Well baby care  
• Immunization for infants and children |
Health facilities

- Fully functional service delivery systems infrastructure for integrated services 400+ HFs, training, equipment
- Postpartum IUD in 10 high volume deliveries facilities
- Postpartum FP counseling in 46 facilities under Improvement Collaborative - (3 offer immediate VSC)
- All HFs with ART clinics: treatment and counseling, PMTCT plus + FP. Prompting tool on FP
- Young Child Clinics: immunization, counseling on nutrition, HTSP, FP options offered
- Maternal Child health passport to track the child’s health status, immunization and FP utilization
- Integrated home visits and community based services: Village Health Teams (VHTs) ANC/PNC; drug sellers
- Child Days Plus - Integrated Outreach: quarterly in all 15 districts
- BCC: Radio talk shows, Community dialogues, men-only dialogues & health facility activations
Community-based integration

- VHTs deliver integrated health package and messages during home visits:
  - Uptake FP services through women mobilization
  - Referrals for children immunization
  - Nutrition assessment i.e. weighing of children, nutrition counseling and referrals
Results: children who received DPT3, 15 districts

<table>
<thead>
<tr>
<th>Period</th>
<th>STRIDES Districts</th>
<th>National</th>
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<tbody>
<tr>
<td>Oct '09-Sep '10</td>
<td>88%</td>
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<tr>
<td>Oct '10-Sep '11</td>
<td>92.7%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Oct '11-Sep '12</td>
<td>97%</td>
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</table>
Results: live births delivered at a health facility, 15 districts
Results: FP users and revisits, 15 districts

<table>
<thead>
<tr>
<th>Year</th>
<th>New users</th>
<th>Revisits</th>
</tr>
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<tbody>
<tr>
<td>PY1</td>
<td>136,272</td>
<td>85,154</td>
</tr>
<tr>
<td>PY2</td>
<td>123,280</td>
<td>88,614</td>
</tr>
<tr>
<td>PY3</td>
<td>133,750</td>
<td>116,565</td>
</tr>
<tr>
<td>PY4</td>
<td>193,910</td>
<td>135,798</td>
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Performance-based Contracts and Integration of FP/RH, MH and CS

• Performance-based Contracts open to *all* private-sector players in health sector
• Currently 38 subcontractors, 76% conduct integrated outreaches
• Services include:
  – Antenatal care, maternal health
  – Ultrasound, screening for pregnancy complications, referral
  – Child survival, immunization, nutrition, prevention/treatment of malaria, IMCI, iCCM
  – Adolescent sexual and reproductive health and youth friendly services
  – FP/RH
  – Cervical cancer screening
Due to improved counseling during ANC, at delivery and PNC, there has been a significant increase in IUDs uptake.
Lessons learned on integration

• Shortage of medicines, commodities and supplies the major challenge
• Data management affects integration efforts
• Individual counseling still not consistent
• Need of supervision to village health teams to ensure women receive appropriate messages and referrals
• Child Days Plus effective for FP/immunization integration
• Postpartum period is key for FP: cultural barriers related to exclusive breast feeding, return to fertility, and unclear reproductive goals affecting the “spacing message”
• PBIs an effective approach to integrated FP into maternal health, immunization, and child survival (e.g. postpartum FP & IUDs)