

Expanding Access to Injectable Contraception in Uganda

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Themes

- Background
- Process of Scaling Up
- Results of Scale Up
- Policy Issues

Why scale up?

Scale up of community based access to Injectables because:

- Reduced fertility will play central role in Uganda's development.
- Innovative service delivery strategies to rural populations are vital to addressing the country's FP problems.
- Scaled up to both NGO and district led sites in four districts in 2007 - 2008

Background

Process of Scale Up

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Process: Engaging Potential Partners

- Required advocacy and outreach.
- FHI and MOH disseminated advocacy literature that supported scale up
- Districts and NGOs expressed interest for scale up
- DMPA already being provided informally at the community in one district

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Process: Assessing Capacity

- Rapid assessment of their community-based reproductive health program was conducted by FHI
- The need for CBD of Depo Provera was high
- CBD programs were stronger in NGO led than district led sites
- However, sustainability of district programs was more reliable than NGO led programs.

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Process: Harmonizing CBD of Depo Provera into existing systems

- Harmonization was necessary for future sustainability
 - Procurement of logistics and supplies
 - waste management,
 - supervision and monitoring systems
- Achieved by involvement of district HMIS and clinical staff in addition to district health managers (Core Team)
- No additional incentives provided to CRHWs

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Process: Training Community Health Workers

- All the CHWs had former training on FP; were already distributing pills and condoms.
- Screening criteria applied to train some CHWs in DMPA provision
- 2 week training using the MOH CHRW general FP curriculum and a CBD/DMPA manual developed by FHI.

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Process: Logistics and waste management

- CHWs are re-supplied monthly by the public sector health units.
- Stocks provided to CHWs depend on demand from community (10 or more vials)
- CHWs take injection safety boxes to health units for incineration when full and are supplied with another
- Regular re-supply and waste disposal can be coordinated to work with existing systems

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Process: Monitoring and supervision

- FHI and partners developed a monitoring and supervision strategy based on existing supervision structures.
- Monthly supervision by clinic staff and quarterly monitoring by the districts / NGOs
- CBD of DMPA data integrated into clinic HMIS reporting
- Conducting monthly supervision from district was difficult under the public sector due to resource constraints
- Designating leader CHWs, who can provide guidance to peers is a good innovation.

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Results: Meeting Demand

CBD agents are able to provide a substantial number of women with their method of choice

The majority of clients served by CBD agents were new to DMPA, suggesting that CBD agents may be increasing community knowledge and acceptance of the method, and thereby, number of clients.

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Results: Meeting Demand

Number of new DMPA clients served during 15 months, by delivery type

District	Number of new clinic DMPA clients	Number of new CBD DMPA clients
Bugiri	298	446
Busia	242	430
Total	540	876

In two districts, CBD agents served more new clients than clinics

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Results: Satisfaction and Quality (CBD agents)

- High re injection rates (av 85% at 9 months)
- No reported needle related injuries
- Majority (92%) of injections were given within the re-injection window
- Half of all injections were given on the exact day on which they were due

Conclusion and Policy Issues

- Further scale up of CBD of Depo Provera programming within Uganda would be beneficial, safe, timely, and would help Uganda to meet her development goals.
- The fact that untrained people may already be providing injections without supervision or proper training is a motivation for scale up

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Policy Issues

- MOH will review the national service guidelines and redraft them to support CHW provision of injectables where needed.
- CBD of DMPA is being incorporated into the National RH Strategy and the National RoadMap for reduction of maternal and neonatal mortality.
- Policy change at country level would be accelerated by recommendation from the WHO

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