Uganda

Monitoring and evaluation of community-based access to injectable contraception

Record keeping makes work easy.
You can easily follow up on clients.
—CHW, Uganda

Village health team (VHT) members in Kumi, Uganda, meet to review data and discuss challenges and solutions. *© 2017 Laura Wando, Courtesy of Photoshare*

PROJECT DESCRIPTION

In response to global efforts to increase task shifting, whereby tasks traditionally performed by higher-level cadres of health care workers are shifted to lower-level cadres through training and mentoring, the World Health Organization (WHO) has issued recommendations[1,2] addressing which cadres of health care workers they recommend provide particular services. In regard to family planning, WHO recommended lay health worker provision of injectable contraception with "targeted monitoring and evaluation" or "in specific circumstances." To assist countries to follow the WHO recommendation, FHI 360 initiated a project to develop written guidance on monitoring and evaluation (M&E) of community- based access to injectable contraception (CBA2I), along with recommended M&E indicators. The goal of the guidance and recommendations is to strengthen CBA2I programs through improved M&E, resulting in increased access to and quality of family planning services. The guidance was developed based on an examination of the literature, a technical consultation with experts in the field, and case studies performed in three countries already implementing CBA2I programs.

This document summarizes responses FHI 360 received while conducting interviews with those involved with CBA2I as part of a case study conducted in Uganda in 2017. Interview subjects were those responsible for administering the CBA2I program, including higher-level government officials in the family planning division, district staff, facility-based staff, and community health workers who provide CBA2I. In addition, we spoke with personnel at non-governmental organizations who played a role in establishing CBA2I projects, and specifically the M&E of those projects. The following sections outline the status of family planning and CBA2I, what we learned from the interviews, and reflect a summary of the responses from the interviewees for each question. FHI 360 also conducted case studies in Malawi and Senegal.

ABOUT UGANDA

Uganda is a landlocked country in eastern Africa with an estimated population of 34.6 million, according to the 2014 census. Eighty-four percent of the population lives in rural areas, with the capital city of Kampala by far the largest urban area.

Uganda has a total fertility rate of 5.2, infant mortality rate of 43, and a maternal mortality ratio of 336. The modern contraceptive prevalent rate for married women is 39 percent while 28 percent have an unmet need for family planning (FP). (2016 Demographic Health Survey). Uganda was the first country in Africa to pilot CBA2I, in 2004.

WHAT IS CBA2I POLICY AND PRACTICE IN UGANDA?

Uganda's community health workers (CHWs), called Village Health Teams (VHTs), are unpaid volunteers who work in teams of approximately five to provide treatment for malaria, pneumonia, worms, and diarrhea, as well as providing immunizations, performing nutrition assessments, and promoting sanitation. Members of the VHTs, who must have completed at least seven years of primary schooling or more, receive a five-day basic training on these areas from the Ministry of Health. In addition, various international nongovernmental organizations (NGOs) support training on short-term family planning methods, including injectables. These family planning trainings last seven to 10 days, depending on the sponsoring organization. Typically, the first week is theoretical training on all family planning methods and potential side effects, while the second week covers injectable practicums and feedback. After injecting five clients, VHT members are supervised monthly by a midwife, parish supervisor, nurse, or health assistant depending on the implementing program. Supervisors observe injection techniques and key messages delivered to clients, such as client return dates, as well as counseling and screening skills. In addition, VHT members

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[1]World Health Organization (WHO). Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: WHO; 2015. Available from: http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/.

[2]World Health Organization (WHO). WHO recommendations: Optimizing health worker roles for maternal and newborn health through task shifting. Geneva: WHO; 2012. Available from: http://optimizemnh.org/.

come to the health facility once a month to share experiences with supervisors and to ask any questions. Refresher training is usually offered once a year, but VHTs receive monthly FP information updates from facility-based health workers.

CBA2I is not available nationwide in Uganda. Rather, it is available in approximately one-third of districts, where it is supported by INGO programs and projects. Current PATH, FHI 360, and Wellshare-supported projects are offering both intramuscular Depo-Provera and subcutaneous Sayana Press.

HOW IS M&E OF CBA2I CONDUCTED?

At the beginning of the month, when VHTs receive their commodities for the month, they complete a stock card to track the contraceptives received. Throughout the month, as they provide services, VHTs fill in a client daily register recording commodities distributed, along with basic client information.

At the end of the month, the VHTs take the forms to the health facility and a supervisor checks for completeness and correctness before including the information in the monthly summary form. A health facility records staff member then enters the data into the national Health Management Information System (HMIS). A district biostatistician compiles all data from each facility and aggregates it into the District Health Information System (DHIS2) before sending to the Ministry of Health.

VHT data is recorded under "community-based distribution," and thus, can be disaggregated from services provided at facilities. In addition, separate from this system, health facilities maintain a family planning register. VHT data is not entered into the family planning register, but rather directly into the HMIS system.

The CBA2I indicators were developed in accordance with the national HMIS tool designed by the Ministry of Health. The INGO-supported projects each have their own data collection tool for VHTs.

What indicators does the Uganda CBA2I program use?

- Number of clients counseled
- Number of new FP acceptors (disaggregated by age)
- Number of returning FP clients (disaggregated by age)
- Type of FP methods dispensed (disaggregated by age)
- Number of clients referred for side effect management and long-term methods
- Couple years of protection
- Current or past clients switching from different methods.

What additional indicators did our respondents think would be helpful?

- Proportion of women on injectables that use Sayana Press versus Depo-Provera (both are counted as "injectable")
- Proportion of hospitals reporting the number of stock-outs for Sayana Press for the last three months
- Number of new users of Sayana Press. The HMIS report does not separate Depo IM from Sayana Press; they are both recorded as injectables. Thus, it is difficult to know which injectable has been dispensed more.

What tools do Uganda's VHTs use?

- CHW daily registers
- CHW client referral forms
- Tally sheets
- Stock card
- Calendars for scheduling next appointments

What practices does Uganda recommend to other countries?

The following are recommendations given by interview subjects for other countries looking to implement or improve CBA2I programs.

- During quarterly supportive supervision, a random selection of CHW clients are visited to ascertain if the clients are active and if they are satisfied with VHT services.
- Through monthly VHT meetings, VHTs share experiences and get additional information from supervisors. During these meetings, they participate in role plays or Q&A sessions to refresh skills.
- One respondent noted that VHTs become more confident in their work due to support from their supervisors.
- The local health facility recognizes VHTs whenever they visit the health facility; this gives them prestige in the community and among fellow VHTs.
- A CHW noted that record keeping makes work easier, enabling CHWs to readily follow up on clients.

How are data used for decision making in Uganda?

Data are used to determine the quantity of supplies to be given to health facilities and CHWs. They also help the district/ implementing partner to target supportive supervision in areas where performance could be improved. Lastly, data are used for advocacy and for communication of the project goals and status.

M&E OF CBA2I GUIDANCE

The results of this case study, along with case studies in Senegal and Malawi, were combined with data from an examination of the literature and a consultation with experts in the field to develop guidance for M&E of CBA2I. The guidance, including recommended indicators and sample job aids, are available on fhi360.org, Community-Based Family Planning.

Funding for this project was provided by the Pfizer Foundation. This report and all recommendations and guidance contained herein are solely the product and responsibility of FHI 360.

February 2018

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