Increasing CYP: Successful Strategies from a Community-Based FP Program in Uganda

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Presentation Outline

- Background
- Intervention
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Background

• Since 2006, MIHV has implemented a USAID-funded (Flexible Fund) community-based FP program in 2 districts of Central Uganda
Intervention

- MIHV facilitates access to FP services at multiple levels by:
  1. Expanding service delivery
  2. Piloting alternate delivery mechanisms for medium- to long-acting family planning methods
  3. Educating & mobilizing communities
  4. Building the capacity of health unit staff
  5. Collaborating with other stakeholders
  6. Engaging men & opinion leaders
  7. Developing innovative IEC methods
Methods

• MIHV collected data on contraceptive method use throughout Phase One (CY2006-08) of its FP project
  – Facility-based: Semi-annually from the district HMIS
  – Community-based: Quarterly from FPCHW register books

• Couple Years of Protection (CYP) were calculated using standard measures
Data: Increased CYP

• Facility-based CYP
  – FP dispensed at government HUs including MIHV-supported FP outreaches
  – 2007: 3,978.6 to 2008: 5,487.0
  – 38% increase over 2 years
• Community-based CYP
  – FP dispensed by MIHV-trained FPCHWs
  – 2007: 523.6 to 2008: 924.7
  – 77% increase over 2 years
• Overall, an almost **50% increase** in CYP
Findings

- Although it is difficult to attribute CYP increase to any one activity or strategy, essential to MIHV’s success in increasing CYP was its multi-sectoral, community, and participatory approach.

- Key elements leading to the success of MIHV’s ongoing community-based FP program (as evidenced by the documented increase in CYP) include…
1. Expanding Service Delivery

• **Strategy:** Enabled a range of providers – public sector, private sector, community volunteers – to deliver FP information, referrals, and services

• **Outputs**
  – 265 trained FPCHWs reach 25,000 clients with FP services
  – 9,100 clients referred for FP services by FPCHWs
  – 80 private practitioners received FP refresher training
2. Piloting alternative delivery mechanisms

• **Strategy:** Delivered medium- to long-acting FP methods through a satellite clinic approach to allow implant insertion in remote areas and by equipping FPCHWs with the knowledge, skills and support-supervision to administer Depo Provera at community level

• **Outputs**
  – 3,450 community members received satellite services
    – counseling & method distribution (condoms, pills, injectable, implants, SDM) through FP outreaches
  – 40 FPCHWs trained in CBD of Depo Provera
3. Educating & mobilizing communities

- **Strategy:** Increased demand for, and use of, FP services

- **Outputs**
  - 186,000 heard FP messages delivered at FPCHW-facilitated health talks
  - 7,800 mobilized during 13 FP Days
  - 7,000 reached with FP messages at film shows (31,500 condoms distributed)
  - 40,000 reached through 8 FP radio call-in programs
  - 7,000 reached through district events, drama shows, and staff-led health talks
4. Building the capacity of HU staff

- **Strategy:** Build HU staff capacity to mobilize communities, understand contraceptive commodity logistics, supervise health workers and CHWs, establish referral systems, improve client counseling

- **Outputs**
  - 45 health unit staff trained in FP logistics management
5. Collaborating with other stakeholders

- **Strategy**: Collaborate with PVOs, agencies, and others at district and national levels to leverage resources and increase access to FP services

- **Outputs**
  - Initiation of district-level FP Implementation Teams
  - Active participation in FP Revitalization Working Group and CBD of DMPA National Core Team
6. Engaging men & opinion leaders

- **Strategy:** Engage men and opinion leaders (religious leaders) to advocate for and support FP

- **Outputs**
  - Of 2 FPCHWs recruited/trained per parish, at least 1 is male
  - Location, timing, and focus of FP mobilization and education events strategically chosen to target men
  - 60 religious leaders reached with FP sensitization training; additional 20 religious leaders participated in development of FP action plan
7. Developing innovative IEC

- **Strategy**: Innovative IEC methods to deliver FP messages to low-literate and hard-to-reach populations

- **Outputs**
  - Radio call-in programs: program staff partner with HFWs to produce radio programs on key FP topics
  - FP Days: large-scale community mobilization events
  - Film shows: FP films shown at community gathering places; program staff, HFWs and FPCHWs provide FP counseling and referrals, answer questions, distribute condoms
  - Annual calendars: photos depicting key FP messages accompanied by text translated into local languages
Knowledge Contribution

- MIHV’s program design can be used as a model for PVOs, government entities, and others working to develop successful FP programs in similar resource-poor environments.
Thank you!