Scaling-up Community-based Distribution of Injectable Contraceptives in Uganda:

Lessons Learned from Private and Public Sector Implementation

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Objectives

• Provide background on community-based distribution (CBD) of injectable contraception (DMPA) in Uganda

• Outline the process of targeted scale-up of CBD of DMPA in Uganda

• Understand lessons learned, highlighting key results
Background: Family Planning Needs in Uganda

- High total fertility rate: 6.7
- High maternal mortality ratio: 435 per 100,000 live birth
- High unmet need for modern family planning
- Critical shortage of health care professionals

Improving access to family planning is a prerequisite for Uganda’s national development
Unmet need for injectable contraception in Uganda is High

- Injectables: 50%
- Female Sterilization: 40%
- Male Condom: 30%
- Pill: 20%
- Other: 10%
- Male Sterilization: 5%
- Female Condom: 2%
- Withdrawal: 1%
- Rhythm/Periodic Abstinence: 1%
- Implants: 1%
- Unsure: 1%
Community-based distribution (CBD) of DMPA in Uganda

- 2003-2005: USAID-funded pilot study demonstrated safety and feasibility of CBD of DMPA
- Confirmed findings from other parts of the world
- Contributed to conclusion of 2009 WHO Technical Consultation: **CHWs can safely and feasibly provide DMPA in settings other than clinics, and the practice is accepted by communities**
- Need for data from implementation before national scale up was recommended.
Targeted Scale-up: Partners

Public sector (Government-run programs)
- CBD Program in Bugiri District
- CBD Program in Busia District

Private sector (NGO-run programs)
- Conservation Through Public Health (CTPH)
- Minnesota International Health Volunteers (MIHV)
Targeted Scale-up: The Process

- Identification of scale up partners
- Assessment of capacities
- Harmonizing systems
- Training of CHWs
- Logistics and waste management system
- Monitoring and Evaluation structure
**Lesson learned:** Impact of CHWs in the public sector is comparable to that in the private sector

<table>
<thead>
<tr>
<th>Program</th>
<th>Number of CHWs</th>
<th>Total CYP provided</th>
<th>Average CYP per CHW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector</td>
<td>44</td>
<td>445</td>
<td>10</td>
</tr>
<tr>
<td>Private sector (CTPH)</td>
<td>33</td>
<td>179</td>
<td>6.8</td>
</tr>
</tbody>
</table>
Lesson Learned: CHWs can play a significant role in improving access to DMPA

- 57% of clients previously received DMPA from clinics
- 43% of clients new to DMPA
Lesson Learned: CHWs can increase community acceptance of FP methods including DMPA

New CHW and Clinic clients provided DMPA

<table>
<thead>
<tr>
<th>Number of new DMPA clients served by CHWs</th>
<th>Number of new DMPA clients served by clinics</th>
</tr>
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<tbody>
<tr>
<td>409</td>
<td>262</td>
</tr>
</tbody>
</table>
**Lesson Learned:** CHWs in public and private sector can counsel on reinjection

<table>
<thead>
<tr>
<th>Time of reinjection</th>
<th>Weeks since previous injection</th>
<th>Percent of all injections</th>
</tr>
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<tbody>
<tr>
<td>Prior to beginning of reinjection window</td>
<td>&lt;10</td>
<td>2%</td>
</tr>
<tr>
<td>Within reinjection window</td>
<td>10-16</td>
<td>92%</td>
</tr>
<tr>
<td>After end of reinjection window</td>
<td>&gt;16</td>
<td>6%</td>
</tr>
</tbody>
</table>
Other Lessons

• Sustainability can be improved if the private sector liaise with the public sector

• Resource constraints in the public sector can be minimized by:
  – Involvement of district staff in planning, implementation and supervision
  – Harmonization within existing systems
Great potential for scale up

- National policies now permit and programs are planning for scale-up or scaling-up.
- Pilot or limited program implementation w/ MOH approval; national policy restrictions remain in place.
- Potential for introduction of a demonstration project and/or policy change.
Key Recommendation for Future Scale-up

Ministries of Health should consider supporting provision of injectables by CHWs with all types of service delivery organizations (both private and public sector) so as to maximize all existing opportunities.