The Role of Community Based Organizations in Expanding Access to Injectable Contraception

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WINIFRIDE MWEBESA, OLIVIA NAKAYIIZA, FRANCIS BAGUMA & MARTHA BEKIITA
Presentation at a Glance

• Background
• Why Injectable Contraception?
• Introducing /Expanding Community Based Access to Injectables in Uganda
• Expanding Community Based Access to Injectables beyond Uganda
• Lessons Learned
Background

• Population: 30.7 million
• Rural Population: 87%

• MMR: 435/100,000 live births
• U5MR: 138/1000 live births

• Total Fertility Rate: 6.7
• Unmet Need for Family Planning: 40.6%
  – Spacing: 24.5%
  – Limiting: 16.1%
• Contraceptive Prevalence Rate: 18% (modern methods)
Method Mix in Uganda: Injectables are the preferred method!
Injectables are the preferred method in Uganda (2)

- Current users: Injectables method of choice for over 50% of users
- Women not using but intending to use in the future:
  - Injectables: 51%
  - Pills: 14%
  - Female sterilization: 7%
- Lowest first year discontinuation rates:
  - Injectables: 46.6%
  - Pill: 61.4;
  - Rhythm method: 64.5
  - Withdrawal: 67.9
  - Male condom: 71.0;

Source: DHS 2006
Increasing Contribution of Injectables to CPR in Several African countries
Save the Children’s Role in Uganda

- Long history of providing community focused MNCH services

- Well established Community Based program (since 2000) to build on. Established network of 130 volunteer CBD agents in 3 districts (Total population: approx 200,000)
  - educating communities about birth spacing / FP,
  - counseling and distributing pills and condoms
  - Making referrals to clinics for methods not available at community level

- Provision of ongoing support to CBD agents: training, support supervision, incentives (bicycles, gum boots and umbrellas) and access to resupplies

- Facilitating linkages between CBD agents & the formal health system

- Ensuring coordination, supervision, logistical management and program support
Pilot Study of CBD of Injectables: Key Results

- Nakasongola District, Uganda, 2004-5
- 758 Depo acceptors followed to time of 2nd injection
- CBD vs. Clinic clients
- CBD results equal or slightly better in:
  - Safety
  - Quality of care
  - Continuation
  - Satisfaction
- No infections or abscesses

Expanding Community Based Access to Injectables beyond the Pilot Phase

Scaling up:

• Based on results of pilot study – Save the Children and partners secured funding and permission to expand to 2 additional districts in Central Region: Luwero and Nakaseke

• Activities to support scale up in the 3 districts involved:
  – Revising the training format (from 3 weeks to 10 days)
  – Developing standardized materials for training CBD agents
  – Providing ongoing support supervision
  – Improving contraceptive logistics to reduce stock outs
  – Strengthening monitoring /evaluation and reporting from CBD agents to clinics
Contribution to Scale Up /Replication In Uganda

Save the Children

- Created an enabling environment for the scale up of CBD of injectables by other service delivery organizations.
  - Hosted educational tours for other organizations: Minnesota International Health Volunteers (MIHV) and Conservation through Public Health (CTPH)
  - Hosted public sector districts interested in replicating the intervention (Bugisu and Bugiri)
  - Provided technical assistance to train community health workers in the provision of injectables.

- Participated in advocacy with FHI and other partners aimed at achieving policy change in Uganda
  - Advocating at national, district and local levels to influence policy regarding provision of injectable contraception by trained CBD agents
  - In July 2010, hosted a visit from the Director General of Health services made prior to authorizing policy change,
Contribution to Replication beyond Uganda

- South to South collaboration by hosting country teams from Kenya, Nigeria, Rwanda and Tanzania interested in replicating the intervention
- Collaboration with FHI on the development of advocacy briefs & Implementation Handbook
- Added to Programmatic evidence reviewed during the 2009 WHO expert meeting in Geneva.
  - Resulted in the endorsement by WHO that there is sufficient evidence to support the expansion of community based health workers providing progestin-only injectable contraceptives.
- Currently introducing CBD of injectables in Guinea
- Will contribute to expansion in Malawi through a Child Survival program (Blantyre district)
Lessons Learned & Conclusion

- Community health workers are important vehicles in bringing essential MNCH interventions and services to communities - particularly for poor and remote communities

- Positive pilot results may not be sufficient to secure supportive policies for scale up at national level and continued advocacy may be necessary

- Maintaining government support beyond the pilot project is essential – to facilitate and sustain the scale up of DMPA

- Community Based Organizations can serve as catalysts for introducing essential MNCH services such as CBD of injectables in countries with low contraceptive use, high unmet for FP and limited access to clinical services
A Champion Remembered: Martha Bekiita