

Expanding Access to Injectables in Uganda: Winding Road in Going to Scale

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March 13, 2012, Washington, DC

PROGRESS Technical Meeting, Institutionalizing Evidence-Based Practices

Outline

- The Challenge
- Process of phased scale-up of community-based access to injectable contraception (CBA2I) in Uganda
- Key outcomes, facilitating factors, and lessons learned



The Challenge

- Low rural CPR (2006): 18%
- Unmet need for FP: 40+%
- Poor, rural population
- DMPA preferred method, but not available from CBD programs, often stocked out at health centers



PHASE I : Generating the Evidence: CHWs Can Safely Provide DMPA in Africa

§ Nakasongola, Uganda, 2004-5

§ 758 Depo acceptors followed

• Rigorous, comparative study design

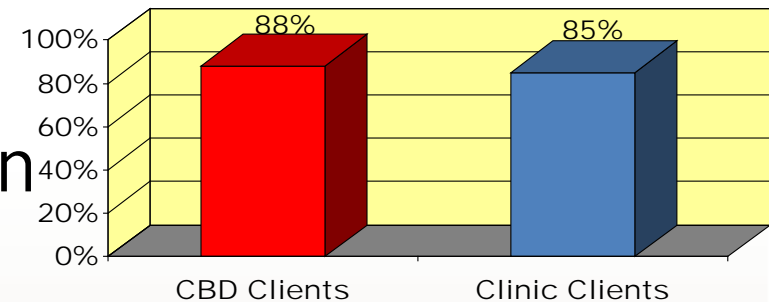
• Strong safety

• High continuation rates

• Very high satisfaction

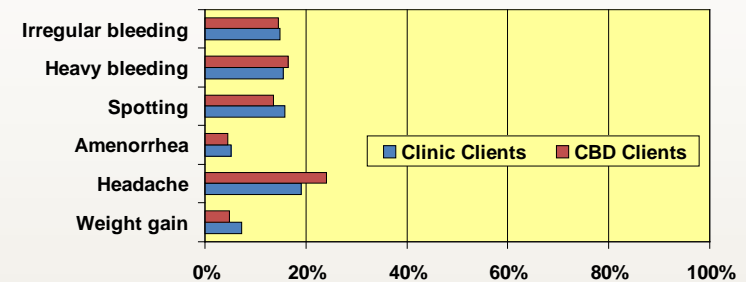
• Conclusion: CBD provision of injectables comparable to clinic provision (*"Contraceptive Injections by Community Health Workers in Uganda: A Non-Randomized Trial," Bulletin of the World Health Organization, October 2007; 85:768–773*)

Six Month Continuation



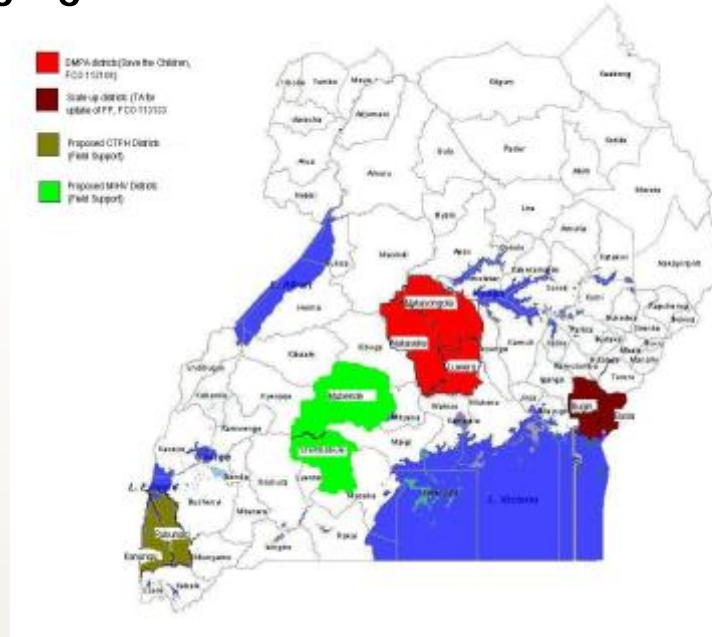
CBD Clients Clinic Clients

Side Effects Experienced



PHASE II: Scale Up

- **Dissemination and sharing of results: “Packaging the Evidence”**
 - MOH, districts and national stakeholders
 - Regional representatives (Kenya & TZ)
 - Global links and attention
- **Implementation and local ownership**
 - Inclusion in Village Health Team Manual
 - MOH invites phased scale up
 - Site selection, rapid assessment of districts showing interest
 - Development of implementation plans with the districts
 - Compare service data from NGO sites vs. public sector



PHASE III: Implementation Continues

- **Data analysis and dissemination of phase II experiences**

- Findings reconfirmed experiences from the pilot phase
- Recommendation for policy change to CBA2I



- **Recognition and commitment by USAID's bilateral program**

- Bilateral funding covers 15 districts
- Field support for scale up within already implementing sites

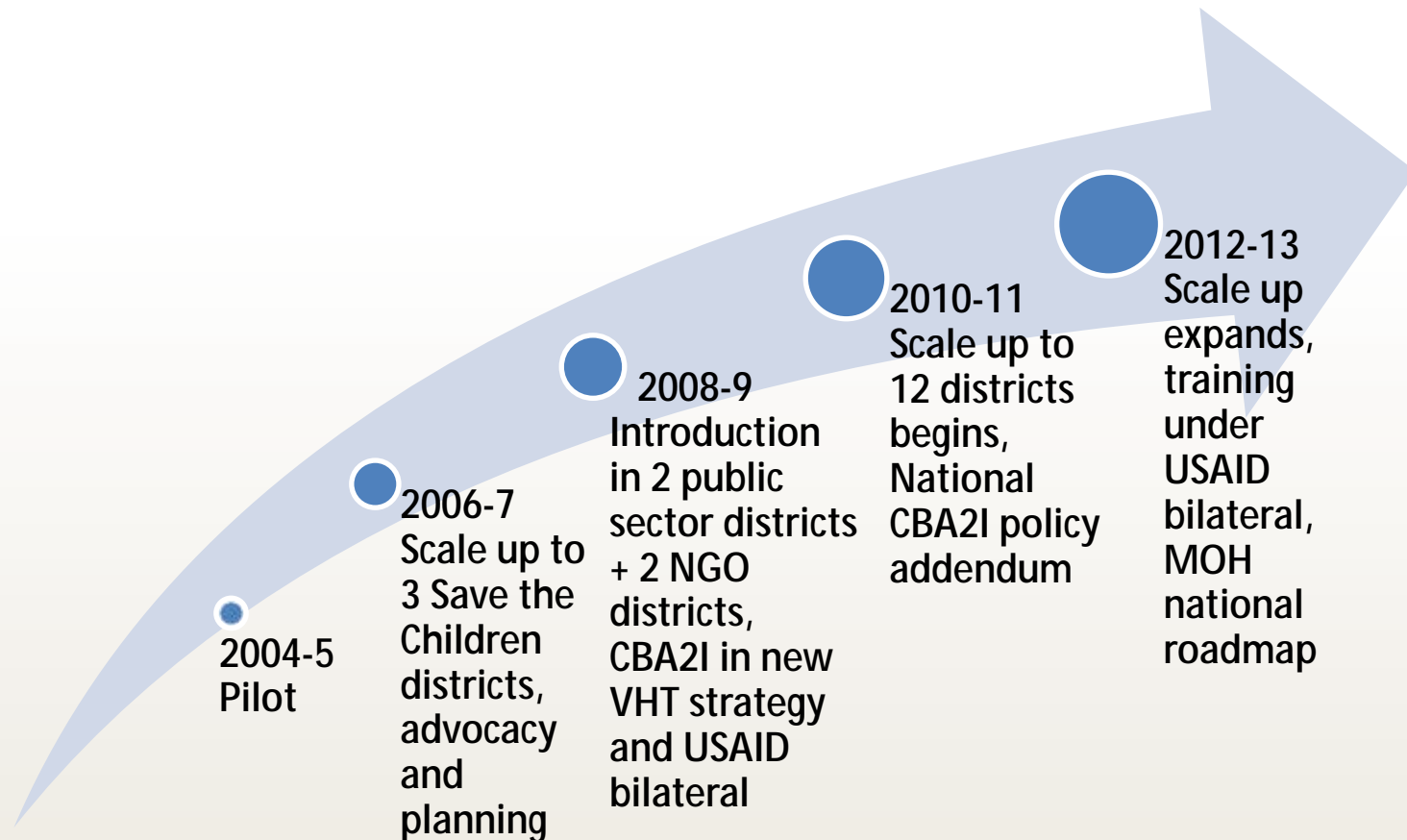
- **Continued dialogue and engagement of key stakeholders**

- Partner engagement - national family planning working group and others



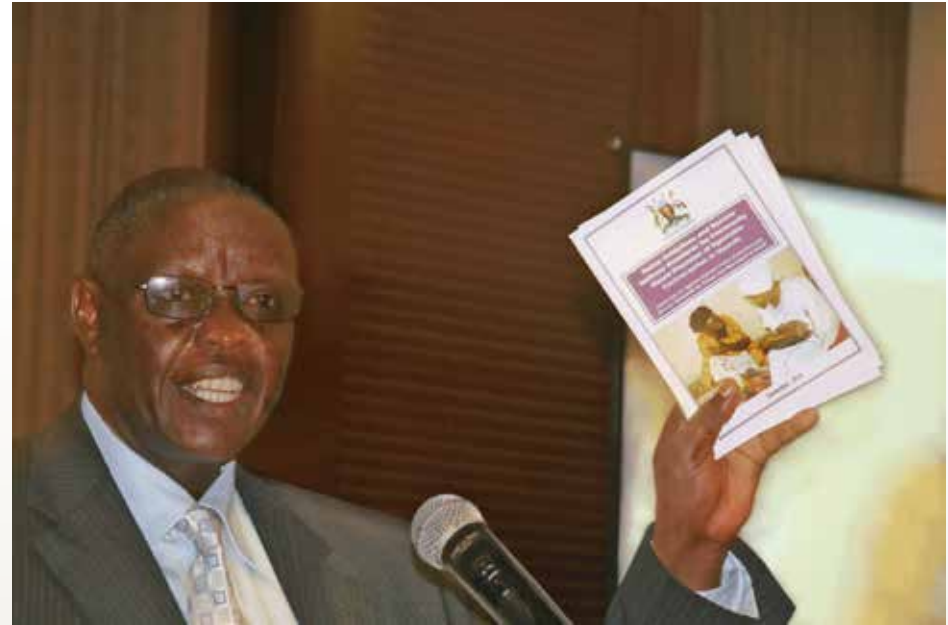
- Support of MOH staff to present at national, regional and international fora

Uganda Scale-Up Timeline: MOH, FHI 360, & Partners



Key Outcomes

- March 2011: Amendment of *Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health* allowing Depo Provera provision by well trained CHWs
- MOH has requested technical assistance to develop a national scale up plan
- 11,786 CBA2I clients in 2011



National Scale-Up Plan

Goal

- Provide a framework that will guide the MoH to scale up community based access to injectables

Objectives

- Outline health systems support
- Guide monitoring, evaluation and tracking of scale up
- Provide guidance on costing for scale up.



Key Facilitating Factors

- Government buy-in, ownership and commitment
- Consistent support at the national level
 - National champion leading advocacy
 - FP technical working group
- Donor buy-in and resource availability
- Educational visits to implementing sites for key stakeholders-
 - High level Government official
 - Development partners
 - Other country teams (Kenya, Zambia, Nigeria, TZ, Rwanda)
- Existence of Village Health Team (VHT) structure



Lessons Learned

- Policy change only is one step in the scale-up process
- Local ownership and champions are critical
- A committed, supported resource team (including donor) is critical
- Credible evidence is required
- Educational tours are very effective
- Partnerships!
- Advocacy must be strategic, documented, and flexible



Ongoing Challenges

- Sustainability
 - Monitoring and supervision
 - Motivation, retention of community health workers
- Commodity security



