

PROGRESS Research Projects in Uganda: An Overview

Over the past five years, the Uganda Ministry of Health (MOH) and FHI 360 PROGRESS project have been working hand-in-hand conducting innovative family planning research to generate evidence and awareness about family planning programs that can be scaled up in Uganda and adopted by health systems in developing countries. The PROGRESS project has supported three research studies with funding from the U.S. Agency for International Development. All three are investigating innovative non-clinic based mechanisms for providing increased access to contraceptive services:

1. Understanding Factors Associated with Retention and Performance of Volunteer Community Health Workers (CHWs)
2. Acceptability of Subcutaneous DMPA in Uniject
3. Contribution of Drug Shops to Family Planning Uptake in Four Districts in Uganda

These studies have the potential to change lives in a country where approximately one-third (34%) of currently married women have an unmet need for family planning services, with 21% in need of spacing and 14% in need of limiting (DHS, 2011). These research projects will provide policymakers with important new findings that could lead to practical guidelines for practices that can help address the increasing need and demand for a variety of high quality family planning methods.

Understanding Factors Associated with Retention and Performance of Volunteer Community Health Workers

Few rigorous studies are available about the relative importance of factors related to the level of activity and retention of CHWs. In collaboration with the MOH, PROGRESS initiated a study in 2010 in Uganda to produce information to support the development of effective strategies to improve the activity and retention of volunteer CHWs. The study has three objectives:

1. To examine individual, community, and work-related factors associated with CHW productivity and retention.
2. To describe and quantify the relative importance of specified program components from CHWs' perspectives.
3. To explore and document factors explaining CHW motivation, client loads, and continuation on the job in specified contexts.

At the inception of the research, the study team consulted a range of Ugandan stakeholders and international community-based health program managers to gain input into the study design and objectives. A cross-sectional, mixed-method study was designed to meet the research needs that were identified. The study included a survey of 183 volunteer CHWs recruited from three programs covering seven districts in Uganda, in-depth interviews with a separate sample of 43 CHWs in three districts and with 5 former CHWs who

dropped out in two districts, and data extraction from CHW records. Interviews with active CHWs incorporated a Discrete Choice Experiment to estimate CHWs' preference structure for specified program components (e.g. identity badges, transportation stipend). This study is the first to use the Discrete Choice Experiment for lower level health workers.

Results from the Discrete Choice Experiment included in the survey indicate that bicycles were the most preferred of the incentives proposed, followed by an ID card. These findings are consistent with the in-depth interviews, which emphasized transportation and status as key themes.

Acceptability of Subcutaneous DMPA in Uniject

More than 35 million women worldwide use injectable contraception to prevent pregnancy, more than twice as many as a decade ago. By 2015 worldwide use is projected to reach nearly 40 million—more than triple the 1995 level. In sub-Saharan Africa, injectables are the most popular method, chosen by 38% of women using modern methods. The Uganda MOH has been leading the charge in sub-Saharan Africa to explore innovative means to increase access to this method.

In 2010 the MOH, with technical assistance from PROGRESS, initiated a study to assess acceptability of the new injectable contraceptive Depo-

subQ in Uniject, commercially known as Sayana Press, among family planning clients and CHWs. Study results will yield recommendations for the introduction of this method in Uganda and the region. PROGRESS is supporting a similar study in Senegal.

For this study, five health facilities were selected from Mubende and Nakasongola districts. All facilities provide family planning and support community-based programs that include injectables. The study trained 38 CHWs to give Depo-subQ in Uniject. Trained CHWs recruited 120 current DMPA clients (total) seeking reinjection of DMPA from the CHWs. Pre- and post-injection questionnaires were administered to the clients who received the subcutaneous injection. Participants were followed up three months post-injection to further assess their experience with the method. Eligible DMPA clients who declined to receive Depo-subQ in Uniject were invited to complete a questionnaire about their reasons for declining. All clients included in the study were between the ages of 18-40 years, had used DMPA for at least six months continuously, and received their last injection no more than 15 weeks prior to enrollment in the study. Results from the study are expected in the second half of 2013.

Contribution of Drug Shops to Family Planning Uptake in Four Districts in Uganda

Drug shops are often the first source of medicine for many rural African communities. They provide promising solutions to the problem of poor access to family planning because they are privately owned and tend to support a sustainable commercial market for health products. The Uganda MOH recognizes the potential of drug shops to increase access to family planning in the country. The MOH and PROGRESS are monitoring and evaluating the impact of family planning sales and services at drug shops on local contraceptive prevalence rates in four districts.

This study is working in partnership with the USAID STRIDES for Family Health project, a Uganda bi-lateral project to:

1. Estimate the proportion of drug shop family planning clients who are new to family planning and new to DMPA use.
2. Estimate the market share of family planning method uptake of all methods provided by drug shops in the four districts.
3. Determine among all clients the level of client satisfaction, family planning use, quality of care, counseling, and intention to continue with drug shop operator provision of

family planning services; and among DMPA clients their knowledge of DMPA use.

4. Document reasons for switching methods and service points among clients who did so.

This study builds on results from the pilot study FHI 360 conducted in Nakaseke, Luwero, and Nakasongola districts in 2009 that assessed knowledge, attitudes, and practice via interviews with drug shops operators. Ultimately, the findings from this evaluation will inform private sector provision of family planning services in these four districts and eventually at a national level.

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