Uganda Program Brief: Capacity Building

Focus on Community-based Family Planning: Partnership with Uganda Ministry of Health

The Ugandan Government has an ambitious goal to reduce unmet need for family planning (FP) from its current 34% to 10% over the next 10 years. To help achieve this goal, FHI 360 has been working with the Ugandan Ministry of Health (MOH) to improve its capacity to expand community-based family planning (CBFP) services and systems.

With FHI 360's support, the MOH has gradually developed national systems to support a CBFP program, including community-based access to injectables (CBA2I), for which Uganda has served as a model for other countries developing their own CBA2I programs.

FHI 360's goal is to help develop and leave behind CBFP systems that the MOH can sustain in the future. This brief shares experiences and lessons from capacity building for FP at the national and district levels in Uganda. The U.S. Agency for International Development supports this work, through the PROGRESS and STRIDES for Family Health projects.

At the national level, the MOH and FHI 360 worked together to develop, write, review, and finalize three major documents to support the expansion of community-based family planning:

1. An addendum to the *Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health (2011)*. This addendum allows provision of injectable contraceptives by well-trained community health workers.
2. *Repositioning CBA2I as a Standard of Practice within Community-based Family Planning Programs: The National Scale-up Plan 2012-15 (2012)*. This plan provides a framework that will guide the MOH during its phased scale-up of CBA2I.
3. A national curriculum for community-based family planning (2012). This training curriculum will be used by the MOH and all partners in training village health teams (VHTs) to provide family planning, including injectables, door-to-door in hard-to-reach areas.

FHI 360 has also supported the MOH through a joint collaboration with other partners, including the Uganda National Health Research Organization (UNHRO) and the Association of Obstetricians and Gynecologists of Uganda (AOGU), to develop a national family planning research agenda. As part of support to the MOH, FHI 360 also provides technical assistance to partners implementing CBA2I programs in other districts, such as Wellshare International (formerly Minnesota International Health Volunteers), Marie Stopes Uganda, Conservation Through Public Health (CTPH), Bwindi Community Hospital (BCH), and others.

At the district level, FHI 360 now works with the Ugandan Ministry of Health in 15 districts to scale up CBFP. FHI 360 and the MOH support district "core teams" who are responsible for implementing CBFP programs. These core teams consist of district health officials (DHOs), clinic managers, clinic midwives, and health assistants. The district CBFP programs make use of a cadre of community health workers known as VHTs. The VHTs are volunteers trained by the MOH to promote healthy practices at the community level and encourage community uptake of prevention

interventions. FHI 360 supports the MOH to train VHTs to deliver quality family planning counseling and commodities to the doorsteps of their clients. VHTs offer a mix of short-term methods (pills, condoms, and injectables) and refer clients to health centers and clinics for long-acting and permanent methods.

FHI 360 and the MOH also work together to build systems for monitoring and supervising VHTs, by holding regular stakeholder meetings and monthly VHT meetings, among other activities. Within this capacity building approach, FHI 360

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A community health worker talks with a client about family planning.

supports contraceptive technology update workshops for health center staff supporting the VHTs, supports community family planning awareness meetings and radio campaigns led by VHTs and core teams, works with MOH staff on developing monitoring and evaluation strategies including a data collection tool and database, and analyzes service data collected by VHT supervisors. Also, FHI 360 staff members accompany DHOs on quarterly supervisory visits to the sub-county health centers as they supervise the CBFP implementation and data collection activities for the HMIS.

Lessons Learned and Next Steps

1. Capacity building is an integral part of scaling up and sustaining new service delivery approaches, such as CBFP and CBA2I programs. Capacity building should build on available resources within the districts and health centers, such as supporting nurse midwives to train VHTs or using "super VHTs" to supervise and train other VHTs.
2. Addressing issues on a systems level has the potential for long-lasting effects. For instance, working with multiple levels of the health system, i.e. from the national level MOH to the district health team, to clinics and communities ensures greater ownership of both the capacity building and the scale-up.
3. In addition to strengthening the capacity of national and district health systems, supporting local partners at the national level potentially creates sustainable local capacity for ongoing technical assistance to the MOH.
4. Encouraging learning between organizations and the MOH has helped to create a shared vision for CBFP in Uganda. Joint learning visits and participation in regional and global conferences has facilitated technical exchange between FHI 360 and the national MOH, district health teams, development partners, and regulatory bodies.
5. We have learnt further that capacity strengthening activities involve continuous technical assistance (TA) to install and strengthen systems and operating units and, occasionally, teaching courses and workshops. Thus, capacity strengthening is a continuous process that evolves in response to emerging needs.

Much remains to do in capacity building, with the MOH and local partners. Many challenges remain, from sustaining efforts to motivation of volunteers to

ensuring quality provision of services, training, supportive supervision, and use of data. For expanded service delivery approaches, such as CBFP/CBA2I to be institutionalized at the local and national levels, health systems ultimately need to have the capacity to support these services.

A goal of capacity building is to move toward greater capacity among institutions based in Uganda to lead the CBFP work. As part of that goal, FHI 360 has developed a memorandum of understanding (MOU) with the Regional Center for Quality of Health Care (RCQHC), which is part of Makerere University in Kampala. The purpose of the partnership is for FHI 360 to work with the RCQHC staff so that they can take over FHI 360's role in providing support to the MOH and its CBFP program. So far, with FHI 360's assistance, RCQHC has developed a handbook on how to initiate a CBA2I program, so that capacity building can expand to other countries in the region as well.

RCQHC will gradually increase its role in supporting the MOH until it becomes the lead technical support agency in 2014. Future priorities for the MOH, FHI 360, RCQHC, and other partners include building stronger capacity for the following: commodity security, supportive supervision, data collection, links to long-term and permanent family planning methods, integrating CBFP activities with other community level health activities, and research on CBFP.

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MOH officials work to expand community-based services.

Capacity Building for Population, Health, and Environment Integration: Focus on M&E and Advocacy

For the last several years, FHI 360 has utilized an organizational capacity-building approach to strengthen the ability of Conservation Through Public Health (CTPH) to monitor and evaluate its population, health and environment (PHE) program and to advocate for the PHE model in Uganda and beyond.

CTPH has been a leader in PHE work in Uganda, working near the Bwindi Impenetrable National Park on issues related to gorilla conservation, animal to human disease transmission, health, sanitation, and family planning. It has gradually expanded its leadership role within the country and region regarding PHE. In part due to the increasing leadership efforts, however, several challenges for CPTH emerged with regard to effective strategies for M&E and advocacy. A growing number of projects globally are beginning to link interventions that relate to PHE under a single programmatic umbrella, yet systems to monitor, evaluate, and advocate for this approach are still being developed. In 2010 CTPH and PROGRESS established a capacity building partnership to address those challenges.

From 2010-2012, PROGRESS worked intensively with CTPH to develop, refine, and finalize an M&E system that included an updated logic model, a series of indicators, data collection forms, and a comprehensive database. PROGRESS worked with CTPH staff to develop indicators specifically designed to capture PHE impact, as well as some external to those measuring the FP component of their program (e.g., TB, hygiene). PROGRESS and CTPH staff also developed data collection forms for CTPH volunteers, and compiled a list summarizing points to emphasize with volunteers to ensure consistent interpretation and use of each indicator. In October of 2011, PROGRESS led a workshop to strengthen CTPH's capacity for M&E by reviewing the indicators, introducing the data collection forms, and orienting CTPH to a database for recording and reporting on this data. CTPH staff translated the final indicators into the local language, and trained CTPH community volunteers in two districts on the indicators and updated data collection forms. In 2012, with feedback from CTPH for the database's finalization, PROGRESS provided technical assistance through a one-day workshop with CTPH to troubleshoot problems faced with introduction and implementation of the database. This work served to strengthen CTPH's organizational capacity for conducting high quality M&E, including updated indicators and data collection forms, a database, and improved skills in interpreting and applying M&E results.

In terms of advocacy, PROGRESS worked with CTPH to enhance their local and regional advocacy. First, PROGRESS helped CTPH develop an organizational advocacy plan, including goals, objectives, and key annual activities. CTPH then used this plan to lead the development of an advocacy strategy for the Uganda PHE Working Group, for which PRB has partially funded key activities. CTPH then hosted a three-day PHE study tour for representatives from seven organizations in the Working Group to their field station in Bwindi Park. As a south-to-south exchange for building the capacity of local partners, the tour oriented key members to CTPH's PHE model.

In part as a result of its strong advocacy work, CTPH became the key advocacy partner on the largest PHE project in Africa, the HOPE (Health of People and Environment) Lake Victoria Basin project, led by Pathfinder.

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