



Photo by Laura Wando, WellShare International

COMMUNITY-BASED FAMILY PLANNING (CBFP) PROVISION OF INJECTABLES IN UGANDA

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Outline

- **CBFP and CBA2I**
 - Overview
 - Policy and program in Uganda
 - Practice in Uganda
 - APC Uganda project results
- **DMPA**
 - DMPA-SC scale up in Uganda
 - Provision of injectables through drug shops
- **Key lessons and recommendations**



Overview

- **Total population:** 34.6 million
- **Total Fertility Rate:** 5.4
- **mCPR (married women)*:** 35%
- **mCPR (all women)*:** 27%
- **Unmet need:** 28%
- **FP2020 goals:**
 - increase mCPR to 50%
 - Reduce unmet need to 10%



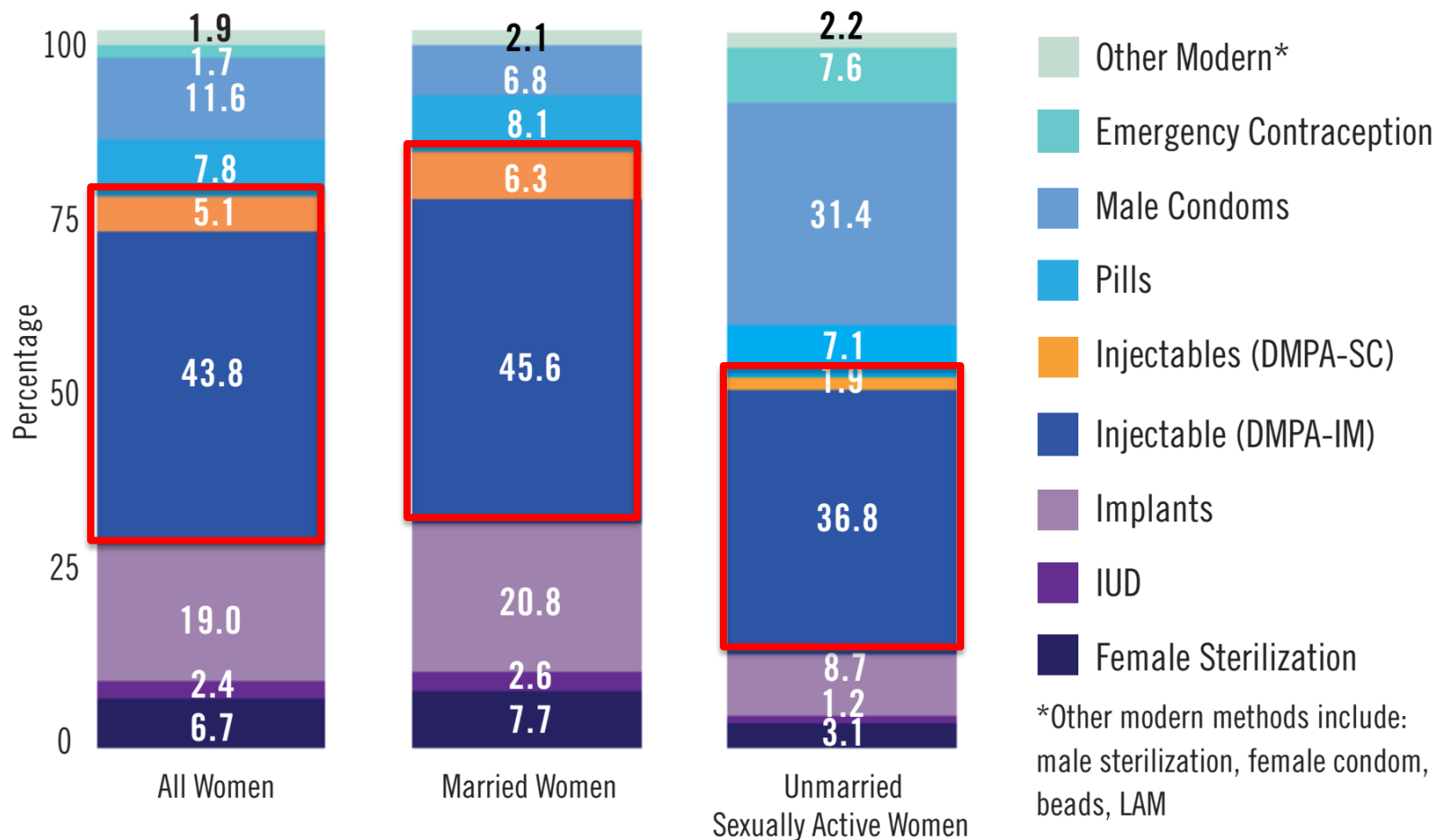
*In 2017, ~2.6 million women are using a modern method of contraception**



**Data source: Track20 (2017)*



Current Modern Method Mix Among Contraceptive Users



CBA2I Policy and Program in Uganda

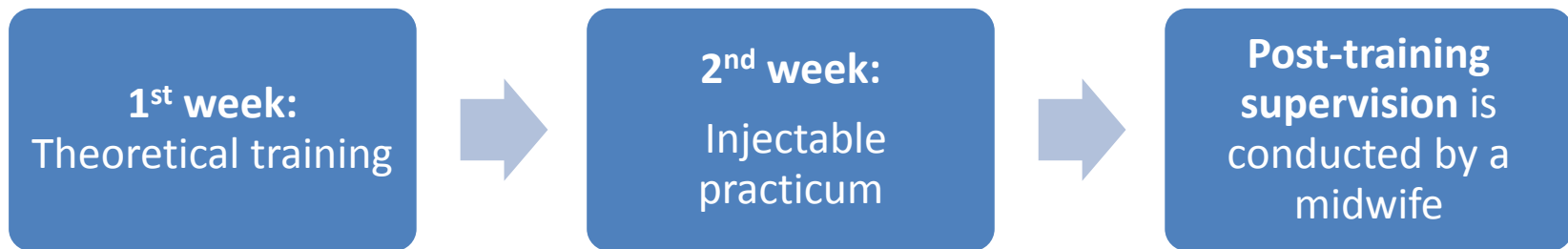
- CBA2I evidence-based advocacy resulted in a revision to the National Policy Guidelines in Uganda
- CBA2I is achieved through a task shifting framework where Village Health Teams are the primary service providers
- 28 districts by June 2017



Photo by Laura Wando, WellShare International

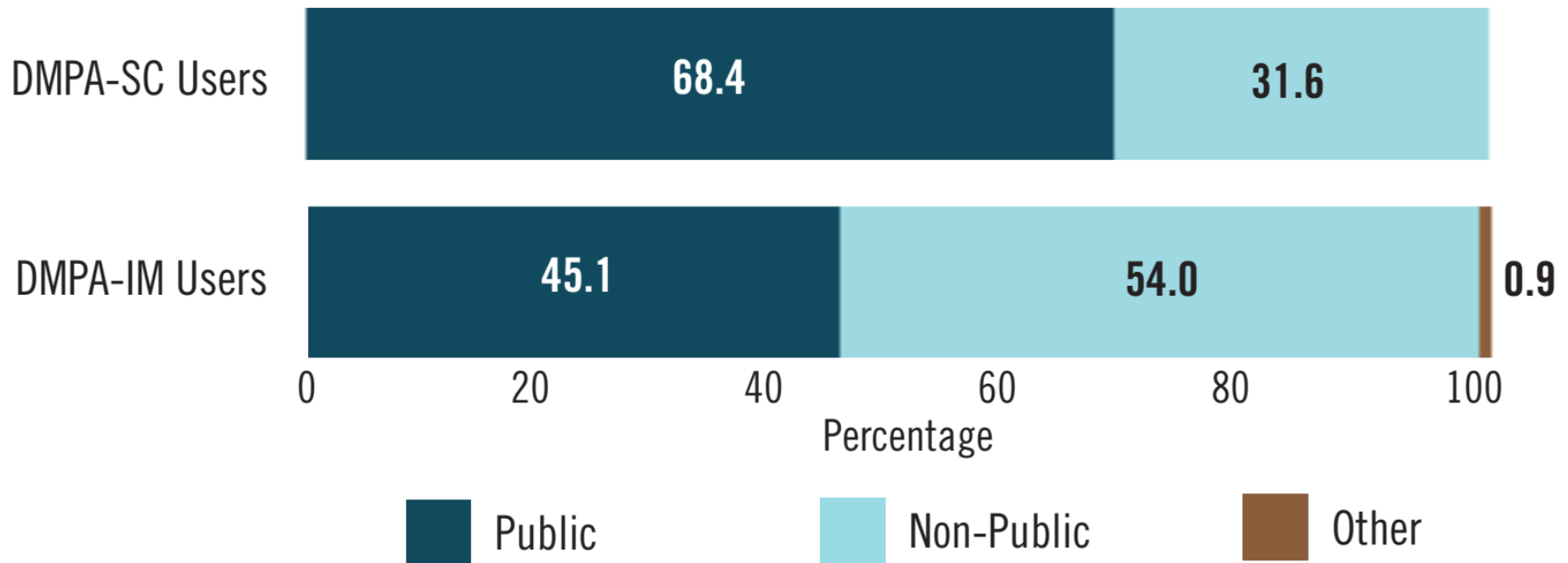
CBFP Practice in Uganda

- The CBFP program is overseen by the Ministry of Health and implemented by several partners.
- Various NGOs support training on short-term family planning methods, including injectables.
- Trainings last 7-10 days using MOH approved curriculum:



- *VHTs visit the health facility monthly to submit reports, to resupply and receive mentoring from midwife.*
- *Refresher training is generally offered every three to six months.*

Source of Methods Among All Women Currently Using Injectables



Source: [Performance Monitoring and Accountability 2020 \(PMA2020\) Uganda brief, Round 5](#)

APC Uganda

Project Overview

- Supports community programs that improve the overall health of communities, focusing on CBFP
- Strengthens country leadership and coordination
- Creates enabling environment to transform social norms that affect FP
- Supports innovation, collaboration and learning

Key Results

- The 22 APC/CBFP districts showed an increase in short term mCPR of 11.3% compared to 5.1% in non-CBFP districts.
- APC implementing sub-counties showed higher mCPR
- Sub-counties that included a Quality Improvement component had higher mCPR than others.

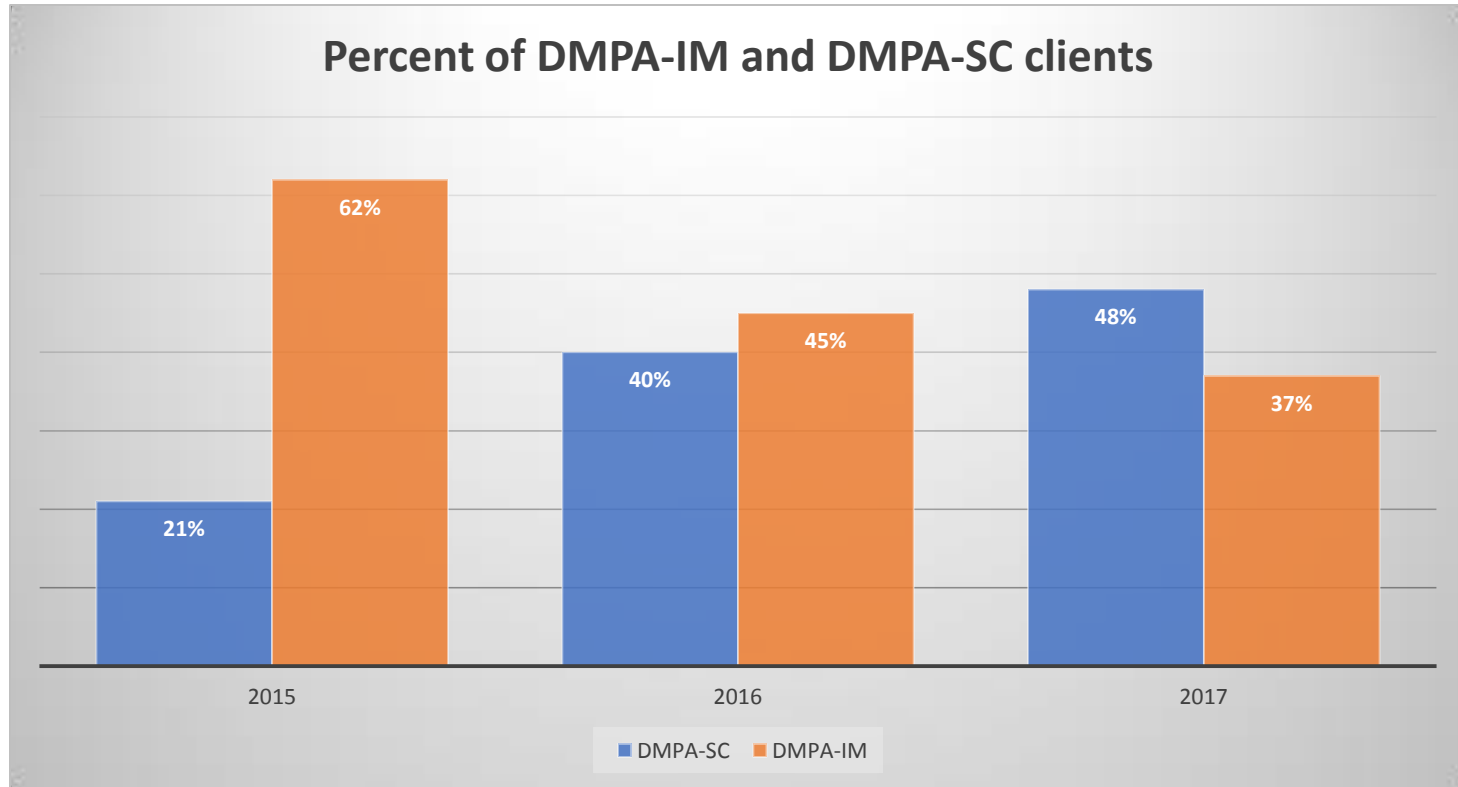


APC Uganda



Note that APC is also implementing in six districts in Eastern Uganda: Blambuli, Sironko, Manafwa, Buteleja, and Budaka, Bulambili

APC Uganda Program Results, cont.



DMPA-IM and DMPA-SC through Drug Shops

- Research and pilots conducted between 2007 and 2013
- FHI 360 led multi-stakeholder task force between 2014 and 2017
- Approved by the NDA and MOH in 2017
- Implementation to start in 20 districts
- Population Council ongoing research in Ghana and Nigeria
- Studies from Ghana, Bangladesh, and Tanzania



Photo by Tracy Orr, FHI 360



Key Lessons for Successful CBA2I

- ✓ Political will and Ministry of Health collaboration
 - Champions leading advocacy
 - Family Planning Technical Working Group
- ✓ Supportive policies are important (but not always necessary with MOH approval)
- ✓ Community ownership
- ✓ Harmonization with existing health structure
- ✓ Steady supply of commodities
- ✓ Strong monitoring and evaluation system implemented early
- ✓ Partnerships



THANK YOU



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