RESULTS

• Over a 9-month period (May 2017 to January 2018), FC+ trained 236 health workers across 18 health facilities. With 15 national reproductive health trainers, EngenderHealth trained 140 providers on new contraceptive methods, 48 health workers on FP skills (including short-acting, long-acting, and natural methods), and 33 providers on rights-based, client-centered counseling emphasizing voluntary, informed choice.

• Within 5 months of the clinical skills training, the project tracked a 10% increase in the number of FP clients across target districts (see Figure 1).

• The method mix also improved in comparison to baseline data, where injectables were the predominant method of choice. Specifically, data showed notable increases in uptake of condoms, implants, and oral contraceptives. There was a slight decline in injectable use (from 4,973 to 4,958), potentially due to improved counseling and increased range of contraceptive methods available. (See Figure 2.)

• Building upon the success of the project, the Ministry of Health has adopted EngenderHealth’s counseling framework into the National Comprehensive Family Planning Clinical Skills Training Manual.

METHODOLOGY

• EngenderHealth provided clinical and counseling training to build capacity related to comprehensive FP information provision and a broad range of contraceptive methods.

• FC+ leveraged the Ministry of Health’s clinical curriculum and introduced EngenderHealth’s rights-based, client-centered counseling curriculum to deliver targeted trainings promoting voluntary informed choice.

• Additionally, EngenderHealth provided training on contraceptive security and an alternative distribution strategy to ensure method mix availability at the facility level.

• Trainers conducted follow-up support and mentored participants over the subsequent months.

SIGNIFICANCE

• There are several key challenges to advancing reproductive health outcomes in Uganda, where the percentage of women who do not want to become pregnant but are not using family planning (FP) is 28% and obstetric fistula is a leading contributor to maternal morbidity with up to 200,000 women living with fistula and approximately 1,900 new cases annually.

• EngenderHealth worked with the Ministry of Health to address both of these issues, recognizing that voluntary FP is an important component of fistula prevention, as part of the USAID-funded Fistula Care Plus (FC+) project. Specifically, FC+ worked to increase the available contraceptive method mix and strengthen provision of voluntary FP in order to promote free, full, and informed choice.

IMPLICATIONS AND LESSONS LEARNED

• Increasing the contraceptive method mix requires a multidimensional approach—it requires providers trained to deliver counseling and clinical services for a comprehensive range of methods, a policy enabling environment that supports the method mix, and a functional logistics system to ensure contraceptive commodity security.

• The project noted the importance of continual mentoring—via telephone calls and site visits—and supportive supervision at the facility level in order to ensure providers were able to translate learning into sustainable action and facilitate clients’ informed choice and satisfaction.