Enhancing Contraceptive Method Mix: The Uganda experience

Clemensia Nakabiito, MBCHB,MMED
MU-JHU Care Ltd
Kampala site
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PRESENTATION OUTLINE

- Introduction
- Preparatory activities
- Training and Methods
- Tips for success
- Results
- Challenges
- Conclusion/Recommendations
INTRODUCTION

- Implementation of method mix started June 2012
- Previously, methods available at the site were limited to COCs and DMPA
- Other methods available in Mulago National Referral Hospital included Implants, IUCDs and tubal ligation
- Generally the IUCD was being used by only 0.4% of Ugandan women (UDHS 2011) and it was not any better in the VOICE study
Preparatory Activities

- Identifying the possible obstacles to the use of long term methods:
  - Providers’- attitude
    - knowledge
    - skills
    - confidence
  - Understaffing/workload
  - Shortage of supplies
Preparatory Activities Con’t

- Started with the formation of Contraceptive Action Team (CAT) under the leadership of the MTN Contraceptive Steering Committee (CSC)
- Site selected a nurse and a doctor to join CAT
- On 7-8 June 12, the two together with the steering committee member attended the CAT meeting in Johannesburg
- After the meeting the nurse and doctor were declared the contraceptive experts
Preparatory Activities After the CAT Meeting

- Presented a report and action plan to the MTN staff and site leaders and agreed on the training plan as follows:
  - Overview of the method mix
  - Overview of the Family Planning updates
  - Step by step of training of key staff using models
- Observe /assist ten, do 5, teach one or more
Site Training and Methods

- 14 Jun12 a FP expert from Mulago hospital gave an overview/refresher training on all contraceptive methods
- 05 – 06 Jul 12 counselors had specific training on counseling messages for different methods
- As a result – we have well trained, confident and experienced staff
TIPS FOR SUCCESS

This is at three levels:

- Community
- Baseline – At the site clinic
- Follow up – In the clinic
Community/Screening

- It all starts from the community
- Rapid assessment of the community perspectives
- Dispelling the fears, misconceptions and myths
- Overview of what is offered at site and why
COMMUNITYY SESSION
Baseline at the Site Clinic

- Advocacy for Support from (MoH), Mulago national referral Hospital and other NGO who provide us with the methods
- Adequate supplies- enables the staff to provide the services on site and in real time
- Sensitization from the media through radio and Television adverts,-bill boards-Some participants come already aware of the methods as a result of the –"the smart choice” advert
- IUCD Satisfied participants act as their peers
- Continued care/support is the key
At Follow up In the Clinic

- Ongoing sensitization/Comprehensive counseling skills
- Flag files for those participants who desire to switch during subsequent visits for easy follow up and targeted counseling
- Some staff are Role Models (same methods)
- MOH Adverts
- Unbiased Service providers
- Methods readily available on site with the support from MOH through Mulago Hospital providers
At Follow up Con’t

- Peer influence-participants share information about advantages of using the different methods while in the Lounge and during adherence workshops
- Support from well trained **confident** staff
- Those on DEPO for a long time are switching to IUCD due to on going counseling
- Many come with knowledge through adverts on radios and television so the country is also doing a lot of support
## RESULTS (as of 15 Oct 13)

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<thead>
<tr>
<th></th>
<th>Contraceptive Method</th>
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<tbody>
<tr>
<td></td>
<td>IUCD N (%)</td>
</tr>
<tr>
<td><strong>Enrolment (205)</strong></td>
<td>57 (28.4)</td>
</tr>
<tr>
<td><strong>Follow up</strong></td>
<td>77(39.9)</td>
</tr>
<tr>
<td><strong>VOICE (322)</strong></td>
<td>1%</td>
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</tbody>
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### SWITCHES

<table>
<thead>
<tr>
<th></th>
<th>Depo to IUCD</th>
<th>COC’s to IUCD</th>
<th>Implants to IUCD</th>
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<tbody>
<tr>
<td><strong>20</strong></td>
<td>3</td>
<td>1</td>
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</tbody>
</table>
CHALLENGES

- The myths and misconceptions affecting decision making have become less each day due to ongoing counseling and other participants sharing their experiences.

- Many used to fear the procedures for IUCD and implant insertion, thinking they might be painful but their peers have been re-assuring them from their experience.
Conclusions / Recommendations

- For successful implementation of contraceptive method mix:
  - Information is key
  - Liaising with existing and functional family planning clinics is crucial
  - On going training sessions for staff are needed
  - Regular evaluations of activities is needed
  - Continued counseling very important
  - Good Participant Care is complementary
  - Good political will is very vital
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