

# Enhancing Contraceptive Method Mix: The Uganda experience

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# PRESENTATION OUTLINE

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



# INTRODUCTION

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- 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

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- 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

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- 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

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- 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

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- 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

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This is at three levels:

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





# Community/Screening

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- 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

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# Baseline at the Site Clinic

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- 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

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- 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

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- 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)

	Contraceptive Method				
	IUCD N (%)	COC's N (%)	DEPO N (%)	IMPLANTS N (%)	BTL N (%)
<b>Enrolment (205)</b>	57 (28.4)	9 (4.5)	93 (46.3)	37 (18.4)	5 (2.5)
<b>Follow up</b>	<b>77(39.9)</b>	<b>9 (4.7)</b>	<b>59 (30.6)</b>	<b>41 (21.2)</b>	<b>5 (2.6)</b>
<b>VOICE (322)</b>	<b>1%</b>	<b>36%</b>	<b>56%</b>	<b>5%</b>	<b>3%</b>
<b>SWITCHES</b>					
<b>Depo to IUCD</b>		<b>COC's to IUCD</b>		<b>Implants to IUCD</b>	
20		3		1	



# CHALLENGES

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- 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

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- For successful implementation of contraceptive method mix:
  - Information is key
  - Liaising with existing and functional f/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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