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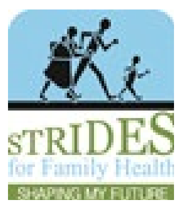


# Community-based Improvement Collaborative in Kamwenge and Kyenjojo Districts, Uganda

## **An Addendum to the technical brief:** *Uganda Improvement Collaborative: Integration of Family Planning into Maternal and Neonatal Health Programming*

## About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. Awarded in 2011, this project will continue until 2019. E2A is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

## About this Addendum

This is an addendum to the technical brief: *Uganda Improvement Collaborative: Integration of Family Planning into Maternal and Neonatal Health Programming*. The technical brief documents the Improvement Collaborative implemented by E2A and the STRIDES for Family Health Project in ten Ugandan districts prior to the community-based Improvement Collaborative described in this addendum.

**www.e2aproject.org**

## Background

Following the facility-based Improvement Collaborative (IC) in the 10 districts (see *Uganda Improvement Collaborative: Integration of Family Planning into Maternal and Neonatal Health Programming*) in February 2014, STRIDES invited E2A to assess family planning services in two new districts—Kamwenge and Kyenjojo. E2A discovered that although providers at the facilities were ready to offer a broad range of family planning services, demand for family planning was very low, especially for postpartum family planning (PPFP) services. In addition, despite the multiple Saving Mothers, Giving Life (SMGL)[1] community outreach interventions that had been conducted in the two districts focused on safe delivery, there were limited family planning outreach activities. However, family planning services offered in the past by Village Health Teams (VHTs)[2] were convenient and accessible to the community and were contributing to the increased uptake of family planning methods.

In response to the assessment, from September 2014 to January 2015, E2A and STRIDES, with assistance from Makerere University, introduced a community-level IC in Kamwenge and Kyenjojo.

## Community Improvement Collaborative

This IC formed community-based quality improvement teams, composed of community health volunteers from VHTs, facility-based providers, and district health officials, to generate demand for and increase uptake of PPFP services.

To launch the community IC, stakeholder meetings were held in each district with chief administrative officers, district health officers, assistant district health officers, other members of district health teams, and community leaders from parishes.[3] Two community quality improvement teams formed in each district, with three community health volunteers from VHTs on each of the four teams. Under Saving Mothers Giving Life, quality improvement interventions

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[1] Saving Mothers, Giving Life is a public-private partnership to dramatically reduce maternal and newborn mortality in sub-Saharan African countries. In Uganda, Saving Mothers, Giving Life is putting in place key interventions to improve maternal and newborn health across 10 districts.

[2] Village Health Teams are community volunteers who are selected by communities to provide accurate health information, mobilize communities and provide linkage to health services.

[3] Multiple villages comprise one parish.

with providers from facilities in the two districts and district officials had already been carried out. Two of those providers, a district health official in each district, and STRIDES staff mentored and supported the community quality improvement teams.

Community health volunteers and the health facility staff identified improvement objectives, and using quality improvement methods, developed indicators to track progress, proposed changes to community mobilization processes, and drafted work plans. A team leader was appointed on each of the four teams who was the point of contact with the facility-based mentor and held biweekly meetings with his or her team to share results and challenges and to report on progress toward work plan objectives.

Quality improvement interventions conducted by the teams that were recorded as having had a positive effect on community-based family planning service delivery included:

- Conducting counseling during immunization outreaches and at immunization clinics
- Improving data collection and reporting on both counseling and contraceptive uptake
- Conducting home visits to counsel women on family planning
- Conducting counseling during women's group meetings
- Appointing a person for monitoring contraceptive stocks
- Conducting counseling on Lactational Ammenorhea Method (LAM) with pregnant women and their partners during antenatal care
- Explaining all three criteria for practicing LAM to postnatal mothers[4]

Community health volunteers in Kamwenge and Kyenjojo were previously trained by an FHI 360 program to offer injectables and on Uganda's family planning community-based distribution guidelines. During the intervention period, the 12 community health volunteers involved in the community IC received additional trainings including:

- Maternal and newborn care key messages
- Refresher on family planning community-based distribution guidelines
- Introduction to the IC
- Merging quality improvement and family planning
- Indicators, data sources, reporting tools, and data use for quality improvement

## Results

During the five-month intervention period, 2,622 clients were counseled on family planning, and of those, 52% were in the extended postpartum period and eligible for PPFP. Of those women eligible for PPFP, 45% accepted LAM and 40% accepted Depo Provera, while 10% accepted condoms and 2% accepted pills.

"*….the VHTs are well informed now days….even when they do not have the pills or the injection they give you information of breast feeding as a means of family planning…..*"
– Family planning client

"*…..At first, at our facility, the clients were using a register which had one copy, it was difficult for the VHTs to get a feedback, but STRIDES helped them and gave them registers with three copies. We now retain their copy at the facility, they come and collect it - that is how they get their feedback. As the client comes with a referral form the VHT, they are given special attention….*"
–Facility-based health provider

To read more about the community-level effort, please read the full documentation report from the STRIDES for Family Health Project.

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[4] The three criteria are: menstrual bleeding has not returned; the baby is breastfed exclusively; and the baby is less than 6 months old.