



**Minnesota
International
Health Volunteers**

Uganda Family Planning Programs: Lessons from the Field

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Minnesota International Health Volunteers (MIHV), a U.S. private voluntary organization (PVO), implemented family planning activities in Ssembabule District, a rural southwestern district in Uganda, during the second phase of a U.S. Agency for International Development (USAID)-funded Child Survival Project (1993-2000). The MIHV project addressed family planning within the larger context of reproductive and maternal health using a multisectoral community/participatory approach. MIHV used a variety of strategies to educate women of reproductive age, adolescents, and sexually active men with the objective of increasing the use of modern contraceptives. Working with a variety of stakeholder including communities, district health units, local officials, community volunteers, and at times medical and nursing students, MIHV forged partnership and used *five principle strategies* to increase family planning use and to lower rates of infant, child, and maternal mortality and morbidity. MIHV:

- 1. Expanded service delivery** by enabling a range of providers (public sector, private sector, community volunteers, and medical/nursing students) to deliver family planning information, referrals, and services;
- 2. Educated and mobilized communities** to increase demand for, and use of, family planning services;
- 3. Built the capacity of health unit staff** to mobilize communities, supervise health workers, establish systems, and create realistic budgets and plans;
- 4. Collaborated with other PVOs, agencies, and stakeholders** to leverage resources and increase access to family planning services; and
- 5. Developed innovative information, education, and communication methods** to deliver family planning messages to low literate populations and assisted with material support such as bicycles and provision of handbags.

As a result, mothers' knowledge of modern family planning increased significantly. For MIHV, project interventions contributed to the following changes, as noted by Knowledge, Practice and Coverage (KPC) survey results between 1996 and 2000 for women of childbearing age with a child under 24 months, in Ssembabule District [sample size = 300]:

- Modern contraceptive use among women of reproductive age increased from 6% to 14%.
- Use of any family planning method more than doubled, from 10% to 22%.
- Contraceptive use among women who did not want a child in the next two years doubled, from 24% to 47%.
- Reported pregnancies decline by more than one-third (from 16% to 10%).
- The number of non-pregnant women wanting a child within the next two years fell by 9%.

- Condom use by male partners increased from 0% to 11%.

As a result of direct community-based involvement using an integrated approach, MIHV learned many important lessons. MIHV's lessons learned include:

- Project activities sparked positive social change, which in turn facilitated family planning uptake.
- The Catholic Church provided strong support for natural family planning methods.
- Natural family planning can offer an effective entry to other short-term and long-term family planning methods.
- There is a strong unmet demand for the female condom.
- Traditional Birth Attendants (TBAs) are an essential family planning resource.
- TBA performance in relation to family planning can be enhanced with strong support.
- TBAs can be trained to include family planning in postpartum care.
- Private outlets can be quickly mobilized to become major suppliers of condoms.
- Nursing and medical students can contribute to community health programs and to family planning activities in particular.
- Decentralization offers both opportunities and constraints for community-based public health programming.
- A comprehensive, integrated approach can improve individual child survival interventions.

The case study further explores MIHV's current experience in scaling up its model for community-based family planning programs. MIHV is replicating the model in two districts of Uganda (Ssembabule, Mubende) during its USAID Flexible Fund project (2006-2008). Early results and program monitoring indicate continue success of this model at the community level in improving couple years of protection, increased uptake of modern family planning methods, and greater awareness among communities about the benefits of family planning.

Ultimately, this study presents strategies, approaches, activities, and lessons learned as a learning model for other PVOs, government entities, and community members as they work to develop successful family planning projects in similar resource-poor environments.