Rapid Response Brief

July 2022

What can research evidence tell us about:

Increasing access to family planning health services in areas with limited access in the Kalungu district

Key messages

- Access to family planning services is a complex, interconnected intervention with the willingness of the people to utilize family planning services. Availability of these services does not entirely mean utilization.

- Addressing the attitudes and misconceptions and increasing knowledge on family planning has been proven to change the attitude of the potential people towards utilization of the service.

- Increasing access, however, will entail training healthcare workers (HCWs), integration of the community and healthcare workers in designing family planning programs, social franchising and use of vouchers, counselling couples, and integrating family planning into other health services.

Where did this Rapid Response come from?

This document was created in response to a specific question from a policymaker in Uganda in 2022.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES), at the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative.

+ Included:

- **Key findings** from research

- **Considerations about the relevance** of this research for health system decisions in Uganda

✗ Not included:

- Recommendations

- Detailed descriptions

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Short Summary

Background:

The unmet need for family planning in sub-Saharan Africa is high. Like in many African countries, Uganda's outstanding coverage of sexual reproductive health services to the communities is unsatisfactory. In Kalungu district, there is a limited presence of the public sectors; on the other hand, the private sectors have little capacity to deliver family planning health services to the district satisfactorily. We delved into the topic and sought evidence to increase access to FP health services to inform the decision to be made that will tackle the challenge of unmet needs in the Kalungu district.

Rapid Response Question:

How to increase access to family planning health services in areas with limited access in the Kalungu district.

Findings:

Increasing access to family planning health services

Health system interventions

- Training HCWs and service providers on contraceptive use
- Task shifting at the health facilities.
- Community and healthcare worker integration in planning for family planning services delivery
- Social franchising and vouchers
- Counselling couples
- Integrating Family Planning Services into other health-related services

Consumer targeted interventions

- Sensitisation about contraceptives in the community
- Male involvement in Family Planning interventions
- Targeted client communication via mobile devices
- School health education

Multi-pronged interventions

- Multi-level engagement: Engagement of state and non-state actors such as religious and cultural institutions
- Combination of interventions

Conclusion:

The evidence highlights that increased knowledge of family planning will increase the likelihood of a person using the service. Availability of family planning health services does not necessarily mean utilization. Increasing knowledge and strategizing on increasing access to family planning health services from the community perspective programs are expensive but produce positive feedback.

Background

Kalungu district is currently using the social franchising strategy to meet the unmet family planning needs of her people. This strategy heavily relies on the existence of healthcare facilities in an area, the existence of developing partners willing to cooperate with the public sector (district health team) to deliver the services and the willingness of the private health facilities to participate in the strategy.

How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here: www.evipnet.org/sure/rr/methods

Health facilities distribution in Kalungu district is not uniform, with a high concentration of health facilities in the urban areas as compared to the peri-urban and rural areas. Many of the people in the urban areas have adequate access to family planning services. In some peri-urban and rural areas of the district, access to family planning services was a challenge and this was solved through the social franchising strategy. In other regions of the district, due to challenges such as the limited number of health facilities in a region, social franchising has not been implemented and therefore still do have a family planning needs gap. This gap prompted a policy/ decision maker from Kalungu district to seek evidence on how to bridge the gap of family planning needs within the district in places where social franchising is lacking.

Rapid Response Question:

How can access to family planning services be increased in areas with limited access in Kalungu district?

Summary of findings

Multiple models and strategies have been used to provide family planning health services. In this summary, we shall highlight strategies to increase access to family planning health services.

Increasing access to family planning health services

Access to family planning goes beyond availing the family planning options but involves increasing knowledge about the available methods and their safety profiles and removing any barriers that hinder access to the services. In fact, the use of family planning is inherently related to having the correct knowledge and access to the available methods. The government of Uganda committed to increasing the annual allocation for family planning supplies to USD 5 million, up from USD 3.3 million, as well as improving accountability for procurement and distribution of

the supplies. To fulfill this commitment, the government laid down three key strategies: (1) Integration of family planning into other services, including partnerships with the private sector, (2) Support for an alternative distribution channel for the private sector and scale up of innovative approaches; and (3) Strengthening institutional capacity of the public and community-based service delivery points to increase choice of contraceptive methods and quality of care at all levels. Social franchises are the primary providers of family planning services in Uganda. Since they are not able to reach some parts of the community, it is important to explore alternative and innovative approaches that can be used to extend family planning services in Uganda and ensure a steady supply (ECSA-HC, 2011; AFP, 2022).

Table 1: Strategies to increase access to family planning health services.

Target level of intervention	Intervention	Details of the intervention	Impact
Health system-level interventions	Community-Based Distribution (CBD)	Community-Based Distribution (CBD) of Family Planning was described as the single most important family planning Innovation [1]. It involves the provision of non-clinical family planning services by community healthcare workers (CHWs) in their communities, although, in some models, clinical family services like the insertion of implants are involved [1]. So, CBD is the optimum way of reaching rural communities in developing countries where conventional methods of delivery are unavailable [2]. CHWs are easy to train, easily acceptable to the communities, and know how to speak local languages. The can ne trained to provide short and long-lasting contraception methods – this is acceptable to people in the communities. Policymakers can seek partnerships with Nongovernmental organizations (e.g. Save the Children and FHI 360) to provide training to the community health workers. It is important that they are motivated with incentives reached using the human-centered approach to ensure they are comfortable. Incentives might include cash allowances, bicycles, and clothing [3].	Studies from Sub-Saharan Africa and Asia show that CBD increases family planning and increases the use of planning in places with high unmet needs [4]. In Uganda, CBD was piloted in different districts, including Nakaseke, Nakasongola, Luwero, Busia, Bugiri, and Kanungu districts. CBD was well appreciated by the community, who were satisfied with the safety and quality of service the received from the CHWs. This success led to the adoption of the CBD by the MoH and was included in the Uganda National Family Planning Implementation plans of 2015-2020 and 2021- 2025 [5, 6].
	Training HCWs and service providers on contraceptive use	This involves training the entire health team, surgeons, nurses, receptionists, and others who might provide referrals on contraceptives' benefits, procedures, and side effects.	Studies from Guatemala, Ghana, and Jharkhand, India, describe their experience from a developed

		Systematically and cost-effectively, building the capacity of clinics and service providers is imperative through a cascade approach to training. [7]	systemic vasectomy introduction model for Ministry of Health hospitals and maternity clinics. This resulted in increased knowledge about the procedure, reduced misconceptions, improved counseling for potential clients, resulted in staff being more receptive to offering men's health services, a better understanding of male anatomy, and more comfort in talking to men about vasectomy[7].
	Task shifting at the health facilities	Task shifting or task sharing allows lay and mid-level healthcare professionals; such as nurses, midwives, clinical officers, and community health workers, to provide clinical tasks and procedures safely that would otherwise be restricted to higher-level cadres; within the context of task sharing, those with less medical or paramedical training are used to provide some of the same services, with the same quality, as those with more training than them. To compensate for the lack of care and access to family planning health services through the public sector, the concept of task sharing has been proposed [8].	Task sharing or shifting improved the value of care in rural communities by allowing limited medical personnel or mid-level providers to share tasks[8]. Task shifting also allows CHWs to provide a more comprehensive array of services that, in turn, may afford more technically skilled providers greater availability to offer more permanent methods to clients who have reached their desired family size[7]. This intervention addressed the shortage of health workers. A study

			shows a doubling in the contraceptive prevalence rate and promotion in access [9]. However, some of the barriers of this intervention include poor retention of lower cadre providers [9].
	Counseling couples	This can be done at the level of the couples or in a group. Group counseling provides a platform for increasing knowledge and acceptability of the interventions. [7]	This increased knowledge and acceptability of contraceptives among potential users[7].
	Community and healthcare worker integration in planning for family planning services delivery	This intervention requires the active involvement of the target population, i.e., HCWs and the community, in the decision-making, implementation, management, and evaluation of policies, programs, and services. It can be through; (1) establishing a group of individuals who link the community and health service (health committees) and (2) identifying existing community structures to optimize the use of health services[10]. This intervention involves strategies such as door-to-door services, group meetings, visits within the CHWs home, and the community depot supply area [11].	This strategy reported increased use, knowledge, and uptake of contraception. However, sustainable recruitment and retention of participants was a challenge. The intervention should target specific stakeholders as participants [10, 11]. Health Care Worker services increase the clients' privacy, and if connected with the health facilities, they can be sustainable [11].
	Integrating Family Planning Services into other health-related services	Family planning services are delivered with other health services, including immunization, postnatal care, etc. [12].	With the use of health extension workers (HEWs), this intervention led to more efficient service delivery. It reduced the burden on those seeking health care to increase access to health services overall[12].

	Population – Health – Environment strategy	Family planning services were integrated into the organization's pre-existing community-based conservation program (Blue Venture). This proved to be an effective way of delivering healthcare services to places further than the government would deliver[13].	Because of the initial networks and communications built by the initial program, there was trust among the community members of this organization's services, facilitating acceptability, uptake, and increasing access to the family planning services [13].
	Social franchising and vouchers	In this intervention, private practitioners collaborate with mid-level private providers to fill service delivery gaps by enhancing access to quality family planning. The use of vouchers involves them being redeemable for a specific service. These offer an opportunity to reach specific groups by removing financial barriers to service access [14].	Clients showed a positive attitude towards contraception because social franchises and the voucher approach were a source of information [14]. There was increased access, mainly because of the voucher approach [14].
Consumer targeted interventions	Sensitization about contraceptives in the community	Community-based and mass media communications. This intervention entails having information on contraception broadcasted over various media platforms to increase awareness among the population. Most persons reported having the source of information on contraception from parents, peers, and mass media such as radio and tv [7]. Community outreach in the community, schools, and churches that entails using posters, magazines, sporting events, and entertainment covered a wide range of sensitizations [15].	Increasing the knowledge of contraception methods in the population increases the likelihood of persons using the contraception methods and increases the demand for contraception. [7, 16]. However, as a single intervention, increasing knowledge has not proven to lead to behavioral change.

	Male involvement in Family Planning interventions	This intervention involves engaging men in reproductive health activities, such as health-related activities that involve education sessions, counseling, and referral systems for any queries [7].	Many potential persons to use family planning reported a high intention of using and discussing it with their partners [7].
	Targeted client communication via mobile devices	Targeted client communication is an intervention in which the health system sends information to particular people based on their health status or other factors specific to that population group. Common types of TCC are text messages that remind people to go to appointments or that oHer healthcare information and support [17]. TCC can be done for youths, the elderly, vulnerable populations, etc.	The evidence is of low certainty. However, this intervention increased sexual health knowledge, contraception use, and access [17].
	School health education	In this intervention, reproductive health education, including contraception, is added to the daily activities in the schools [15].	This intervention targeted mainly adolescents and young people. It promoted youth awareness and involvement in access and utilization of contraception [15].
Multi-pronged approach	Combination of interventions	Different interventions can be combined to improve access and uptake of family planning services. For example, in the "**Reversing the Stall in Fertility Decline in Western Kenya Project,"** the project combined family planning services delivery; strengthening of commodity chain delivery and forecasting; regular training of service providers to deliver high-quality services; monitoring and evaluation; school-based and out-of-school based sexuality education; and advocacy and stakeholder engagements at the community, county and national levels [18]	There remains a challenge to the institutionalization of such as interventions as the projects are heavily funded. Getting assimilated into government programs would be a challenge. [18]

	Multi-level engagement	Engagement of state and non-state actors such as religious and cultural institutions. [7]	It has been reported that increased religious and political support for family planning programming is fundamental to increased contraceptive uptake in a country [7].

Conclusion

Many strategies to reduce the unmet need for family planning health services have been stated above; the evidence majorly highlights that increased knowledge of family planning will increase the likelihood of a person using the service. Availability of the family planning health service does not necessarily mean utilization; besides, many misconceptions and poor attitudes are associated with family planning. Increasing knowledge and strategizing on increasing access to family planning health services from the community perspective programs are expensive but produce positive feedback. The idea of sustainability must be observed from a community context.

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What is a Rapid Response?

Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

What is ACRES?

ACRES – The Center for Rapid Evidence Synthesis (ACRES) is a center of excellence at Makerere University- in delivering timely evidence, building capacity and improving the understanding the effective, efficient and sustainable use of the rapid evidence syntheses for policy making in Africa. ACRES builds on and supports the Evidence-Informed Policy Network **(EVIPNet) in** Africa and the Regional East African Community Health **(REACH)** Policy Initiative (see back page). ACRES is funded by the Hewlett and Flora foundation. http://bit.do/eNQG6

ACRES' collaborators:

Regional East African Community Health Policy Initiative

EVIPnet

Glossary

of terms used in this report:

www.evipnet.org/sure/rr/glossary

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Conflicts of interest

None known.

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