

THE BIG READ

Outreach in the form of health worker visits can improve access to family planning services which help save and enhance the lives of women children and families in Uganda writes Catherine Mwesigwa Kizza

It was getting dark when we finally got to the brick three-room brick building at Ikanda Health Centre II in Buyende district on the shores of Lake Kyoga, in eastern Uganda. The medical team was clearing up to close for the day, but this had not deterred a group of women from waiting patiently for 'visitors from Kampala'.

"We wanted to receive you and ask you to pass on our appreciation for the services we have received. And to ask you to tell the Government to send health workers to our new facility," they said, almost in chorus.

They ululated and clapped when Dr Andrew Kirima, the cluster coordinator, eastern region for the Marie Stopes International Uganda (MSIU)'s Long Term Family Planning (LTFP) project came out to receive us.

Omusawo oyo atanzama biruziga, avii... -y! (Directly translated - we sleep on piles of the old mosquito nets, she added.

"We have 10 children, some of us 13. With such a number one cannot afford to buy engazi," another interjected. Engazi is a piece of cloth used to wrap or strap the baby on the back.

"Frequent pouring of blood (in relation to frequent childbirth) leads to poor health, it drains the life out of you," another woman explained.

Her remark made the women quiet for a moment. To break the uncomfortable silence, I asked: "How did you get to 10 children?" Again, the responses were in chorus. The women decried the long distance to Buyende District Hospital to get services and the fact that there were no commuter taxis in the area.

A return bodaboda ride to the hospital costs sh10,000, an amount most cannot afford, yet one would have to save the amount to go for a short term family planning services every so often.

Kanda is a typical remote Ugandan village. Nabrye describes it as *Eno tali bukoma nsi*, (meaning we are at the end of the world).

The women can, therefore, not take the small health facility, which was constructed two years ago for granted and the family planning outreach here is a big deal.

Irene Nabrye, who seemed to be the opinion leader of the group, added: "They wanted a number that will guarantee them at least two pieces of



Happy women at Ikanda Health Centre II in Buyende district. Busoga sub-region has an unmet need for family planning services of 36.5%

Outreaches bridging

meat. How do you spread out a kilo when you have 13 children?" she asked.

"They complain about the bedrooms reeking of urine from the many small children. Our children have no mattresses or beddings. They sleep on piles of the old mosquito nets," she added.

According to the 2016 Uganda Demographic Health Survey (UDHS) report, 19% of the currently married women use injectables, while only 6% use implants. Unmarried sexually active women also mostly use injectables (21%) and male condoms (14%).

The Modern Contraceptive Prevalence Rate (proportion of married women currently using a modern contraceptive method increased to 55% in 2016, from 26% in 2011).

Unmet need for family planning services of currently married women reduced from 34% to 28%, though the need was higher in rural areas, at 50%, compared to 23% in urban ones.

Busoga sub-region, where Ikanda Health Centre II is found, has an unmet need of 36.5% (UDHS 2016) above the rural average.

Uganda aims to reduce unmet need for family planning to 10% and increase Contraceptive Prevalence Rate to 50%, by 2020.

In partnership with the Ministry of Health, the US aid agency, USAID and UK's aid agency DFID, the LTFP project has contributed to the reduced Total Fertility Rate from 6.2 children per woman in 2011 to 5.4 (UDHS, 2016) and contributed to increased Contraceptive Prevalence Rate.

Long-acting family planning

19%
19% of the married women use injectables as the family planning method of their choice

500,000
The Marie Stopes International outreach project has optimised reach of many rural communities with unmet need of family planning, reaching more than half a million men and women since April 2015

Sh10,000
A return bodaboda ride to Buyende District Hospital from Ikanda costs sh10,000, an amount most people cannot afford

Marie Stopes to the rescue
At the first outreach at the end of March, only 10 women selected a long term birth control method. However, when the MSIU outreach team returned to the facility on June 26, three months later, there were over 70 women and some men waiting to learn about pregnancy prevention. By the end of the day, 26 women had voluntarily received a long-term family planning method of their choice.

methods are modern types of contraception that protect users against unintended pregnancy for several years. They include intrauterine devices (IUDs), implants and surgical methods, which include tubal ligation (female sterilisation) and vasectomy (male sterilisation).

The most popular contraceptive method for Ugandan women is the injectable, yet it provides protection for at most, three months.

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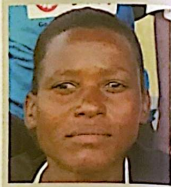
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VIEWS

Family planning services needed



Irene Nabrye, resident of Ikanda in Buyende district
The men want a small number of children that will guarantee them at least two pieces of meat. How does one spread out a kilo when you have 13 children



Monica Mwogeza, resident of Ikanda in Buyende district
Look at me, I have over 10 children, but there is nothing left of me. Even if my husband thrum me to the wild animals to eat me, they would not



Dr Caroline Kigongo stands outside Kyampisi Health Centre II with a client who had come to receive family planning services



Kirima (standing-right) with the family planning outreach team and some clients at Ikanda Health Centre II. Mwogeza (front-left) and Nabrye (front-right). Photos by Catherine Mwesigwa Kizza

gaps in family planning services

4,365
The number Village Health Team volunteers for door-to-door mobilisation

MSIU reaches communities with free voluntary family planning (FP) services and contraceptive methods, including long-acting and permanent methods of contraception.

The project has contributed to Uganda's 2015-2020 Family Planning Costed Implementation Plan, drawn in response to the FP2020 presidential commitment made at the 2012 London Summit.

Since the Summit, 36 countries, donor agencies have made commitments to address policy, the world's most cultural barriers to the world's most vulnerable women's access to family planning information, contraceptive services, supplies and commodities. The goal was to reach 120 million more vulnerable women in 69 of the poorest countries with family planning services by 2020.

In five years, 30 million more vulnerable women in the focus countries have started using modern family planning methods.

The change
In the meantime, the information provided by VHSTs and peer educators is beginning to yield fruits and, as a result, barriers are slowly beginning to break down.

At Ikanda, the church catechist who would have been the major obstacle to the outreach, instead starts it off with an opening prayer. On the day of our visit, he had been there all morning observing what was happening. Though we did not get to meet him, Sada, Kategere, a peer supervisor on

VIEW

We have children we can look after



Sada Kategere, peer supervisor, Buyende district
Before, we used to get children to fulfil scripture. Now we can reason. For example, concerning the number of wives, the Koran instructs us to marry those we can manage though it allows up to four wives. How about getting the number of children you can manage?

the project in Buyende district who said he is a Muslim, husband with one wife and father of four children, said the strongest resistance to family planning in the area had been among the Muslims.

"It is us, Muslims who, used to talk badly about family planning, but we have been sensitised about it," Kategere said.

"Before, we used to get children just to fulfil the scriptures. Now we can reason. For example, concerning the number of wives, the Koran instructs us to marry those we can manage, though it allows up to four wives. How about getting the number of children you can manage?" he questioned.

He observed that Muslims in his region had been left behind in education because parents could not afford to educate their

many children. As a result, there were only a few Muslims who could qualify for jobs in the district.

Kategere uses this information to educate the communities ahead of an outreach and his team refers those who need the services to the health facilities. That's every four of all clients served have learnt of the family planning services from the awareness-raising activities.

"The project has optimised reach of many rural communities with unmet need of family planning, reaching more than half a million men and women since April 2015," Dr Peter Dlungu, the MSIU chief of party, said.

The clients were provided with 1,400,000 couple years of protection (CYP). CYP is the estimate protection contraceptives provide to clients based on the volume of all contraceptives sold or distributed in a year.

Dlungu explains that the project has uniquely applied targeted marketing of family planning in communities using a multimedia approach.

"We have worked with a network of 4,365 Village Health Team volunteers for door-to-door mobilisation, held radio discussions and community dialogues to demystify myths and reframe the conversation about family planning," he said.

At the outreaches, clients also get other services, such as cervical cancer and HIV screening, as well as condom distribution.

There are also small incentives for exemplary women. This time round, the women at Ikanda got - a *lesu* (a cotton wrapper) each, inscribed with family planning messages.

This sparked off another bout of ululation, song and dance. It is the darkness that sent them away, their song fading into the night. As our car headlamps lit the dark village paths on our way out, I could not help but dream of the many new possibilities for these women who now had one thing less to worry about. Surely, the day would soon break and they would get children only by choice, not by chance.

What Marie Stopes Uganda does

Ikanda women are the typical clients an Marie Stopes Uganda international outreach would serve. Sixty per cent of the outreach clients have no education at all or at most have only primary education. One out of every four MSIU's outreach clients live on less than \$1.25 (sh4,500) per day.

Almost 80% of all outreach activities take place at rural Health Centre II or Health Centre III facilities. The organisation has 35 outreach teams, 27 of which use cars and eight use tuktuks. They also have eight mobile vans for mobilisation. Each of MSIU's 27 mobile outreach teams visit a public health facility every work day, conducting 567 outreaches in a month across the country's 114 districts.

"You can spend 700,000 to hire a boat to get to an island community and after all the effort, only 15 clients take the service or you could drive to Karamoja and only four clients take a service," Richard Kintu, the MSIU head of communications, said in illustration of what it takes to reach the vulnerable women.

"It is expensive, but worth it to know that at least a difference has been made in the lives of those few women."

Each team has a doctor, midwife, counsellor and a driver. They work with the health workers in the facilities.

A typical outreach is a synergistic effort of the two Village Health Team members attached to each health facility and four to five peer educators who sensitise the communities for a week about the benefits of family planning and mobilise them to attend the outreach.

Mobilisation involves door-to-door visits as well as use of mobile vans with megaphones to make announcements through the villages. At times, the team conducts community dialogues ahead of an outreach to discuss family planning.

Dr Caroline Kigongo, a team leader of the Mukono, Bukwe, Kayunga cluster, observes that even then, they only fully reach those clients who come to the facility. "There are still many myths about family planning in the communities. Some health workers still pass on wrong information," she said, adding, "We need the Government to come in and support information provision."