



Partnering with the Ugandan government to expand contraceptive choice

Key learnings

Since 2015, MSI Uganda has been working in partnership with the Ugandan government to build government capacity in delivering comprehensive sexual and reproductive health services and expand choice for clients. Starting in 2015 with the Dedicated Service Provider model, in 2019 we evolved our approach to a public sector strengthening model focused on supporting the government with clinical trainings, quality assurance, streamlining supply chain operations, and improving data accuracy. Since 2018, client reach has grown by over 200% with more than 400,000 clients served in 2021. Clients are now able to choose the contraceptive method best suited for them, with 85% opting for a long-acting reversible contraceptive from an expanded method mix. Fostering a positive and trusted relationship with the government has facilitated sustainable impact.

The challenge

National ownership of quality services

For most people, the closest and most affordable provider of sexual and reproductive health services, including contraception and abortion, is a public facility. It's essential that these sites can deliver quality, accessible, rights-based reproductive health services so that everyone can access the contraceptive method that is right for them. In Uganda, among women who are using contraception, 59% accessed their service from a public sector facility, and 60% accessed a short-term method. Due to training and commodity supply issues, often only short-term methods are offered at public sector facilities, limiting choice for clients.

What we did

Partnering with government to expand access and choice

MSI Uganda started their partnership with the government in 2015 with the Dedicated Service Provider model. Providers were embedded in government facilities, providing services and on-the-job mentorship to public sector providers. This model ended in 2018 as it was not proving to be effective at promoting national ownership of reproductive healthcare, as MSI Uganda providers were seen as an 'extra pair of hands' at sites. MSI Uganda changed their approach to focus on stakeholder engagement to build more support from the government. Existing skills gaps and challenges were identified to design a programme that aligned with the needs of the government and Memorandums of Understanding were put in place for accountability.



What we did (continued)

Activities are aligned with government and facility needs to strengthen health systems through:

On-the-job clinical training and capacity building focused on increasing availability of long-acting reversible contraception and cascaded through the health system via ‘training of trainer’ sessions.

Clinical quality assurance carried out via monthly or quarterly supportive supervision visits between MSI Uganda and government district trainers.

Supply chain supported through the ‘One Facility One Warehouse’ initiative, which has streamlined commodity distribution from a single national warehouse. Facilities and district offices have been trained in stock management software, quantification, forecasting and ordering commodities.

Data verification to facilitate evidence-based decision making via data quality trackers and regular spot checks between primary data sources and health management information system summaries. Data is shared and action plans developed during review meetings.

Demand generation activities leverage existing government structures through Village Health Teams who are supported with integrating messaging.

What we found

Increased access and choice in quality contraception

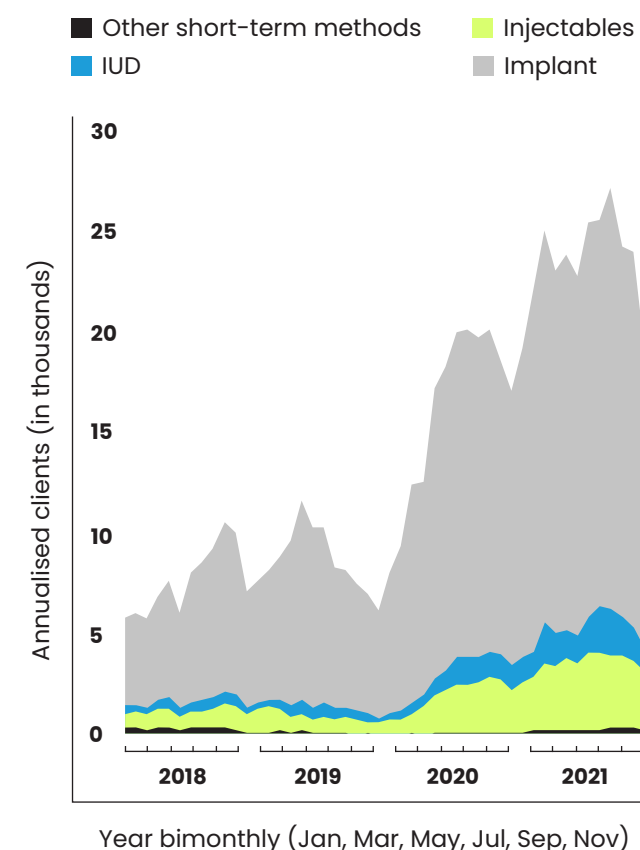
The reach of MSI Uganda’s government support has more than doubled from 222 facilities in 2018 to over 500 facilities across 95 districts in 2021, as a growing number of district teams seek support. In 2021, over 400,000 women and girls received a service from a facility supported by MSI Uganda. Trainings have bolstered provider competency and confidence as well as community and client trust, which has contributed to a 35% increase in the number of women and girls accessing contraception services every month, from an average of 53 clients per facility per month in 2018 to 72 per facility per month in 2021.

Crucially, trainings have led to increased choice for clients with 84% receiving comprehensive contraceptive counselling and more than two out of three opting for a long-acting reversible method from the expanded choice available. In addition, over 80% of clients came from communities underserved by the health system. By partnering with the government, MSI Uganda has increased adolescent awareness of services, resulting in 17% of client visits coming from adolescents – exceeding the national benchmark of 10%.

Growth in access and uptake has been coupled with improvements in efficiency. Government facilities achieve economies of scale as more women and girls take up services, and costs reduce over time as direct facility support reduces. Efficiency gains have also been driven by investment in supervisors and increasing government ownership on commodities.

Access, equity and quality remain at a similar level as sites move through the pathway to national ownership for sustainable impact. Impact is supported through wider health systems strengthening, and MSI Uganda will continue their partnership with the government to increase independent stock management by districts and facilitate continued sharing of data and insights.

Method Mix (Annualised clients per method)



“These trainings have helped us improve our services and the quality we offer our clients. We can now counsel on and provide any method confidently and clients are able to select any family planning method they want.”

Government Provider, Bunyangabo



What this means

MSI Uganda's experience shows how creating a positive, trusted relationship with the government helps to increase ownership in delivering sexual and reproductive health services. Through different iterations of the model, key lessons have been learned:

Create ownership from the start

Engage stakeholders from all levels to ensure buy-in and that roles and responsibilities are clearly defined. This should be supported with regular communication and MoUs.

Jointly select sites with the government

Develop site selection criteria with the government to ensure sites are selected where there is the greatest need and ensure providers are willing and able to be mentored.

Ensure activities are aligned to government needs

Carry out facility needs assessments with the government and plan and coordinate all activities with the Ministry of Health, district officials and providers at public sites.

Continuous monitoring of a wider set of indicators

Regularly review data (client visits, method mix, equity, quality and client satisfaction) with the government to identify what is working and where improvement is needed. Use existing government data systems where possible.

Supporting wider health systems strengthening promotes sustainable impact

Service delivery is one element; supporting supplies and logistics, data systems, demand generation and creating a supportive policy environment are all essential to building sustainable, equitable access nationally.

More information

For more information on MSI Reproductive Choices and the work that we do, please contact:

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