

# Policy Guidelines and Service Delivery Standards for Community Based Provision of Injectable Contraception in Uganda

*Addendum to Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health*



December 2010

## Addendum to Section 3.8: Family Planning Service Standards

### Preface

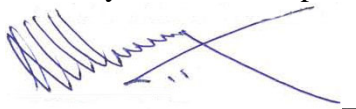
Providing high-quality reproductive health services requires sound, evidence-based knowledge and clinical practices. Consequently, there is a need to review and to update guidelines and manuals to ensure that service providers are informed of these developments. Since the 2006 publication of Uganda's *National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights*, new evidence and a growing international consensus supports the provision of injectable contraceptives (e.g. Depot-Medroxyprogesterone Acetate (DMPA) and Noristerat) by community health workers. As a result, the Ministry of Health in Uganda has approved community health worker provision of injectable contraception.

Over 50% of contraceptive users in Uganda prefer injectable contraception over other methods. Therefore, utilizing Village Health Teams and other community health workers to provide this service has the potential to increase access to family planning, reduce the total fertility rate, and improve method mix and choice at the community level. Village Health Teams are the primary health care providers in the community; they reside and work with the community and are known to community members.

Integrating injectable contraceptives in the existing services offered by Village Health Teams trained in the practice has the potential to increase the uptake of an effective and highly acceptable family planning method. This initiative will help to reduce the workload of overworked health professionals and short staffed health systems.

Implementing these new international guidelines at the national level will also improve quality of care and greatly reduce barriers for those seeking contraception. Consequently, the Ministry of Health recently reviewed Uganda's 2006 policy guidelines and developed this addendum to replace Section 3.8.2 (pages 21-22): *Service Delivery Outlets*.

Providers, managers, program implementers, and supervisors are requested to refer to this addendum when counselling, referring and serving clients and are welcome to contact the Ministry of Health, Reproductive Health Division with questions.



**Dr. Nathan Kenya Mugisha**  
**Ag. Director General Health Services**  
**Ministry of Health**

## What is new in this addendum?

There are significant changes in this addendum, compared to the original Section 3.8 of the *National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights* published in 2006. The changes in this addendum are the result of new evidence and evolving consensus on the safety, feasibility, and efficacy of the provision of injectable contraception by trained community health workers. As such, providers, managers, program implementers, and supervisors should review this addendum carefully to be fully informed about this new cadre of provider that can safely provide injectable contraception services.

## Service Delivery Outlets

In line with the health policy of the MOH, services will continue to be provided through government, non-governmental, and private sector facilities, units, and outlets. The following being the recognized outlets of FP service provision:

- Facility based outlets such as hospitals, health centers and dispensaries
- Outreach services including mobile clinics and camps
- Community-based outlets e.g. drug shops, dispensing machines, and village health teams
- Social marketing
- Private sector facility such as clinics, maternity and nursing homes, pharmacies and drug retail shops

**Table 1: Family Planning Service Provision by Cadre of staff**

Type of Service	Health promoters and social marketing agents	Village Health Teams	Nursing Assistants	Nurse	Midwife	Clinical Officer	Doctor
Counselling		✓	✓	✓	✓	✓	✓
Home visits		✓	✓	✓	✓	✓	
Health Education talks	✓	✓	✓	✓	✓	✓	✓
Print media messages				✓	✓	✓	✓
Electronic media messages	✓			✓	✓	✓	✓
Combined Oral contraceptives		✓	✓	✓	✓	✓	✓
Progesterone only Pill		✓	✓	✓	✓	✓	✓
Condoms	✓	✓	✓	✓	✓	✓	✓
Depo provera inj.		✓ <sup>‡</sup>	✓ <sup>‡</sup>	✓	✓	✓	✓
Noristerat inj				✓	✓	✓	✓
Intra uterine Device				✓	✓	✓	✓
Foam tablets <sup>‡</sup>		✓	✓	✓	✓	✓	✓
Creams/ jellies <sup>‡</sup>		✓	✓	✓	✓	✓	✓
Bilateral tubal ligation				✓ <sup>‡</sup>	✓ <sup>‡</sup>	✓	✓
Vasectomy				✓ <sup>‡</sup>	✓ <sup>‡</sup>	✓	✓
Implant insertion and removal				✓	✓	✓	✓
Emergency contraception		✓	✓	✓	✓	✓	✓
Periodic abstinence methods		✓	✓	✓	✓	✓	✓
LAM		✓	✓	✓	✓	✓	✓
Supervision of lower cadres				✓	✓	✓	✓

## Injectable Contraceptives - Depot-Medroxyprogesterone Acetate (DMPA)

### Who can provide injectable contraceptives?

- Doctors
- Clinical Officers
- Midwives
- Nurses and nursing assistants VHTs and other Community-Health Workers trained to provide injectable contraceptives

<sup>‡</sup> will require special training and close supervision

<sup>‡</sup> pending evidence on non oxynol 9

## POLICY GOAL AND OBJECTIVES

### Goal

To improve the uptake and continuation of contraception in areas with limited access to facility-based family planning services, thereby promoting method mix and choice at the community level, while ensuring quality and safety.

### Objectives

- Promote method mix and choice at the community level.
- Increase access to injectable contraceptives in the community.
- Equip Village Health Teams and other community health workers with knowledge and skills to safely provide injectable contraceptives to women of reproductive age.
- Monitor uptake of injectable contraceptives and resource utilization.

To achieve the above objectives, this document outlines the core areas, guiding principles and guidelines for managers in the public sector and NGOs, who will work with and support community health workers to provide injectable contraceptives at community level. It is not adequate to only increase access by communities but to ensure safety and quality, hence the importance of these guidelines.

## CORE AREAS AND GUIDELINES

### 1. Training

Capacity of Village Health Teams with the required knowledge, skills and attitudes to advocate for and provide quality injectable contraceptive services at community level will be built.

Training is a critical requirement in ensuring the delivery of quality injectable contraceptive services at community level thereby addressing some of the issues that affect the uptake of this contraceptive; such as limited access to the preferred method by many women in Uganda.

### Guidelines

- Village Health Teams should be equipped with counselling skills for injectable contraceptives.
- Village Health Teams can be trained in the provision of injectable contraceptives.
- Only family planning trainers approved by the MoH should train Village Health Teams in injectable contraceptives.
- The District Health Office will be responsible to organize and train Village Health Teams at district level in collaboration with implementing partners.

- The District Health Office with the support of partners will organize and manage refresher ~~trainings for Village Health Teams structure and updates when necessary~~

## 2. Service Delivery

Injectable contraceptive services should be client friendly, free of charge in accordance with MoH policy, safe, easily accepted and utilized by the community. Implementing partners shall promote, advocate use of and ensure availability of injectable contraceptives in the community as part of a wider method mix that includes oral contraceptives, condoms, referral for LTPMs and counselling on natural methods (e.g. LAM).

### Guidelines

- VHTs will be attached to a health facility for training, supplies, ongoing supervision and reporting of service data.
- The officer in charge of the health facility will be responsible for ensuring availability of injectable contraceptives and related supplies at the community level.
- Implementing partners will identify, empower and utilize existing community groups to create demand for injectable contraceptives (e.g. women and youth groups, male gathering and religious groups).
- VHTs and other community health workers will provide injectable contraceptive services free of charge in accordance with MoH policy.
- VHTs will be supported by DHOs and implementing partners to emphasize the importance of confidentiality in all provider-client interactions; documentation and record keeping.
- Program implementers will ensure safe provision of the injectable contraceptives by emphasizing sterility; safety of the VHT and the client; use of the checklist in screening eligible clients and referral to skilled health provider as necessary.
- Advise and agree on the places where all family planning services should be provided e.g. local clinics, outposts, Village Health Teams' homes and/or door-to-door.
- DHOs, implementing partners and VHTs will develop strategic and sustainable partnerships with community, religious and other influential leaders.
- Rational selection of VHTs to provide injectable contraception, along pre-approved criteria will be the responsibility of DHOs and their implementing partners.

## 3. Monitoring and Supervision

Effective monitoring and supervision are important components in the provision of sustainable quality injectable contraceptive services at community level. Monitoring and supervision of injectable contraceptive service delivery shall be strengthened within the existing systems.

### Guidelines

All district health offices and their implementing partners will:

- Reinforce the use of national monitoring and supervisory tools by all supervisors at district and community levels.
- Reinforce monitoring of uptake of injectable contraceptives using the national HMIS forms.

*Addendum to Section 3.8.*

*Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights*

- Ensure correct, consistent and complete documentation, record keeping and reporting of injectable contraceptives data in the national register and tally sheets.
- Conduct supportive supervision of Village Health Teams providing injectable contraceptives using an integrated checklist.
- Facilitate and encourage supervision feedback on the performance of Village Health Teams; monthly at community level and quarterly at district level.
- Develop and implement on job training activities during supervisory visits.
- Facilitate assessment of the injectable contraceptive services every six months to evaluate progress.

## 4. Quality Assurance

Quality assurance is an inbuilt system for setting and monitoring the implementation of standards and practices of injectable contraceptive service delivery. It should ensure safety of the client, service providers and the community. Injectable contraceptive services at the community level will be integrated in the Quality Management Plan to ensure quality service delivery.

### Guidelines

- Quality improvement activities should include injectable contraceptive service delivery at community level with focus on competence of the provider, management of resources, documentation and record keeping.

The District Health Office with the support of implementing partners will:

- Ensure timely ordering, proper handling and storage of injectable contraceptives and supplies.
- Support Village Health Teams to uphold infection prevention standards and practices with emphasis on sterility, sharps and waste management.
- Ensure continuous supply of infection prevention supplies for Village Health Teams providing injectable contraceptive services in the community.
- Uphold national standard guidelines on waste disposal in relation to injectable contraceptive service provision.
- Support Village Health Teams to easily access PEP services when needed.
- Reinforce national standards for disposing expired injectable contraceptives and medical waste.

## 5. Quality of Care

The performance of Village Health Teams is central to the delivery of quality injectable contraceptive services; promotes professionalism and attract and retain clientele. The clinical performance should ensure clients' safety at all times. The quality of care for family planning services is based on the following six essential elements: (1) method choice; (2) information giving; (3) providers technical competence; (4) interpersonal relations between providers and

clients; (5) follow up and continuity mechanisms; and (5) constellation of services. The guidelines are as follows:

### Guidelines

- Uphold informed choice on injectable contraceptives.
- Provide comprehensive information on all contraceptive methods available to enable clients to make informed choices.
- Reinforce use of client screening check list before initiating clients on injectable contraceptives.
- Reinforce review (routine examination/assessment) of the client by professional provider at regular interval even when there are no life threatening signs and symptoms.
- Reinforce interpersonal relations between Village Health Teams and clients to enhance respect, privacy and consideration of shortening the waiting time, promoting compliance and access; hence increasing demand.
- Institute a continuous system for counselling, follow up of clients, compliance and support as needed.

## 6. Logistics Management

A sound logistics system ensures the smooth distribution of contraceptive commodities and other supplies so that each service delivery point has sufficient stock to meet clients' needs. This includes injectable contraceptives and supplies that will be administered and used at community level. Implementers should institute a well-run logistics system, which will ensure that all supplies are in good condition, timely and costs are controlled by eliminating overstocks, spoilage, pilferage and other kinds of waste.

### Guidelines

District Health Offices will:

- Co-ordinate an effective and efficient logistics management system down to community level with correct, complete and consistent documentation.
- Ensure that Village Health Teams collect injectable contraceptives and required supplies from the Health centre.
- Health centres should place contraceptive orders taking into account increased needs from the community.
- Enforce proper record keeping and maintenance of national registers and tally sheets to prevent overstocking and pilferage that might lead to wastage and stock outs.
- Maintain an effective acquisition, transportation, and storage system of injectable contraceptives and supplies at the community level.
- Ensure timely delivery of all contraceptive commodities and other supplies when and where they are needed and in good condition.
- Ensure that Village Health Teams have and use sharps containers at all times and have safe means of transporting these to health facilities for disposal.



- Ensure that Village Health Teams providing injectable contraceptive services have the MoH recommended minimum package for CBD services, including: Lockable contraceptive storage box, waterproof carrier bags, calendars, registers, and tally sheets, contraceptives and sharps disposal container.