

Title : UNFPA Comprehensive Family Planning/Sexual and Reproductive Health and Rights Surgical Camps Model

BACKGROUND

In Uganda the health system is built mainly around curative services and it is mostly concentrated in urban areas.

Few people have access to a health facility, and where they have access, family planning, especially long term and permanent methods is not available to the vast majority who live in rural /or hard-to-reach areas.

Unmet need for family planning in Uganda is still huge- 34%. Many women of reproductive age would like either to delay birth, or stop childbearing or space the birth of their next child, but cannot do so because they have no access to family planning services.

The situation is compounded by the fact that many providers do not have adequate skills to offer a broad variety of family planning methods at the different government health facilities.

Additionally, many members of the local communities at the grassroots- the poor and marginalized- experience the highest burden regarding inadequate or poor access to reproductive health services especially family planning.

in pursuit to access reproductive health services such face significant challenges (distance, lack of information and knowledge, education, stigma, unavailable contraceptives, etc.

They do not know where or when the services are available.

PROGRAMME INTERVATION

RHU recognises the need to priorities SRHR services at all levels because access to those services minimises the number of unplanned/unwanted pregnancies, improves the health of the mother, thus improve/increase her work-related outputs. Consequently, Reproductive Health Uganda realised that in order to address this problem, it was important to take family planning services beyond the clinic and out to the community- through the **Comprehensive FP/SRHR Surgical Camps Model**, to provide integrated SRHR services with a greater emphasis on the **Four pronged approach that involves:**

- Community mobilization
- Partnerships with the local government
- Capacity building of health workers
- integrated service delivery

METHODOLOGY

Camp model

With support from IPPF and from partners such as UNFPA RHU embraced the innovative approach. It is through these camps that thousands of hard-to-reach people access especially long term and permanent FP. The exercise brings together expertise of medical personnel, camp in a particular area for about a week to provide communities FP/SRHR service.

Partnership

After discussions with the district health leadership, mapping of the health facilities to be used is agreed upon by the district leadership and the RHU technical and management team. RHU uses the public health infrastructure- staff and facilities. The health facilities also follow up on the clients who may need further follow up after the first visit.

Community mobilisation

Community mobilisation is done by Village Health Teams (VHTs). Radio announcements a few days prior to the camp are aired in the local language to ensure that the population in a particular catchments area is aware of the services on offer and the date(s) and places of implementation. In some instances the political leadership is involved in mobilisation.

Integration

In order to prevent unintended pregnancy, HIV/AIDS and other STIs, and to prevent maternal deaths.

Capacity building

The health centre staff will receive on job training

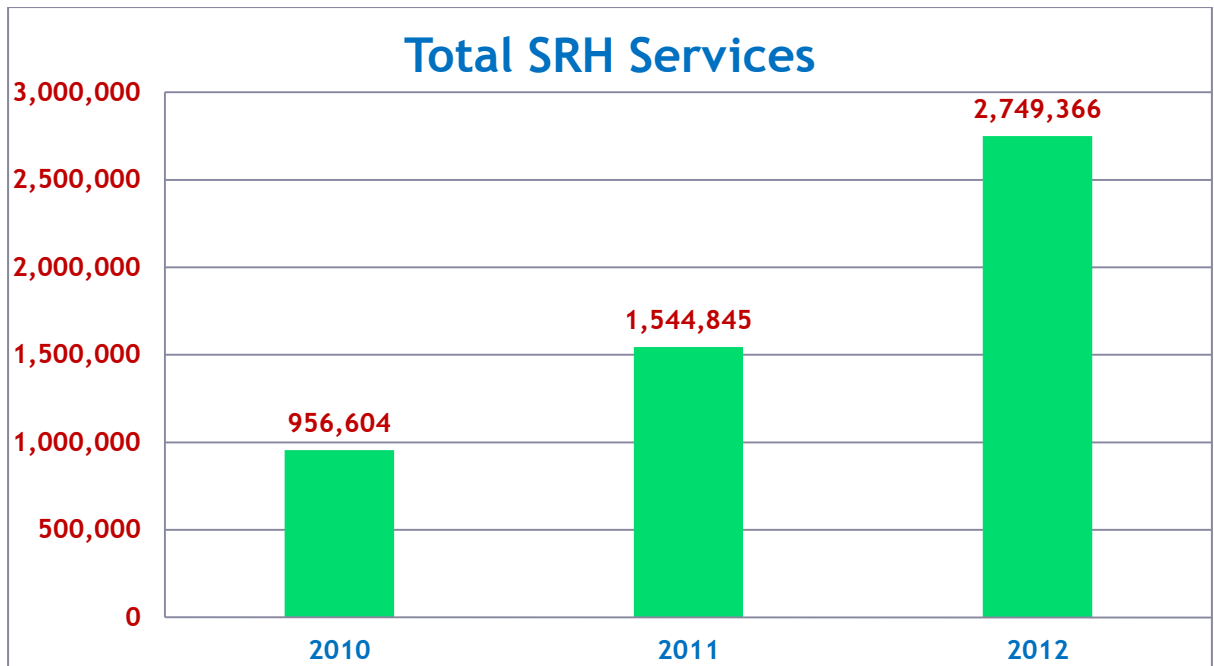
KEY FINDINGS

Through the surgical camps alone, RHU has witnessed significant increase in the provision of long-acting and permanent methods.

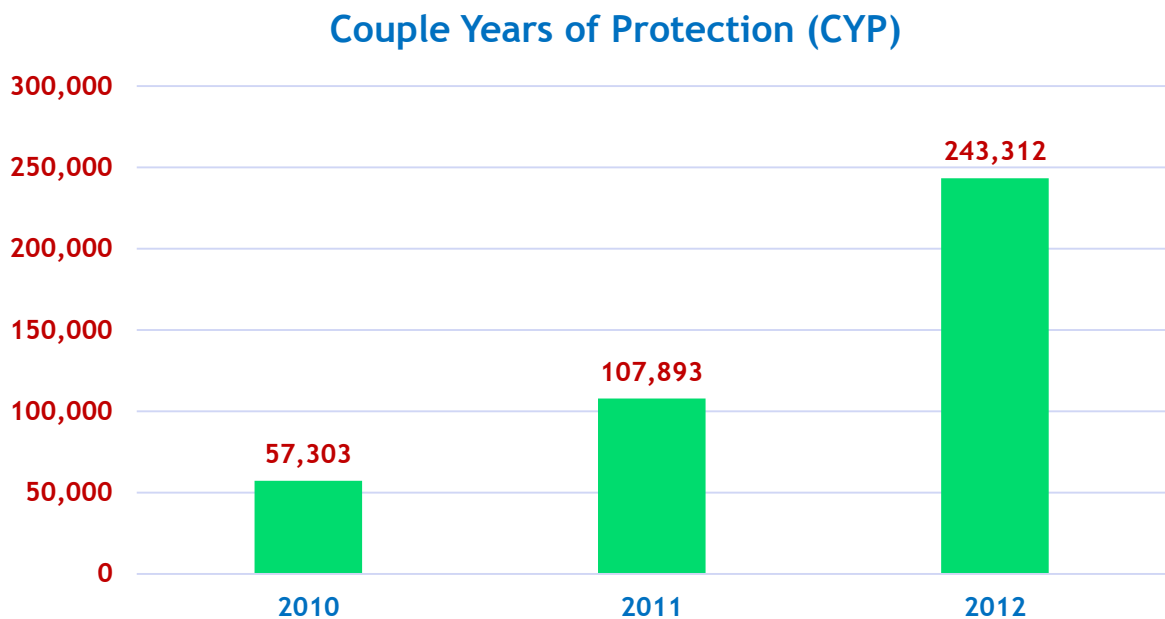
Over the years there has been an increase in Couple Years of Protection (CYP) by more than 400% between 2010 and 2012.

In addition, there has been significant increase in the volume of integrated SRHR services, an increase of three fold between 2010 and 2012- (as indicated in the tables next slide.)

Total SRH Services



Couple year protection



High demand of services

The turn-up for the long-term family planning methods particularly three-year and five year implants is quite high.

The main reasons for opting for long term and permanent methods are either because the clients cannot afford to cater for more children or are concerned about their health.

In addition, these methods are convenient and cost effective to the clients.

Most of them forget to come for the next injections while those using pills may fail to take them on a regular basis.

Capacity building

Apart from providing FP methods, the surgical camp model offers the innovation of an in-built sustainability mechanism. During the camps,

RHU staff work alongside and train government service providers in selected hospitals and health centres who benefit from

RHU staff's wealth of expertise in provision of family planning services. The camps therefore serve as training grounds to build the capacity of government service providers and ensure that the skills remain within the system even after RHU.

PROGRAMME IMPLICATIONS

Comprehensive FP/SRHR surgical camps are appropriate for rural Uganda because they are acceptable as they involve the community in the implementation of the programmes.

They are also cost effective because they do not require a huge medical set up. Such an outreach programme has also helped to reduce the gap between the contraceptive prevalence in urban and rural areas in different parts of the country.

For the programme to succeed, it needs support and involvement from the community. Community leaders and actors such as VHT members play an important role in influencing the attitudes of their fellow residents.

The camps also illustrate the partnership between government and the private sector in the form of NGO to improve provision of health services.

As with any approach, there are challenges encountered in conducting comprehensive FP/SRHR camps.

The biggest challenge is the usually **overwhelming numbers of clients to be served**. The community response is always overwhelms the service providers.

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This approach has proven to be more effective in recruiting of family planning and other sexual reproductive services and Has attracted many International Parent Parenthood Federation (IPPF) member associations like Nigeria, Kenya, Tanzania, Swaziland Malawi and Ethiopia.