

**GOMBA DISTRICT LOCAL
GOVERNMENT**

PRESENTATION

BY

**KAHUNZIRE CHRISTINE
ADHO-MCH
DISTRICT FAMILY
PLANNING FOCAL PERSON**



INTRODUCTION

Gomba District was created in 2010 carved out of Mpigi District.

The district has 7 sub-counties and 2 town councils, 49 parishes and 284 villages with a total population of **190,027** and **43,706** (23%) women of childbearing age.

It has 21 health facilities (HF) comprising of 1 HCIV, 9 HCIII's, and 11 HCII's. Of these, 17 are government owned and 2 are Private not for Profit (PNFP) and 2 Private for Profit (PFPs) facilities.

Where as, the Government of Uganda commits to increase the modern contraceptive prevalence rate (mCPR) for all women from 30.4% in 2020 to **39.6%** by 2025 ,In Gomba mCPR is at **38.56%** in **2023** from **33.25%** in **2022**

IPS IN THE DISTRICT

Rakai Health Sciences Project –
Focusing on HIV services

Uganda Cares- HIV support in 2 facilities

Mariestoppes Uganda- Focusing on
Family planning outreaches

Reproductive Health Uganda-
Supporting FP in only 2 Facilities

PACE- supporting VHTs in Integrated
Community Case Management-malaria

USAID/FPA- Supporting Family planning
/Reproductive Health

USAID –FAMILY PLANNING ACTIVITY - March 2020- March 2025

GOAL

To increase adoption of positive reproductive health (RH) behaviors among Ugandan women, men, and young people as well as to contribute to long-term shifts in Uganda’s modern contraceptive prevalence rate (mCPR) and fertility rate by 2025 in 11 focus districts



INTERMEDIATE RESULTS

Result 1. Ugandan leadership and coordination strengthened to support voluntary FP

Result 2. Positive social norms and behaviors enhanced to improve HTSP; and

Result 3. Access to quality, voluntary FP increased.

USAID FPA SUPPORT

Training of Trainers in provision of long-acting reversible contraceptive methods (LARCs)

- USAID FPA 5 health workers on provision of Long-Acting Reversible Contraceptive methods (Implants and IUDs) insertions and removal and equipped the health workers with skills and knowledge about counseling, insertion, removals, and side effects management regarding FP.

Supported TOTs to carry out integrated mentorships of health workers in other facilities.

- FPA has since supported the TOTs/Mentors to continue providing quarterly mentorships activities to health workers at all the HF in the district.

FP supportive supervision

- Routine support supervision visits to facilities to follow up on actions planned during the mentorships activities and to ensure there is continuous service provision at the facilities.

Beyond Bias Strategy

Trained 24 HWs from 14 facilities in the Beyond Bias Model, a strategy to provide health workers with skills in provision of unbiased sexual reproductive health services to adolescents and young people.

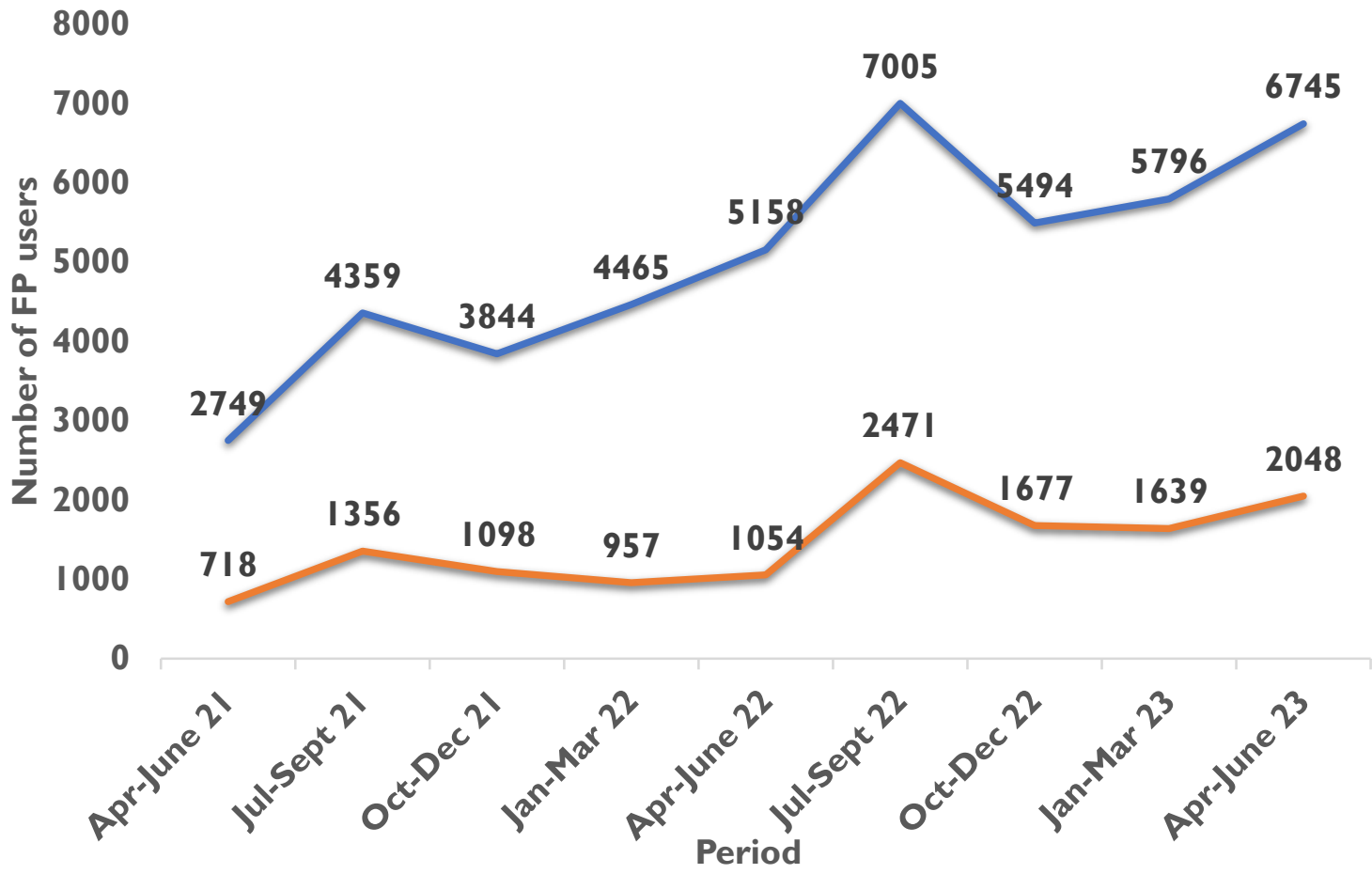


ToT mentoring a HW in a lower facility



Orientation of HWs in the Beyond Bias Model

FP UPTAKE TRENDS IN GOMBA DISTRICT



30.3% of the total FP users opted for long-term in Apr-Jun 2023

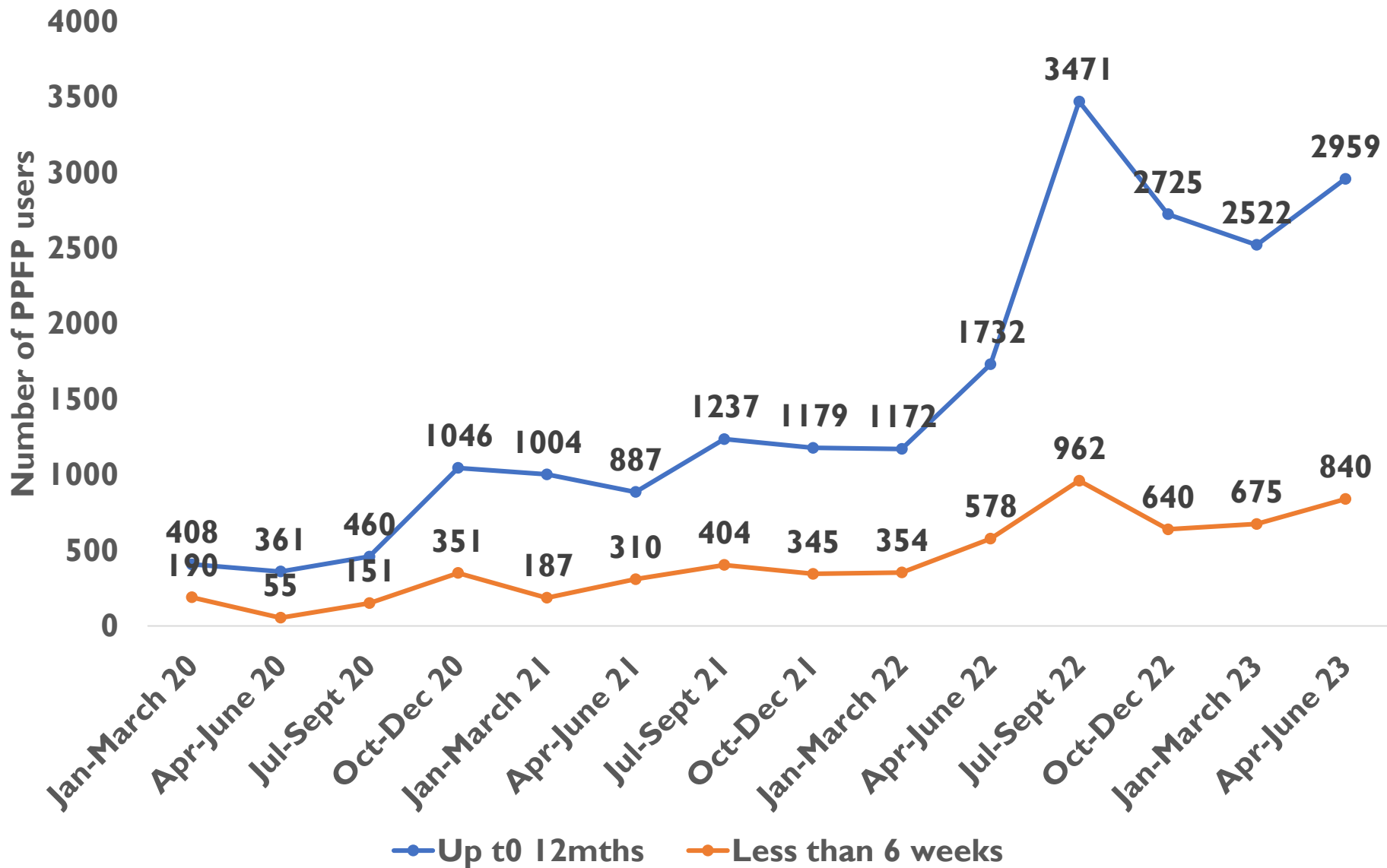


ADHO-MCH addressing HWs during a performance review



A VHT heading to community to mobilize for outreaches

POST PARTUM FP UPTAKE TRENDS IN GOMBA DISTRICT



Integrated discussion of actions to improve immediate postpartum FP in the weekly MCH meetings that happen every Wednesday

Supported facilities to plan and implement integrated outreaches in their communities.

To improve community FP service delivery to hard-to-reach areas, with a high unmet need for family planning. Mobilization for these outreaches is done through VHTs, local Radios/ "Bizandalo" and local leaders.

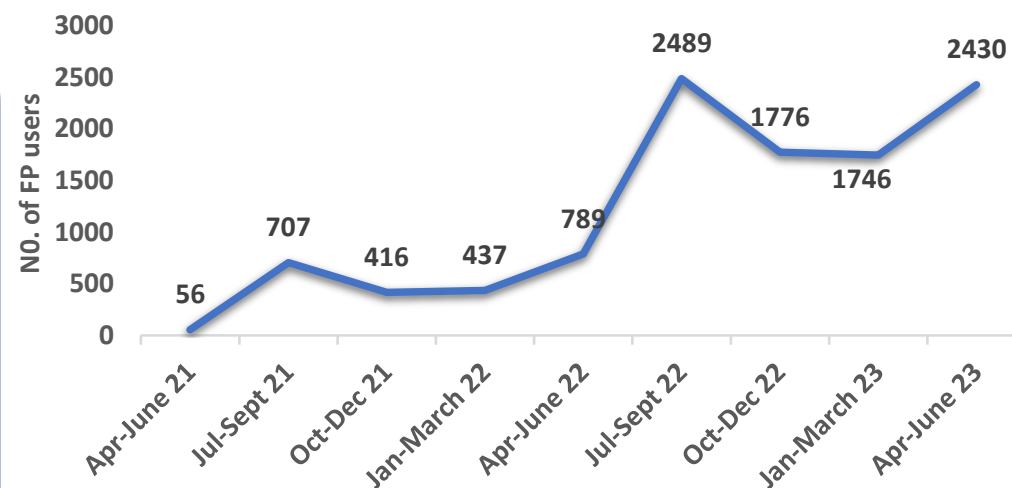
Training of VHTS on short term methods of family planning.

Trained 70 VHTs across all the sub-counties of Gomba on provision of counseling services, short term methods of FP (Condoms, pills, DMPA-Sc) and referrals and linkages to health facilities.

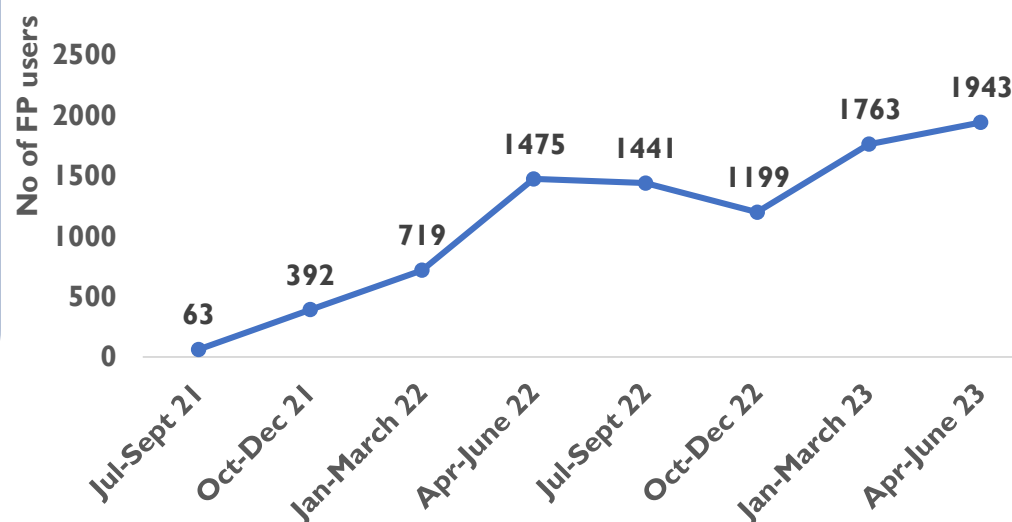
The VHTs since then have been providing short term methods of FP in the communities and reporting monthly to their facilities.

They were given Bags, Medicine boxes, aprons to identify them and 34 of them given Bicycles to ease transport.

TRENDS FP UPTAKE THROUGH OUTREACHES IN GOMBA DISTRICT



Trends of FP uptake through VHTs–Gomba District



Health Supply Chain Management

Reproductive Health (RH) SPARS:

- ❑ Trained selected DHMT members and Medicines Management Supervisors to provide stewardship and implement SPARS interventions. Performance currently stands at 77% compared to 59% at baseline in 2021.
- ❑ Initiated CQI interventions to improve performance of supply chain indicators
- ❑ Conducted family planning commodities use audits to assess the accuracy of the stock management tools available in the health facility and community level.

Supported FY2023/24 Procurement planning for FP commodities:

- ❑ Reviewed FP uptake data and provided forecasts per method, and per level of care to meet the demand created by implementing partners and VHTs.
- ❑ Oriented the DHMT on the need to increase allocation for required non-contraceptive commodities, including lignocaine, iodine, gauze, sterile surgical gloves, and essential medicines used in the management of contraceptive side effects.

Community supply chain

- ❑ Rolled out community supply chain tools to facilitate the accountability of family planning commodities at community level.
- ❑ Trained **34 VHTs** and health workers on the utilization of community supply chain tools and conducted routine integrated supportive supervision and mentorship activities subsequently

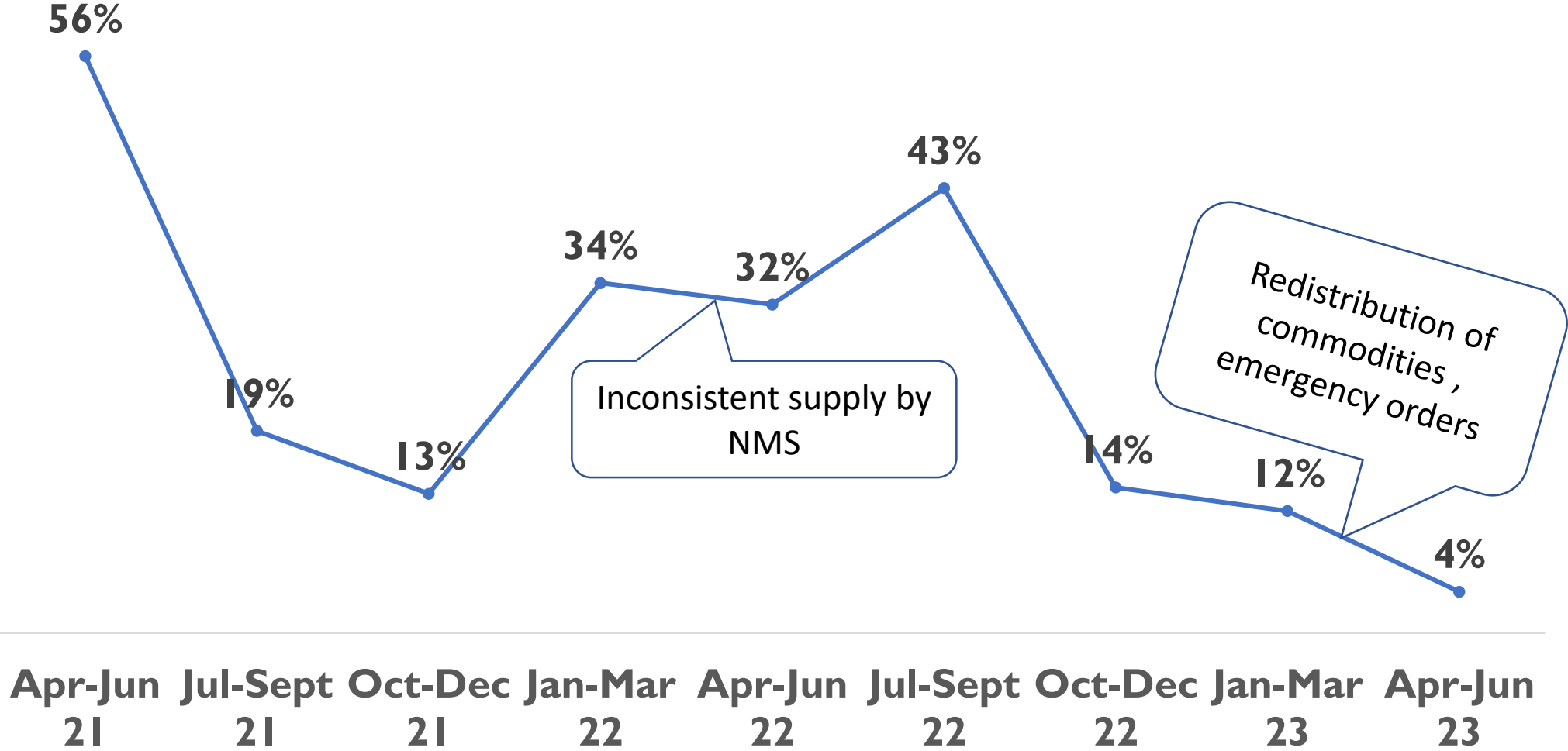
RH Web-based ordering and reporting:

- Trained facility staff in RH web-based ordering and reporting through the eLMIS App in DHIS2.
- Support routine and emergency ordering for the public and PNFP health facilities. The average reporting rate has been 100% for the last FY 2022/2023 and cycle I FY 2023/24.
- Supported the rollout of NMS+CSSP through onsite mentorship of health workers on electronic ordering.
- Conduct order review meetings to improve the quality of orders submitted to the NMS+CSSP.

Stock status monitoring:

- Routinely monitor stock in the district and health facilities are supported to effectively plan for outreach and community family planning commodity needs
- Responded to stock gaps by initiating and effecting intra, inter-district redistributions, and placing emergency orders to JMS

Stock out rates in Gomba district



Monitoring, Evaluation, and Learning

- ❑ Conducted FP CQI training for 8 facilities and support monthly facility CQI review meetings.
- ❑ Printed and distributed MCH, HMIS tools including, 105 report forms, ANC, FP, PNC, and other MCH registers and forms.
- ❑ Monthly support to HMIS reporting, verification, and data cleaning to facilities by the 4 mentored HMIS/ M&E mentors being coordinated by the Biostatistician.
- ❑ Conduct quarterly performance review meetings at district and HF levels to discuss performance of district/HF in various FP indicators.



A youth being interviewed during the LQAS survey



The district Biostatistician, David orienting VHTs in proper documentation and reporting

LQAS surveys have been conducted annually since 2021 (total of 3) in 95 villages sampled out per survey to establish community perceptions about health services.

The district uses LQAS results to make informed decisions and come up with interventions to improve indicators that are not performing well.



A mother being interviewed during the LQAS survey

REPRODUCTIVE HEALTH	2021	2022
Percentage of women who heard about family planning information on mass media in the past three months	75.21%	79.16%
Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message	50.53%	58.65%
Percent of adolescents who are confident that they could get their partner(s) to use contraceptives/condoms if they desired	15.26%	19.82%
Percent of men who support the use of modern contraception for themselves or their partners	25.26%	25.89%
Percent of clients who report satisfaction with FP services provided within public facilities	77.97%	94.12%

Multisectoral Coordination and Collaboration

Engaged key stake holders from non health sectors to strengthen multi-sectoral FP integration and coordination in the different sub-county sectors beyond health at district and subcounty level (Maddu TC and Maddu rural).

During these meetings, reports are shared from the district and sub-county non-health sectors on the progress on integrating family planning into their routine work and addressing social cultural norms.

The collaborating sectors include education, agriculture, community development and education.

One million was allocated to supporting FP service delivery in the district budget.



ADHO-MCH sharing during a District Multisectoral engagement meeting

Community Engagement to Address Barriers to FP Services Demand and Uptake.

Community facilitators have been trained to create awareness and demand for voluntary FP services and conducted targeted community dialogues to reach different beneficiaries.

While working through local leaders, as influencers and using local/community radio stations., communities were mobilized to adopt positive behaviors for adoption of health timing and spacing of pregnancies (HTSP).

In partnership with CSO (FASBEC), supportive supervision was offered to community dialogue facilitators from different parishes as they implemented dialogues at Parish/village level to promote awareness on FP benefits and demystify myths and misconceptions. but also link them for services at community and HF level.

- Dialogues conducted to different population segments include;
- Young emanzi dialogues (10-19 years)
- First -time parents dialogues (10-24years).
- Women alone dialogues 15-49 years)
- Men alone (15-49 years) and Inter-generational dialogues



Men alone dialogue being conducted at community



First time parents dialogue being conducted at community



Radio Gomba has been engaged to reach the targeted beneficiaries with FP/RH information which will increase knowledge and awareness levels of family planning amongst the targeted communities.



Through the talk shows, spot Ads and DJ mentions, negative social and gender norms that prevent audiences from taking the services are addressed.

CHALLENGES

Some communities have not yet been reached with community interventions.

The district has few HFs serving a big population and some HCIs serving many parishes e.g. Kitwe HCI, Bulwadda HCI.

Limited amount of money allocated to FP services in the district budget hence need for more advocacy.

ACHIEVEMENTS

