



**MARIE STOPES  
INTERNATIONAL**  
Uganda

**ASSESSING THE NEED OF  
INTEGRATING FAMILY PLANNING  
INTO THE REPRODUCTIVE HEALTH  
VOUCHER PROJECT**

**MARIE STOPES UGANDA OUT PUT BASED AID PROJECT  
South and Western Uganda – Districts**

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# Socio-Economic Context

Safe Motherhood is a priority concern

- High maternal mortality: 435 per 100,000
- Low proportion of institutional births: 41%

Family Planning is a priority concern

- High TFR: 6.7
- Relatively low CPR 24% (Modern methods-15%)

Clear disparities in access & utilization of institutional deliveries & FP between economic groups.

# Background-OBA



## Output-based contracts with private clinics

- Negotiated fee-for-service
- Applicant clinics must satisfy accreditation requirements before signing a contract
- Member clinics must comply with service delivery guidelines to receive payment for voucher claims

Vouchers socially marketed to pregnant mothers or clients with STD complaints

# Uganda-OBA Project



## Goals & Objectives:

- To reduce the number of mothers and children dying or being disabled due to absence or under-utilization of skilled medical attendance during pregnancy and child delivery.
- To reduce the burden of sexually transmitted diseases (STDs)

**Through the introduction of a voucher system**

**The project is funded by KfW and GPOBA/World Bank**

# Uganda-OBA Project



	HealthyBaby	HealthyLife
<b>Voucher benefits (services covered)</b>	<b>Safe delivery: 4ANCs, Basic &amp; EMOC, PNC</b>	<b>STD Management: 7 syndromes covered- AVD UD, GUD, LAP, ON/NC, IB, ASS</b>
<b>Eligible recipients</b>	<b>Poor women</b>	<b>Sexually active people, focus on poor and high risk</b>
<b>Voucher selling price</b>	<b>3000 (1,750)</b>	<b>3000(1,350)</b>
<b>Geographic area covered</b>	<b>South (Lyantonde, Rakai &amp; Sembabule) and western regions</b>	<b>4/6 districts – Kiriatura, Isingiro, ibanda, Mbarara (bushenyi &amp; Lyantonde)</b>

# Uganda-OBA Project



<b>Participating providers</b>	<b>HealthyBaby</b>	<b>HealthyLife</b>
<b>Public sector</b>	<b>9% (5)</b>	<b>0 (%)</b>
<b>For-profit sector</b>	<b>39% (22)</b>	<b>68% (25)</b>
<b>NGO/ FBO sector</b>	<b>52% (29)</b>	<b>32% (12)</b>
<b>Total</b>	<b>56</b>	<b>37</b>

# Rationale of the study



- Post partum FP very important – space births better for mother and baby
- Minimal uptake of FP in OBA facilities
- Missed opportunity for integration of services for same desired outcomes (reducing MMR)- mothers having too many children too soon.
- We wanted to know if there was demand among clients
- Establish willingness of the providers to provide FP services.

# Methodology

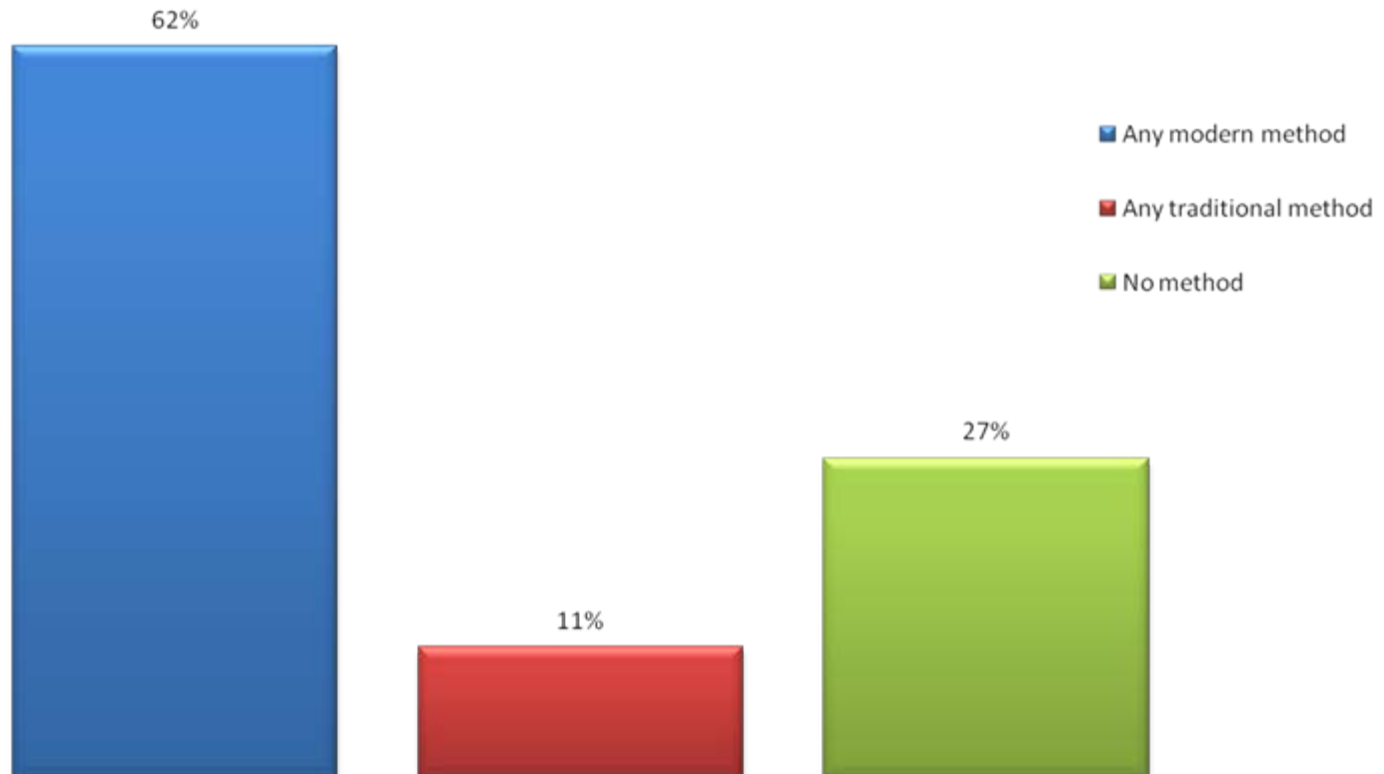


Study was conducted:

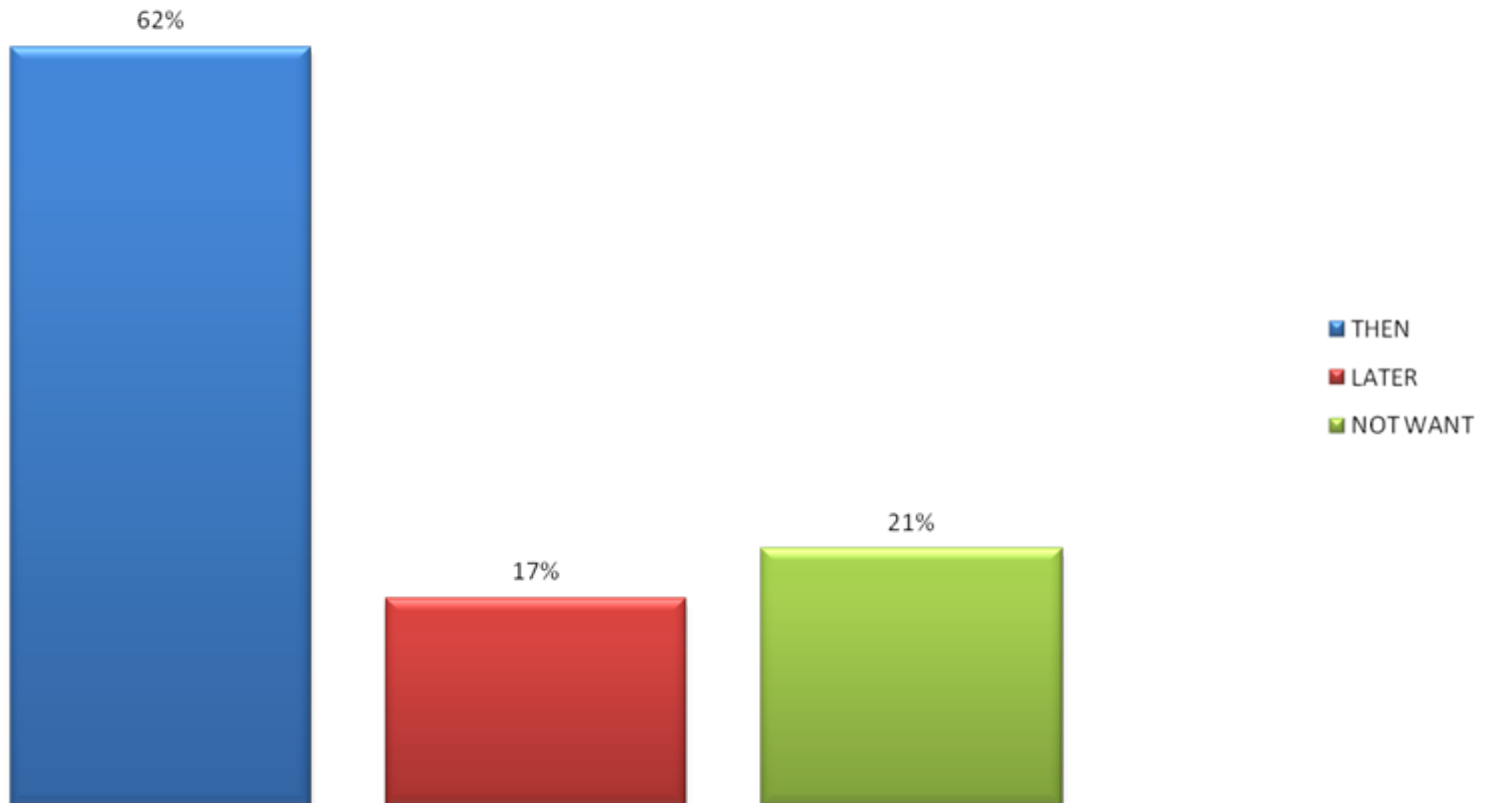
- Among clients who had used vouchers for ANC or safe delivery
- In five of the 12 districts where the project is operating
- Also analysed data among voucher providers from provider survey conducted in 2008.
- Conducted semi structured interviews with six purposively selected providers in the five districts.

# Findings

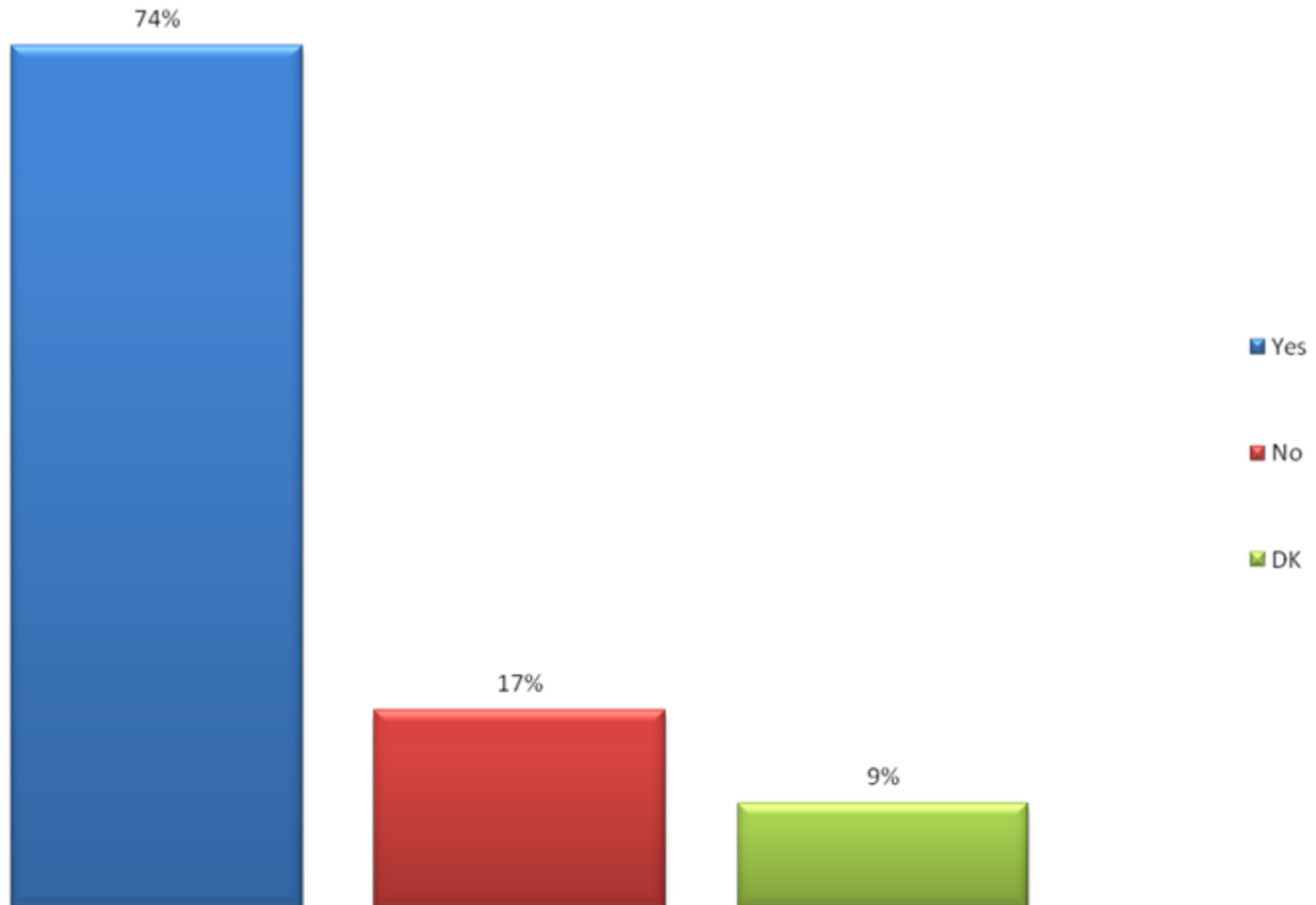
Percentage of voucher client who have ever heard of at least one or more methods of FP



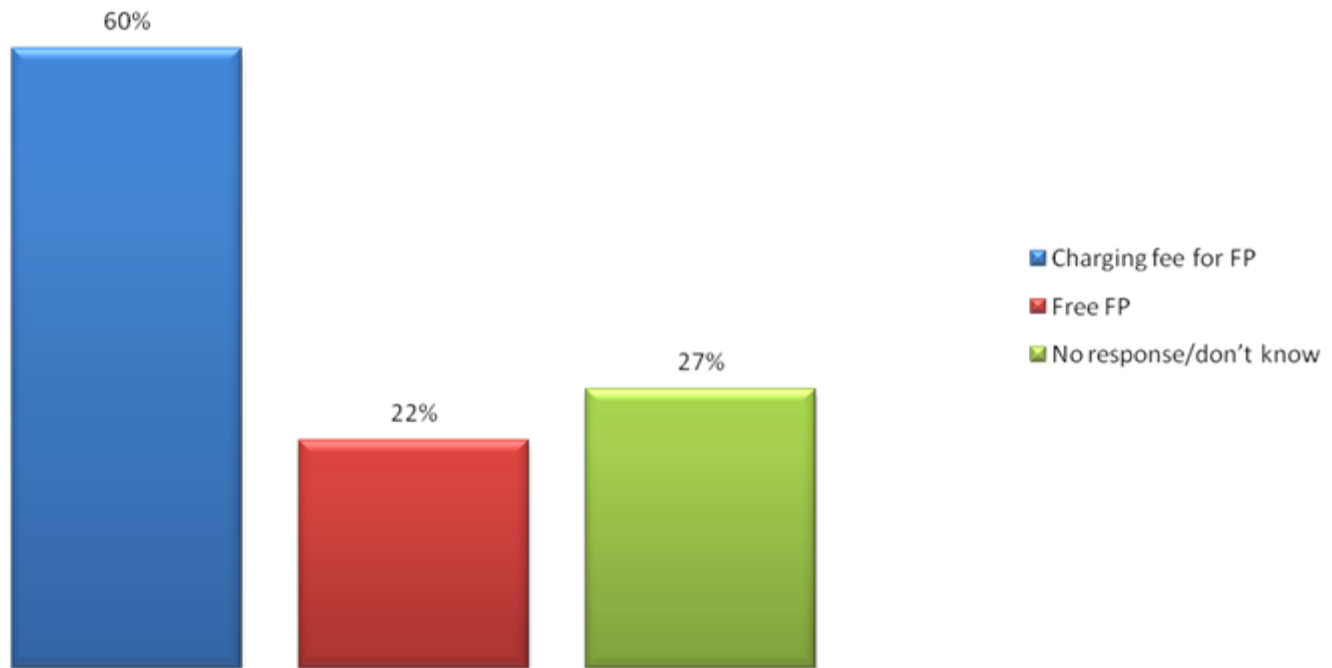
## Percentage of respondents who wanted to get pregnant at the time of pregnancy



# Future intension to use FP



# FP Services



# Findings from Service Providers

There was strong interest in FP from the providers interviewed.

***“We would like to provide family planning, but we will need support”.***

General lack of knowledge of FP, including effectiveness of breastfeeding as method of FP

Most mentioned that they promote traditional methods, rather than modern (PNFPs).

# Findings from Service Providers

- There is need for training, both implicit and explicit.
- Faith based organisations faced religious barriers to providing FP
- *A high profile religious leader once caution a health worker .....**"We must follow the bible and the bible says: Reproduce, fill the earth, then plan"** .*

# Conclusions

- Have seen success of voucher programme for Safe delivery and STIs
- There unmet need for FP among women in this region (Demand among OBA clients)
- Recognition among providers of the importance of post partum family planning

## *Wider Marie Stopes International Experience*

- MSI programmes, for example Kenya, have successfully implemented FP voucher schemes.
- Uptake of Long Term Family Planning for underserved women has been most successful in voucher schemes.
- 90% of implants in Kenya through voucher schemes

# Recommendations



- We need to integrate FP in the OBA project-service delivery
  - it will add value to service delivery and promote efficiency- improved quality and better access
  - same characteristics, same desired outcomes and same populations
- Integration of FP in BCC activities-empower women to informed choices

# Recommendations

- Start FP counseling during ANC
- Partner with other organisations who do FP, to supply a chain of FP commodities
- Training on long term and permanent methods.