

Sponsored content



“One of the main reasons people do not go to the health facilities for family planning is because centres lack space, privacy, equipment and ambience for women to confidently say she wants family planning.”

JANET ADONG, SENIOR TECHNICAL SPECIALIST TCI.

Facility makeovers drawing more women to family planning



Facility. Wakiso District Health Centre IV undergoing renovation. Inset is the facility before the makeover. PHOTO BY GODFREY LUGAJU.

Uganda. Jhpiego embarked on a 72-hour Makeover campaign to enhance family planning uptake by giving health centres facelifts, writes **Godfrey Lugaaju**.

Seven of every 10 married women in Uganda have a need for family planning services, to either space or stop having children. Thirty nine percent of this need for family planning services remains unmet, according to the 2016 Uganda Demographic and Health Survey (UDHS) released in March 2017. Among unmarried sexually active women, this unmet need stands at 28 percent.

The failure to have family planning needs met at 100 per cent is attributed to various factors.

Dr Allan Katamba cites some of these factors; “Communities struggle with varying access and availability challenges. Some don’t have family planning services offered at their community health centers.”

Dr Katamba leads The Challenge Initiative (TCI), an urban reproductive health project funded by the Bill & Melinda Gates Foundation and implemented by Jhpiego.” Jhpiego is an international non-profit health organisation affiliated with Johns Hopkins University in USA.

The doctor adds that even where family planning services are available and accessible, there

other challenges abound. “Sometimes, health centres in communities are inadequately equipped and staffed,” says the doctor. For instance, Resty Naluwoza, a nursing officer and focal person for family planning at Entebbe Grade B Hospital, says although the Hospital offers family planning services, there aren’t enough staff so uptake is negatively affected.

Joweria Nansubuga has been at Kawempe Mbogo Hospital for the last three years, where she is the in-charge of family planning, antennal, post-natal and also a midwife. She cites community myths and misconceptions as another deterring factor; “There is a misconception, for example, that implants move around the body. A lot of counselling and educating still needs to be done.” Nansubuga adds that TCI emphasizes delivery of quality family planning services, and has ensured that health workers like myself are well trained in administering various methods especially long term contraceptives like implants and IUDs.

Janet Adong, the Senior Technical Specialist, for The Challenge Initiative Programme, notes that physical appearances of centres also influence adoption of health services.

“One of the main reasons people do not go to the health facilities for family planning is because centres lack space, privacy, equipment and ambience for the service,” she explains.

With the 72-hour makeover approach Jhpiego took an outside-in approach to tackling these challenges

to uptake of family planning. Working in partnership with municipalities and district local governments, Jhpiego is supporting joint efforts to clean, equip and/or renovate Family planning service delivery units in a number of health facilities. Adong says the makeovers are an innovative intervention where the look of health facilities is turned around in 72 hours (three days).

Within 72 hours the community is

KEY PLAYERS

The Challenge Initiative (TCI), is a three-year urban reproductive health programme funded by the Bill & Melinda Gates Foundation.

TCI builds comprehensive approach to improve contraceptive access in cities.

It has partnered with international NGOs, local community-based organisations, municipal health teams, and religious leaders to promote the benefits and quality of family planning services.

The Johns Hopkins Bloomberg School of Public Health leads The Challenge Initiative. The Initiative assists countries scale up family planning to reach additional women and girls with FP services.

availed a family planning unit that is cleaner, well equipped and better organized to accommodate the bulk of clients who need FP services. Dr Katamba explains that the initiative was termed ‘72-Hour Makeover’ because each transformation is done in exactly three days. “We start on a facility on Friday and work night and day through the weekend before handing over a facility on Monday,” he says.

Jhpiego: Jhpiego is an international non-profit health organisation affiliated with Johns Hopkins University. Founded in 1973, Jhpiego has worked in Uganda since the early 1980s, collaborating over the years with a variety of partners to implement high - impact health programmes.

During this time, Jhpiego has established itself as a leader in the field of reproductive, maternal and newborn health care and has served as a critical partner in helping to shape national policies and strategies to strengthen the health care system.

Currently, the organisation has a footprint in over 60 districts across Uganda.

Moses Muwanga, the superintendent of Entebbe Hospital says he had seen the makeover in pictures being done elsewhere and glad it has finally come to Uganda. “We have seen renovations where partners come and tell us what they want to do and go ahead without consulting us and at times, the work would be lengthy thus disrupting service delivery. The 72-hour makeover approach, however, was different because we were part of the process from the start, work planning, budget discussions and what each of us had to contribute to make the project a success in the given timeline,” says Muwanga. “We had a project committee which made it easy to consult each other, decisions were made quickly and work progressed on schedule.”

Adong emphasises that quality is the cornerstone of TCI interventions and the 72-hour makeover was no different. “We are involved in the purchase of all materials ensuring that they are of required standards, the artisans are sourced locally on recommendation of the local community leadership, and we are present throughout until the renovations are complete,” she says.

Outcome

All together, seven centres have been renovated using the 72 hour makeover approach; Kawempe Mbogo, Kira Health Centre III, Wakiso Health Centre IV, Nansana Health Center II, Kyambogo University Medical Centre, Kisenyi Health Centre IV and Kisugu Health Centre IV, were among the beneficiaries. Centres were given a facelift to create private spaces for family planning, supplied with new equipment and staff trained, depending on each facility’s needs.

Entebbe General Hospital expressed a need for private space for sexual reproductive health service delivery, while Kyambogo University Medical Center was not up to the standard to provide both short and long-term family planning methods or have enough tools. “We are happy that we had the 72 hour make over,” explains Muwanga.

Facility improvements

Dr Christopher Oundo, the supervisor medical services Nakawa Division in Kampala where Kyambogo University Medical Centre is situated also speaks about the approaches employed by TCI, saying the co-design element enables partners to focus resources and energies where there is expressed need.

Josephine Nalwadda, a midwife at Kira Health Centre III, says the change in appearance of the facility has changed the way people perceive overall service delivery at the health centre. People are more trusting now, they feel safe and have more waiting

to family planning



All new. Mr Faisal Ssali, a clinical officer at Kawempe Mbogo health centre shows off new equipment at the renovated facility. PHOTOS BY GODFREY LUGAJU.



Landmarks . The Mayor of Entebbe Municipality, Vincent Kayanja de Paul, plants a tree to mark the commissioning of the renovated Entebbe Grade B Hospital .

room.

We have seen some men come with their wives,” says Nalwadda.

Kira Health center III has also intensified their outreaches in their catchment area, outreaches are especially planned to target market days, as away to reach women who would not want to leave their micro-businesses.

Faisal Ssali, the clinical officer at Kawempe Mbogo, says the health facility was in a sorry state.

Ceilings were leaking, iron sheets falling off, and the paint had worn out.

Before the makeover, the centre got only about 50 people a month seeking family planning services because of the conditions.

“The numbers have almost doubled since the makeover,” says Ssali.

Ms Allen Balyejusa, the facility in charge at Nansana Health Centre II agrees to the same; “We now have new equipment such as a procedure bed and women feel more comfortable when they see the new examination bed for family planning,”

says Balyejusa.

Impact and value add

Ms Amina Nankya, a mother of three who has been receiving family



Facelift. What Kawempe Mbogo Health Centre looked like before (L), and after (R) the makeover.

planning at Kawempe Mbogo for the last four years cannot hide her excitement.

“People came to talk to us about family planning. The hospital was not this nice. There are more nurses now talking to us about family planning . Everyone knows where to come for these services,” Ms Nankya says.

Ssali says by partnering with Kawempe Mbogo Hospital, the project has helped lower the cost of the services; “We used to charge Shs5, 000 to Shs20, 000. Now we are able to give free services to the community through this partnership.”

Commitment from stakeholders

Dr Katamba emphasises that the project was done on a cost sharing basis with local government, communities and participating health centres.

“We engage them right from the start, co-designing the project. The local governments then assess their situation, tease out their challenges and prioritize interventions to address them. Through coaching and mentorship, we work together to find short, mid and longterm solutions, which are then jointly supported. Facility makeovers are one such intervention for some of the challenges identified,” he says.

“We saw this project as an opportunity to join hands with them to upgrade our hospital,” explains Mr Ramadan Lukwago, the LC 3 Councillor Kawempe Division. “Cost sharing and partnering was one way of coaching leadership on how they can mobilise resources locally to solve their problems, and also to show that there are resources within communities that can be harnessed to solve such problems,” says Ms Emily Katarikawe, Country Director, Jhpiego.

Dr Katamba admits his main worry is whether the local government will maintain the standards set in these facilities. “However, we are hopeful that everyone involved will remain committed to making sure that our facilities remain in great condition so that women and everyone continues to receive quality care,” says Dr Katamba.

In the meantime, the plan is to cascade the 72-hour makeovers in other partner local governments.

New initiative scales up family planning

Interview. Ms Emily Katarikawe, the Country Director Jhpiego, spoke to **Godfrey Lugaaju** for more insights into the 72-hour Makeover initiative.



Ms Emily Katarikawe, Country Director, Jhpiego.

Give us a brief background into why and how the project was conceived?

The 72 Hour makeover approach is a catalytic innovation by the Challenge initiative , which has shown a significant mind set change among community leaders and renewed interest in overseeing healthcare services.

By design , this approach is led by local governments as a way to ensure there is learning and ownership right from the onset . Consequently, this translates into increased uptake of modern contraceptive methods and boosts people’s confidence in the quality of services provided.

TCI Uganda has benchmarked on this proven best practice by adapting it to the Ugandan setting. It is the first of its kind in East Africa.

Why did you choose to focus on family planning?

This project is not about family planning only, it integrates maternal newborn health, adolescent reproductive health and family planning. Although family planning is more pronounced as an entry to the other service areas, we do hope that as more partners come on board, it will expand to other health care areas.

Why the focus on central Uganda?

This was based on feedback from women of reproductive age, about some of the reasons they don’t seek family planning services. The appalling state of the facilities was one of the barriers to accessing a range of reproductive health services.

Even where facilities had well trained staff and commodities for family planning, women feared get-

ting infections from rusty examination beds and dirty rooms. Jhpiego then decided to work with Kampala City Council Authority health office and other partner geographies to renovate these facilities.

Our strategy was code named ‘72-hour Makeover’, meaning that work would begin on Friday and be completed on Sunday so that patient care is not heavily disrupted, and women who come to the facility on Monday would be motivated by the changes.

This project’s focus is on the urban poor hence piloting this innovation in Kampala and Wakiso. They have the largest slums and a high population of urban poor. We needed to test this approach and gather evidence of its effectiveness before rolling it out to other partner local governments. The family planning uptake indicators in the beneficiary facilities is astonishing.

How much was invested in executing these makeovers?

While I know that Jhpiego contributed about \$ 25,000 for all the seven facilities, this has been a cost share project, a lot more has been contributed by community members in terms of physical construction items such as sand bricks, timber and their time.

The Geographies we have partnered with have made tremendous contributions. Ultimately, what we have been able to do is to demonstrate that our people, when mobilised and helped to understand that they have a role in addressing their health care challenges, are willing to pool resources and solve their problems.