

Improving provider BCC and IPC productivity & strengthening the link between providers and IPC agents in Uganda

Best Practices from the Women's Health Project 2009-2014

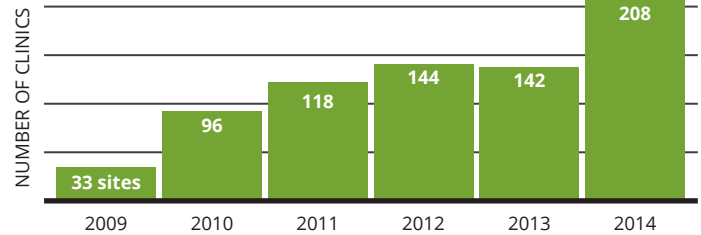


PACE/Uganda, a local not-for-profit organization affiliated with Population Services International, oversees ProFam, a network of 208 private clinics who aim to increase access, quality and equity of family planning services across Uganda. The franchise was established in 2009, with funding from the Women's Health Project, with a focus on promoting long lasting reversible contraceptives (LARC), specifically the IUD and implant.

PROGRAM OVERVIEW

Since 2008, PACE has been implementing the Women's Health Program (WHP). The program aims to reduce the unmet need for family planning especially long term methods and reduce maternal deaths due to post partum hemorrhage (PPH) and post-abortion care (PAC) by distributing misoprostol. WHP aims to provide comprehensive family planning services with a focus on Intra-uterine device (IUDs) and implants. The Program has trained service providers in private and public health facilities.

PROFAM NETWORK GROWTH 2009-2014



KEY CHALLENGES AMONG PROFAM PROVIDERS

By 2011, several challenges were identified that were resulting in lower performance by network providers. These included:

- **Lack of provider motivation:** lack of provider knowledge, skills, positive perception and self efficacy regarding IUD service provision
- **Low IPC agent productivity:** inefficient IPC mobilization strategies linked to coordination gaps between providers and IPC agents, low motivation among IPC agents and insufficient IPC supportive supervision

NEW STRATEGIES

PROVIDER BEHAVIOR CHANGE COMMUNICATIONS

Giving more emphasis to and strengthening the provider BCC strategy to improve their skills and productivity by:

- Providing on-the-job and continuous medical education refresher **training** focusing on specific provider challenges
- Reinforcing the **medical detailing** program and addressing individual providers needs and barriers
- Conducting **performance reviews** during quarterly provider meetings



IPC MOBILIZATION

The IPC strategy was re-designed to increase demand creation for LARC, by abandoning inefficient interventions, creating a stronger link between provider and IPC agents and focusing on IPC agent productivity. Specifically:

- The CBO mobilization strategy was replaced by a **provider-led approach, where providers recruit and supervise agents**, to create greater synergy between providers and IPC agents, and give providers greater **ownership**. Providers are able to ensure that IPC mobilization is conducted on days and time they are available, resulting in increased efficiency
- A "**super mobilizer**" strategy was introduced, where one agent acts as supervisor, creating built-in, continuous supervision within IPC teams



- **Satisfied IUD users** were recruited as IPC agents. They are **natural advocates** who **efficiently earn the trust** of their community and **successfully refer clients** for FP services
- FP services were **integrated with other health areas** of the IPC strategy, including HIV, to implement a holistic care approach and leverage other communication interventions.

LESSONS LEARNED

PROVIDER BEHAVIOR CHANGE COMMUNICATIONS

Strengthening provider knowledge and technical skills about LARC is not sufficient to increase service provision. The program must focus on addressing provider motivation, needs and barriers to behavior change. Proposed solutions must create value for the provider - developing individual value propositions for providers is essential. Other key PBCC lessons learned include:

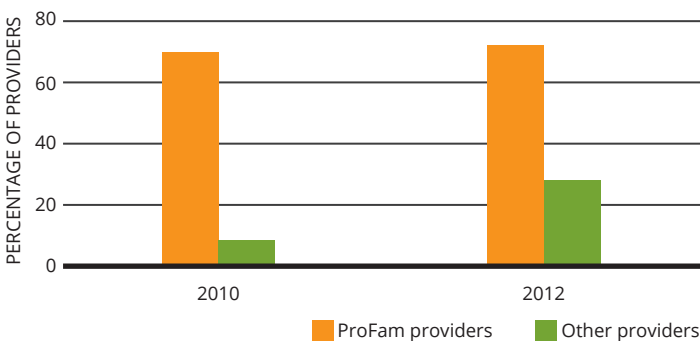
- Segmenting network providers and giving special attention to high performing clinics results in maintaining and surpassing performance
- Questionnaires administered before and after detailing visits help motivate and engage providers
- Visiting providers during less busy hours will ensure higher attention span and longer visits
- PBCC is a continuous process – behavior change does not happen in a single visit. Continuous and consistent support to the provider is key

IPC PRODUCTIVITY

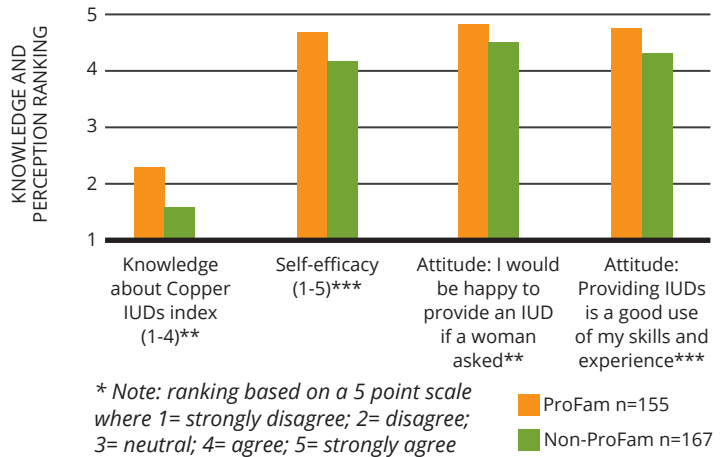
Increasing IPC agent productivity through efficient mobilization is key to ensuring high demand creation. Strategic approaches focused on provider involvement and ownership of IPC interventions, and on strengthening the relationship between providers, IPC agents and WHP staff. Leveraging champion IPC agents as supervisors and satisfied LARC users resulted in an increase of FP client referrals and insertions. Integration of multiple health areas under the same IPC intervention enables HIV and MCH clients to be reached for FP referrals, while reducing program cost.

KEY RESULTS

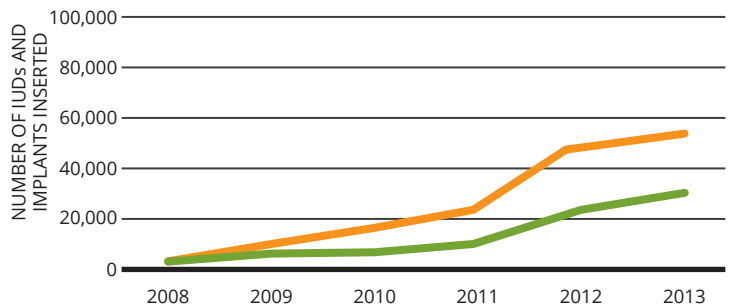
PROVIDERS OF PROFAM AND NON-NETWORK PROVIDERS WHO HAVE INSERTED AT LEAST ONE IUD IN THE LAST 30 DAYS



LEVELS OF KNOWLEDGE AND PERCEPTIONS ABOUT IUD INSERTION AMONG PROFAM AND NON-PROFAM PROVIDERS



NUMBER OF IUD AND IMPLANT INSERTIONS IN 2008-2013 BY PROFAM NETWORK PROVIDERS



BEST PRACTICES

1. Programs should not only focus on increasing providers' technical knowledge about LARC, through on-the-job training and a solid medical detailing program, but also develop interventions that continuously motivate providers to offer these services. Activities should aim to increase self efficacy, positive social norms and address myths and misconception while rewarding positive behavior
2. A provider-led IPC program will ensure buy-in and greater coordination between providers, IPC agents and staff
3. Streamlining IPC supervision through the recruitment of super mobilizers and satisfied LARC users will increase IPC agent productivity
4. Implementing a holistic care approach will allow the program to tap into other health areas to promote FP services and increase LARC referrals



For additional information about the ProFam network and WHP in Uganda, please contact Dr. Dennis Buwembo, Program Team Lead, Reproductive Health at dbuwembo@pace.org.ug.