



# ICT enhanced Family Planning Uptake Model. A case in Uganda

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**Mobile phone referral enhanced with performance cash bonus promotes access and utilization of family planning services**

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## PROJECT SUMMARY

Uganda's population as per 2014 census was 34.6 million people (UBOS) and as of January 2018, the population of Uganda was estimated to be 42.3 million people (Country meters based on UN data). The Total Fertility Rate (TFR) is 6.9%, one of the highest in the region, the age structure is skewed towards the younger generation with 48.47% of the population being in the 0-14-year-old age group and Just 2.04% of the population is 65 or older. With a huge percentage of the population that is so young (0-14 years old), it could prove to be a grave situation for the country as child dependency is at 103.7%. According to a Washington based researcher and advocacy group, Carl Haub (2006) only 25% of married Ugandan women between 15-49 years have access to contraceptives, Uganda is on track to have the world's highest population growth.

While progress has been made in the provision of family planning services by government and its partners, the challenge has been with the delivery model which offers no contact tracing and community referral linkages, this limits majority of the rural beneficiary from access and utilization thus contributing to low uptake as unmet needs are not converted to met needs. In addition, the situation has worsened in West Nile districts of Moyo, Koboko and Adjumani hosting high number of refugees, majority of whom from South Sudan have limited knowledge and do not believe in family planning methods as most indicated the practice is against their cultural values.

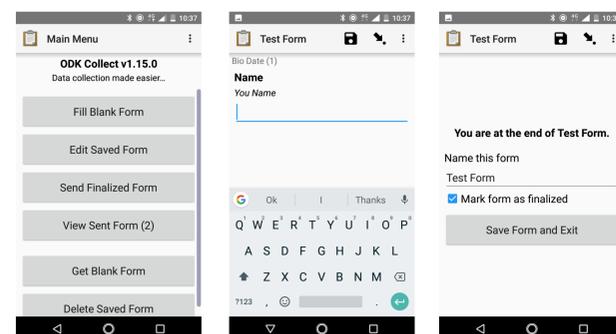
In Adjumani district, family planning coverage is as low as 25% (DHIMS, 2017), despite adequate knowledge, adequate family planning commodities in health facilities; proximity of access points and behavior change communications. According to a rapid assessment conducted by AFOD Uganda in Feb 2018, it was established that the major access and utilization barriers to family planning services was due to lack of contact tracing using community resource persons; CORPS (village health team; VHTs/community health extension workers; CHEWs); no freedom of choice of preference-of-method; opposition from husbands; fear of negative side effects; lack of community linkage and referral to services, negative perception and attitudes triggered by cultural beliefs. According to UCC report 2014, telecommunication subscription has grown to 16.87 million users from 9.67 million in 2009, and mobile phone was the second most commonly owned and used form of communication at 52.3% after radio. AFOD Uganda is therefore building a bridge between the formal health systems and communities (HHs) through use of mobile phones enhanced with performance cash bonuses to improve access and utilization of family planning services".

**Overall objective:** Increasing demand for and access to contraceptive uptake and utilization of family planning services

**Specific objectives:**

- To enhance the capacity of health workers and VHTs to promote and provide quality family planning services
- To strengthen contact tracing and community referral linkages.

illustration of ODK on a mobile phone below



## RESULTS HERE WITH FIGURES ETC

**Major activities and findings:**

Village health teams map households and identify household heads with mobile phones, an assessment on household's reproductive health needs and family planning preferences is done, VHTs then provide family planning education, advocacy and relay family planning messages to households, counseling, supply of commodities and referrals for specialized family planning based services is offered.

### Approaches/Models

**Data collection using Open Data Kit (ODK) tool:**

- ODK is a free and open** tool which has supported our family planning data collection. It has provided an out-of-the-box solution in **building** a data collection form; **collecting** the data on a mobile device and sending it to a server, **aggregates** the data and extract it in useful reports and for mapping House Holds.
- Since most Health facilities (HFs) use paper logs and manual entries for entering and tracking patients' information, which made it difficult to efficiently track and manage data for real time reporting and decision making. ODK information system has reduced the dependency on paper logs and manual entries and efficiently helped to collect, relay, manage and maintain all clients' FP preference data and generate daily results and feedback.
- On a daily basis**, VHTs equipped with mobile phones collect information from *clients*, such as family planning needs, Household statistics etc. This information is input into the *central database* using an in-built mobile phone app. This app has the ability to store the data locally on the mobile phone which is later synchronized with the central database when they gain access to an internet connection. Apart from text, information collected includes images and geographical data (latitude and longitude). This information is analyzed and interpreted by an online *AFOD central interface*.
- In addition, clients' feedback (calls and SMS translated in local languages where need be) are relayed to call centers at field level (HFs and District Health Department) as a gateway to share FP needs and challenges.
- Households demand** for family planning services either through the VHTs or by use of mobile phones. Specialized family planning services are offered at health facilities and other commodities are supplied by the VHTs to HHs. VHTs are given a cash bonus based on confirmed number of clients referred to health facilities to access family planning services.
- Feedback fora;** quarterly interface meetings with district leaders and other stakeholders are periodically held to discuss progress and gaps where resolutions and commitments by the duty-bearers, usually pledging to be more accountable and responsive to client's demands, needs, preferences of FP services/ commodities and quality of health services. Timelines are set and responsible persons are identified to follow up on the duty-bearer's commitments and resolutions.

### Assumptions

- Mobile phone enhanced with performance cash bonus increases family planning access and uptake.
- 90% of target beneficiaries own mobile phones
- Constant supply of family planning commodities
- Advocacy on FP would enhance changes in reproductive health behaviour and preferences for FP commodities.
- Below is community advocacy on FP at Palorinya H/F**



- Condom distribution at Laropi**



## Results

**National indicators/targets**

- Contraceptive prevalence rate increased from 24% to 35%
- The unmet need for family planning reduced from 41% to 20%

**Results of FP intervention:**

- Out of the 5 health facilities that were assessed in a 3 months period (Feb-April 2018) in 2 out of 11 sub-counties of the district, the contraceptive uptake by women in reproductive age (15-49 years) increased from 285 to 560.

- Success Story:** Use of mobile phones has brought family planning information on contraceptives directly into households. According to a one tearful youth called Abio, she narrates, *"I have endured hardships, at the age of 19, I have two daughters aged four and two. Like most young people, I had dreams for the future but these were shattered when my parents forced me to get married at an early age, I did not know anything about condoms, learning about condom use from AFOD will help me protect myself, I will not have children again until I get a job that can sustain me"* she says.... *this knowledge I have acquired will be of great help to me forever"*. Through AFOD's intervention, Abio is continuously receiving information on family planning services from AFOD.

- Picture of Abio and husband during a home to home family planning education**



## LESSONS LEARNED AND CONCLUSIONS

**Lessons learned:**

- Using clients' feedback mechanism through innovations such as Mobile Phone APPs can enhance uptake of family planning services
- Enhancing the capacity of community structures like CORPS (VHTs & CHEWs) promotes uptake of FP services.
- Leveraging from the existing resources like government staff in health facilities, VHTs/CHEWs and mobile phone for the beneficiaries is cost effective and a sustainable model.

**Conclusion:**

Identification of clients' family planning preferences and choices, linkage and referral to service points is significant in scaling up access and demand for Family Planning services in rural communities, hence reduction of unintended pregnancies, maternal related complications and improved quality of life.

**Data Flow chart**

