

Facilitators and barriers of family planning policy implementation in Uganda

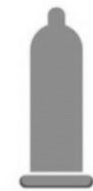
Andrea Willems



Introduction

There is a need for family planning in Uganda

→ What are the barriers and facilitators for the implementation of FP-CIP in Uganda?



Condom



Female condom



Oral contraception



Hormonal ring



UID



Contraceptive injection



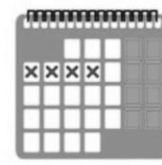
Surgical sterilization



Implant



Coitus interruptus



Calendar rhythm method



Vaginal douche



Contraceptive patch



Diaphragm / cap

Methods

Interviews with **85** healthcare workers and policy makers
'Policy Implementation Barometer' questionnaire
(strongly disagree ↔ strongly agree or don't know)

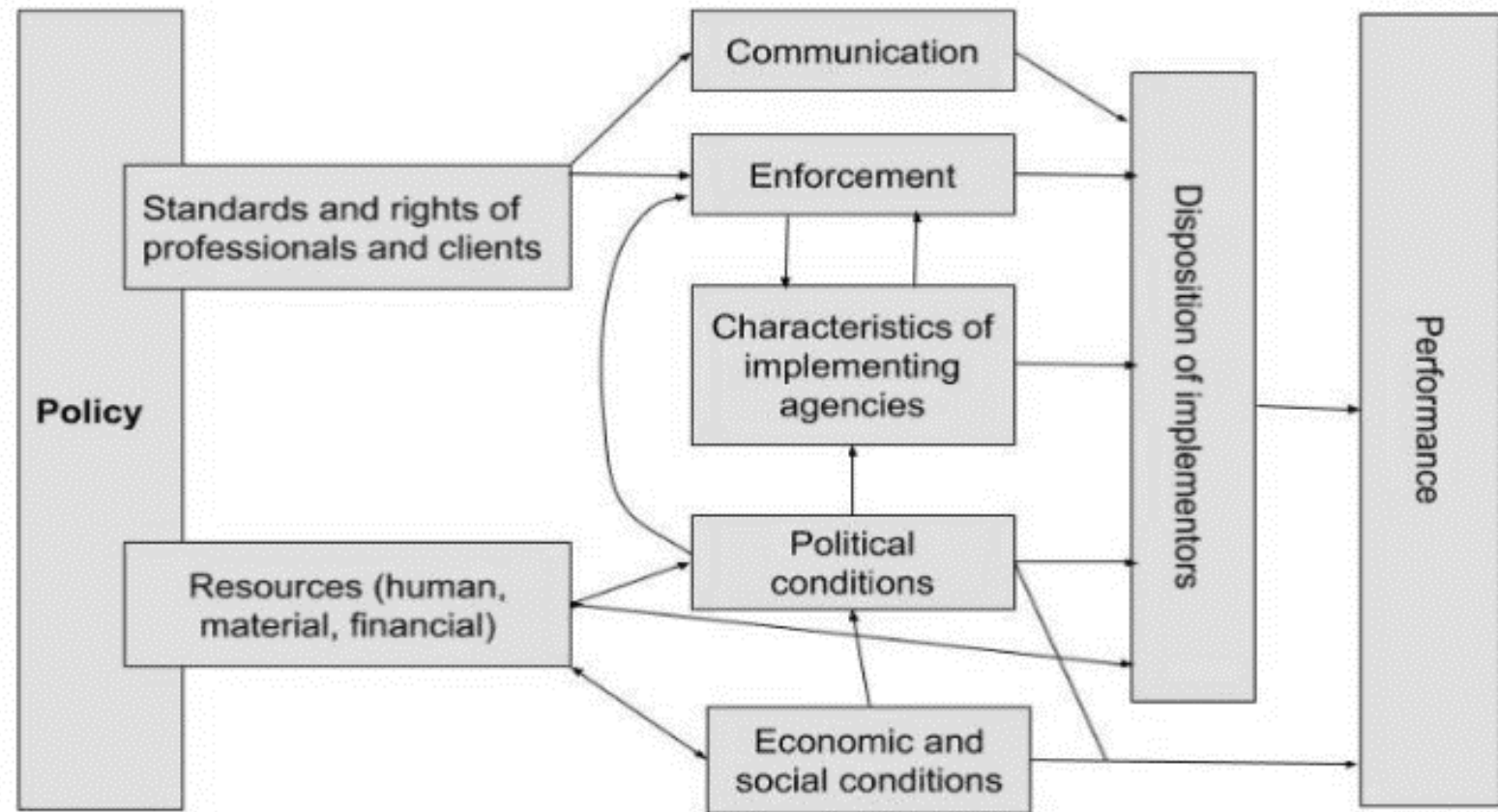
- Central tendency estimations & frequency tables
- Two- step cluster analyses
- Logistic regression analyses

Explanatory variables : 'level health facility', 'years of work experience' and 'urban/rural region')

Dependent variable: cluster membership



Conceptual framework



Topics in PIB: Policy establishment, implementation, finance, workforce, medicine and products, service delivery

Results 1/3

Barriers

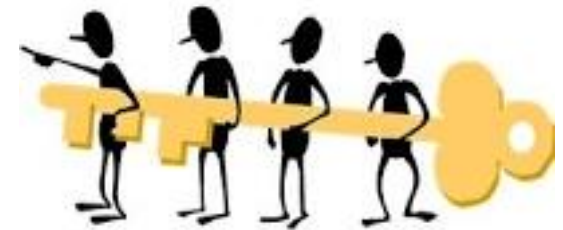
- Most barriers are related to the financing of the FP-CIP
- Shortage family planning workforce + need for training
- Medicine stocks inadequate for the needs of the community
- Contraceptive services provided with major gaps/delays + not distributed adequately to those with higher needs



Results 2/3

Facilitators

- Outcome targets are clear
- Well-coordinated collaboration
- Funds are used to achieve optimal value and benefits
- The supervision is good + guidelines
- Medicine and products from private suppliers are safe + good quality
- Effective advocacy at the community level
- Priority communities identified for effective targeting
- Demand in the community is satisfactory



Results 3/3

Policy Implementation patterns

More years of work experience related to higher odds of a more established policy

Facilities in urban regions can take steps to further establish the policy + understand more about status of their financial resources and medicines

Respondents working in a health center more informed/positive about their facility's status of medicines and products + more positive about the service delivery than respondents working in a hospital

Hospitals have a more established policy and a better overview of their financial resources



Table 8 Binary logistic regression for cluster membership

| | Family planning policy | Implementation adequacy (selected items) | Financing adequacy |
|-----------------------------------|---|---|--|
| Clusters | Fully established (reference cluster) | Neutral – Agree (reference cluster) | Disagree - Neutral – Agree (reference cluster) |
| | First steps taken - Partially established | Equally spread answers | Don't know |
| Covariates | Exp B (95% CI) | Exp B (95% CI) | Exp B (95% CI) |
| Urban region (yes) | 2.769 (1.013-7.567)** | 1.038 (0.400-2.689) | 3.117 (0.992-9.974)* |
| Years of work experience | 0.818 (0.706-0.948)*** | 0.943 (0.846-1.051) | 0.942 (0.832-1.067) |
| Facility level Hospital (yes) | 0.220 (0.063-0.761)** | 0.122 (0.024-0.610)* | 0.203 (0.060-0.679)** |
| Model summary | | | |
| <i>Observations</i> | 85 | 83 | 85 |
| <i>- Chi square</i> | 14.775 | 9.531 | 10.725 |
| <i>- 2LL Ratio</i> | 97.818 | 101.143 | 86.458 |
| <i>- Nagelkerke R²</i> | 0.217 | 0.147 | 0.174 |
| <i>-Model significance</i> | 0.002 | 0.023 | 0.013 |

*p≤0.1, **p≤0.05, ***p≤0.01

Table 9 Multinomial logistic regression for cluster membership

| | Medicines and products adequacy | | Service delivery adequacy | |
|----------------------------------|--|-----------------------|--|----------------------|
| Clusters | Agree - Strongly agree (reference cluster) | | Disagree - Neutral (reference cluster) | |
| | Neutral - Disagree | Don't know | Neutral-Strongly agree | Don't know |
| Covariates | Exp B (95% CI) | Exp B (95%CI) | Exp B (95% CI) | Exp B (95%CI) |
| Urban region (no) | 1.331 (0.503-3.525) | 0.061 (0.005-0.798)** | 1.779 (0.631-5.020) | - |
| Years of work experience | 1.005 (0.899-1.123) | 1.131 (0.932-1.373) | 1.008 (0.898-1.131) | 1.180 (0.953-1.461) |
| Facility level Hospital (no) | 0.298 (0.074-1.199)* | 0.149 (0.020-1.090)* | 7.596 (1.470-39.240)** | 0.679 (0.115-4.001) |
| Model summary | | | | |
| <i>Observations</i> | 83 | | 85 | |
| <i>-Chi-square</i> | 14.562 | | 31.933 | |
| <i>-2LL Ratio</i> | 120.135 | | 126.475 | |
| <i>-Nagelkerke R²</i> | 0.191 | | 0.364 | |
| <i>-Model significance</i> | 0.024 | | 0.000 | |

*p≤0.1, **p≤0.05, ***p≤0.01

Recommendations

Future research

- PIB-questions/statements easier to understand + discard the answer option 'don't know'
- Include characteristics (e.g. age, gender, religion) + attitude of respondents
- Focus on specific level of the healthcare system

Policy

- Sustainable and stable funding
 - Investments in recruitment, training and appropriate enumeration
 - Involve political and religious leaders
 - Wide range of modern contraceptives available
- village health teams



Questions & Discussion

The study gives some insights in the FP-CIP implementation on different levels of the healthcare system and can inspire future studies and (family planning) policy implementation

