



Photo: Fredrik Lerner / Save the Children

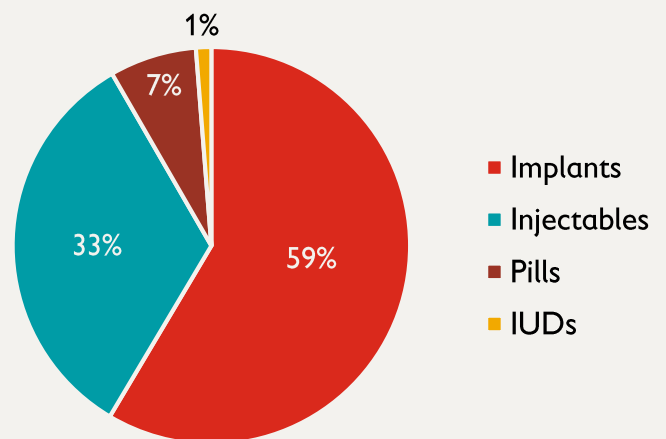
## FAMILY PLANNING & POSTABORTION CARE IN EMERGENCIES IN UGANDA

*Violent conflict in South Sudan from 2013 to 2016 forced nearly one million refugees to flee to West Nile region of northern Uganda.<sup>1</sup> An estimated 86 percent of those who fled were women and children, with children making up more than 60 percent of all refugees.<sup>2</sup> Throughout Uganda, there is a high unmet need for family planning, with one in every three women who would like to space or limit childbirth, not able to access contraception<sup>3</sup> and the total fertility rate for South Sudanese women at 4.8 children per woman.<sup>4</sup>*

Save the Children's programs are responsive to both protracted and acute emergencies. In West Nile region of northern Uganda, we directly support two health facilities to improve access to quality family planning and postabortion care (PAC) services. Our program reached **more than 1,400 new family planning users** between May 2018 and September 2019. More than half (60 percent) of the family planning clients have chosen to use a long-acting method. Not only are these methods more effective, they are often a good choice in humanitarian settings where supply chains and health services may be disrupted.

PROGRAM OVERVIEW	
Location	West Nile region
Number of facilities	2
New family planning clients	1,449
PAC services delivered	63

60% of clients chose a long-acting reversible method (May 2018-Sep 2019)



1. UNHRC (2018). Refugees and Asylum-seekers from South Sudan.

2. ACCORD. (2019). Conflict dynamics in the Bidibidi refugee settlement in Uganda.

3. Uganda Bureau of Statistics (UBOS) and ICF International, *Uganda Demographic and Health Survey 2011*, Kampala, Uganda: UBOS; and Calverton, MD, USA: ICF International, 2012.

4. World Bank



Photo: Fredrik Lernerud / Save the Children

Amina, a Save the Children staff member, conducts a home visit with Joy, a 16-year-old mother. Joy lives with her two-year-old daughter Anette in the Bidi Bidi refugee settlement. She fled her home in South Sudan when the conflict around her village escalated. Our programs in Bidi Bidi support women and girls, like Joy, to access quality reproductive health services including family planning.

## Program Spotlight: Community Sensitization

Myths and misconceptions are common barriers to family planning use in many settings. Common misconceptions are related to incorrect and incomplete information about side effects and return to fertility. Because of this, continued mobilization and sensitization to gain community confidence and acceptance of family planning was critical. Through community volunteers, community health workers and nutrition counselors, we focused intensively on awareness-raising and a mobilization campaign to change the perception of the community toward family planning and create more demand for family planning services. In partnership with C-TEN (a local partner specializing in community mobilization and mass campaigns), we supported mobilization efforts through public address systems and culturally and linguistically appropriate materials. The sensitization strategy also informed local leaders about the benefits of family planning to positively influence the community. Through continued engagement, family planning uptake increased substantially in the last quarter of the project.

### Increasing Access to Postpartum Family Planning

Quality postpartum family planning programs can positively impact the health and livelihoods of mothers and their children. However, due to stigma, lack of services or lack of trained staff, postpartum services can be severely lacking, particularly in humanitarian settings. Since introducing the program, 179 out of 212 postpartum women received family planning counseling, with a special focus on long-acting family planning methods.

## PROGRAM COMPONENTS

### SERVICE DELIVERY

Provide high quality family planning and PAC services

### CAPACITY BUILDING

Train clinical providers  
 Implement competency-based training  
 Conduct supportive supervision

### SUPPLY CHAIN MANAGEMENT

Provide family planning and PAC commodities and supplies  
 Expand contraceptive method mix  
 Develop linkages with existing Ministry of Health supply chain

### DATA FOR DECISION MAKING

Analyze data at community and health facility levels to improve programs

### COMMUNITY MOBILIZATION

Strengthen community structures and groups  
 Tailor and deliver key messages to diverse audiences to increase demand (e.g. women, men, youth, couples, and decision makers)

### PARTNERSHIPS AND ADVOCACY

Partner with Ministry of Health  
 Task-shift for provision of family planning and PAC services  
 Improve clinical training curriculum