UPTAKE Project – A health sector and community-based participatory approach to increase met needs for contraception

Current Project Brief

**Background**

Unmet need for contraception remains high in many settings. Additionally, many women using contraceptives are not satisfied with their method, potentially putting them at risk for discontinuation without replacement with a more acceptable method, leading to unintended pregnancy. The human rights framework takes into account barriers to accessing contraception at the level of policies and guidelines but also at the health services and the community levels. According to the World Health Organization’s guideline “Ensuring human rights in the provision of contraceptive information and services” (WHO 2014), one of the key health and human rights standards that should be considered is participation. Community participation is a key component in frameworks for improving quality of services.

**Objective**

The UPTAKE Project aims to increase met need for Family Planning/Contraception through, through the development, implementation and testing of an intervention involving community and health care provider participation within a human rights framework.

**Study Description**

The UPTAKE Project is a multi-country complex designed intervention to increase the participation of the community and health care providers in the provision of family planning and contraceptives. The Project uses a Theory of Change (ToC) framework to define the pathway to the desired overall outcome, which is to address the unmet need for family planning and contraceptive services within a human rights framework.

Two scoping reviews were conducted to map existing evidence on:

i. Definitions and understandings of Quality of Care (QoC) in the delivery and utilization of FP/C services, as defined by health care providers and the community and indicators assessing and measuring QoC which are congruent with community and health care provider understandings and expectations.

ii. Approaches used for community and health care provider participation, and synthesize and analyze the range of evidence on community and health care provider participation in FP/C service provision.

**Formative phase**

To develop and refine the intervention package, the formative phase will include the stages that the Complex Intervention Framework usually calls “development” and “feasibility and piloting”.

This phase will be conducted in each country and will consist of:

i. A baseline review of secondary data on family planning/contraceptive indicators, including mapping of the health facilities (public and private) where contraceptives are available, and of legal and family planning and contraceptive policies

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ii. Qualitative research, including focus group discussions and in-depth interviews with stakeholders (community and health care providers).

**Based on the above:**

iii. Development of an approach through which health care providers and the community will participate,

iv. Identification of the domains in the intervention package,

v. Feasibility testing of the approach to engage health care providers and community in defining a shared understanding of Quality of Care.

**Finally, the formative phase will involve:**

vi. Refinement of the sampling design and

vii. Refinement of the approach and domains through country- and district-level meetings.

**Planned Intervention phase**

This phase of the research will be fully developed once findings from the formative phase become available. The intervention phase of this research study will be submitted during the annual project review for scientific, technical and ethics approval. It will consist of:

i. Administering a household survey to provide baseline data to compare the effect of the intervention package on a post intervention household survey

ii. Implementation of the intervention and measurement of its effectiveness, through a cluster randomized-controlled trial in six facilities implementing the intervention and the other six continuing to provide services following the current practices and guidelines (12 matched facilities in each country study site and their respective communities).

iii. Follow-up of a cohort of individuals within one-matched pair of facilities per country (one experimental and one control) to determine (un-)met needs, continuation rates and method switching.

iv. A qualitative study (process evaluation) in both the experimental and control group to inform on the fidelity of the intervention in the experimental group and the processes in the control group.

Adequate importance to understanding the processes involved in delivering the intervention and in assessing the corresponding impacts will be given keeping the essential role of the final evaluation outcomes. To enable scalability and replication, and ensure transparency, a detailed description of the intervention employed will be kept throughout the intervention phase.

**Sites**

Kenya, Zambia and South Africa

**Partners**

International Centre for Reproductive Health – Kenya (ICRH-K), Kenya
Ministry of Health, Zambia
Maternal, Adolescent and Child Health Research (MatCH Research), South Africa

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