

ADVANCING PARTNERS & COMMUNITIES SUMMARY SERIES

Increasing Access to High-Quality, Community-Based Family Planning Services: APC's Comprehensive Approach in Uganda

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Chapter Six: Using Advocacy Successfully — Drug Shops' Provision of Injectable Contraception in Uganda

The recent introduction in Uganda and elsewhere of subcutaneous formulation of DMPA (DMPA-SC), increases the prospect for non-clinic provision of DMPA and may catalyze policy action in favor of DMPA provision in drug shops. (Akol et al. 2014; Burke et al. 2014).

The Challenge

Contraceptive use in Uganda is low. Only 35 percent of married women use a modern method and 28 percent have an unmet need for it (18 percent want to delay childbearing and 10 percent want to stop childbearing). While the total fertility rate has declined from 7.4 births per woman in 1988 to 5.4 births per woman in 2016 (DHS 2016), it remains one of the highest in eastern and southern Africa. Among the reasons for low use of contraception are barriers to access, stockout of family planning supplies, and shortage of trained health staff. These problems are more acute in rural areas, where health facilities tend to be few and far between. Unsurprisingly, women in rural areas have almost twice as many children as women in urban areas.

APC's Solution

Training and supporting pharmacy and drug-shop staff to provide a wider variety of family planning methods and information has been identified as a promising USAID high-impact practice (USAID 2013). Private drug shops provide an opportunity to expand access to family

planning because they are commonplace in rural areas and support a sustainable market for health products. Uganda has more than 10,000 registered drug shops and many more unregistered serving rural areas, where more than 80 percent of the population lives. Oral contraceptive pills and condoms are provided legally by drug shop operators who generally have some medical training (Stanback et al. 2011). However, many drug shops also stock and provide the more popular injectable contraception, although both the sale and the administration of any injectable drug by drug shops were not sanctioned under policy until the end of 2017. This practice is a needed, given the context of high maternal mortality and morbidity, poorly stocked clinics, and high unmet need for family planning. The Ministry of Health (MOH) and its partners have been leading the advocacy process to amend the National Drug Authority (NDA) Act to allow the legal and safe provision of injectable contraception by registered drug shops in Uganda and scale it up nationally. This case study captures the key developments and lessons in the advocacy process to support this service-delivery channel.



Small group discussion at drug shop stakeholder meeting.

Credit: Amanda Agaba for FHI 360

Generating evidence: Beginning with the end in mind

USAID's Advancing Partners and Communities (APC)—led by JSI Research & Training Institute, Inc. (JSI) and implemented by FHI 360 in Uganda— recognizes that evidence generation is key for policy advocacy to support promising practices in service delivery. FHI 360 has worked with the MOH, NDA, and implementing partners to research how best to support and involve drug shops as safe and reliable family planning providers. (See case study).

Assessment of drug shop suitability for sales of injectable contraception

From November 2007 through January 2008, FHI 360 and Save the Children surveyed 124 of the 157 drug shop operators that sold the intramuscular injectable depot medroxyprogesterone acetate (DMPA) in Nakaseke, Luwero, and Nakasongola districts to assess the shops' suitability for sale outlets for the socially marketed Injectaplan (Stanback et al. 2011). The findings showed that:

- The majority of drug shop operators were females, and most had some medical training (mostly as nurses and nursing assistants), and had completed Senior 4-level of education.
- Drug shops were a major provider of health care. Of the 85% that sold DMPA, 96% injected it, too.
- Training on injection skills and the delivery of family planning services in general was needed because shop operators' knowledge of DMPA side effects varied, less than half had sharps boxes, and about 24% had needle stick injuries.

Follow-up assessment of subset of drug shop operators

In 2009, based on stakeholder interest and MOH approval, a pilot study was designed to train 146 of the drug shop operators surveyed to provide DMPA in Luwero and Nakasongola (Chin-Quee 2010). FHI 360 and Save the Children provided training on family planning, safe injection, and waste disposal procedures. In follow-up, the study compared 37 trained-drug shop operators (intervention) to 26 others who did not receive training (control). The pilot assessed knowledge, attitudes, and practice via interviews with the service providers. The findings demonstrated that with training, community-level distribution through drug shops is safe and feasible because:

- Trained drug shop operators improved from baseline to follow-up on scores for general contraceptive, method provision, and DMPA knowledge. Scores for administration of DMPA also increased from baseline to follow-up. However, the improvements were not statistically significant compared to the control group in injection practice and knowledge.
- Drug shop operators in the intervention and control groups demonstrated skill in injection practices as they were able to safely administer the injectable, but their general knowledge of family planning, management of DMPA clients, and ability to counsel clients needed improvement.



Drug shop operator trained by APC Uganda to offer family planning services, including injectable contraceptives.

Credit: Amanda Agaba for FHI 360

Assessment of drug shop contribution to family planning service provision

In September 2011, service delivery data from 139 drug shop operators providing family planning products and services in Bugiri, Luwero, Nakasongola, and Mayuge districts were evaluated to determine the contribution of drug shops to family planning service provision (Akol et al. 2014). In addition, clients were interviewed to determine their acceptance of and satisfaction with drug shop operator-provided family planning services. The findings showed that:

- In three of the four districts, drug shop operators provided an equivalent amount of family planning services (as measured in couple years protection) as did village health teams and clinics.
- Family planning clients, who were mostly DMPA users, were satisfied with drug shop services and over 95 percent would recommend drug shop operators to a friend for family planning services, reflecting the overall high level of satisfaction.
- Drug shops are a preferred source, as about one-half of family planning clients switched from clinics to drug shops for family planning services.

Packaging and sharing the evidence

In 2015 the MOH and FHI 360 held a high-level policy dialogue with government, NGO, academic and civil society leaders to present the evidence generated and to obtain their consensus on the prospects of changing Uganda's policy for the provision of injectable contraception by drug shops. The participants at the meeting recommended the formation of a taskforce that would consult with other relevant stakeholders, review the research and programmatic evidence, and write a justification paper in support of a policy amendment.

Applying what we learned to future FP programs

- **Stakeholder consensus is important:** A highly consultative process ensured wide stakeholder ownership and contributed to MOH approval.
- **Open debate makes a richer case:** Open and candid discussion and debate of controversial issues with this service delivery channel allowed the inclusion of challenges and mitigating factors in the justification paper.
- **Time is important:** Policy change should be approached as ongoing. The taskforce did not rush the process and

allowed time for stakeholders to participate in the policy dialogue and evaluate options to help them become fully invested in the process.

- **Planning is critical:** Advocacy was executed using a strategy that included the goal, political context, policy-making process, decision makers, and a means of communicating with these decision makers. The taskforce devised tactics and messages and regularly discussed progress, setbacks, and necessary revisions.
- **Building upon past achievements helps:** Advocacy for drug shops' provision of injectable contraception built on the policy process that led to community health worker (CHW) provision of injectable contraception. The advocacy goal was justifiable because CHWs are generally less qualified than typical drug shop operators.
- **Linking to global rationales enhances relevance:** The country-level work was linked to the global conversation by supporting taskforce members to attend international meetings on drug shop engagement, which increased their appreciation of drug shops as a channel for increasing access to health services broadly.



Drug shop operator providing family planning counseling to a client.

Credit: Amanda Agaba for FHI 360

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