

CASE STUDY

Managing the policy advocacy process: Drug shops' provision of injectable contraception in Uganda

Policy reform is an evolving, iterative, multistage process that requires patience, mutual respect, and enduring commitment. (USAID 2007)

In Uganda contraceptive use is low. Only 27.5% of all women use a modern method, but unmet need for these women is 23.8% (15% for spacing and 8.8% for limiting) (PMA2020 2016). Uganda also has one of the fastest rates of population growth at 3.2% per year and a high fertility rate of 5.8 children per woman (UBOS 2011 and PMA2020 2016). Among the reasons for low use of contraception are barriers to access, stock out 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. Not surprisingly, women in rural areas have almost twice as many children as women in urban areas.

Private drug shops could offer an opportunity to expand access to family planning because they are commonplace in rural areas and support a sustainable commercial market for health products. Uganda has 6,363 registered drug shops (2010) and many more unregistered ones serving rural areas where 80% of the population lives (DHS 2011). 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 are not sanctioned under existing policy. Although illegal, this practice provides a much needed service, given the context of high maternal mortality and morbidity, poorly stocked clinics and high unmet need for family planning. The Ministry of Health (MoH) with partners is leading an advocacy process whose goal is to amend the National Drug Authority (NDA) Act to allow the legal and safe provision of injectable contraception by registered drug shops in Uganda. This case study captures

several of the key developments in the ongoing advocacy process to support this service delivery channel and the lessons learned thus far.

Generating Evidence: Beginning with the end in mind

Generating evidence is essential for policy advocacy to support promising practices in service delivery. FHI 360 has worked with the MOH, NDA and partners such as Save the Children conducting research to understand how to best support and involve drug shops as safe and reliable family planning providers. (See next page).



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Packaging and dissemination of 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 Committee that would consult with other relevant stakeholders, review the research and programmatic evidence, and write a justification paper in support of a policy amendment.

Assessment of drug shop suitability for sales of Injectable Contraception

Beginning in November 2007 through January 2008, FHI 360 and Save the Children conducted a survey of 124 drug shop operators of 157 that sold the intramuscular injectable, depot medroxyprogesterone acetate (DMPA), in Nakaseke, Luwero and Nakasongola to assess the suitability of drug shops as sales outlets for the socially marketed injectable, “Injectaplan” (Stanback et al., 2011). The survey findings showed that:

- The majority were female, most had some medical training (most often as a nurse and nursing assistant) and most had completed senior 4 level of education.
- Drug shops were a major provider of health care and the majority sold (85%) and injected (96%) DMPA in the shops.
- Drug shop operators’ knowledge of the side effects of DMPA varied.
- Training was needed on injection skills and the delivery of family planning services in general because their 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 the interest of stakeholders and with approval from the MOH, a pilot study was designed to train 146 of the same drug shop operators surveyed previously to now 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 and at follow-up compared 37 trained-drug shop operators to 26 others who did not receive training. The demonstration study 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:

- Trained drug shop operators improved from baseline to follow-up on scores for general contraceptive, method provision, and DMPA knowledge; their 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 administering the injectable, but that their general knowledge of family planning, management of DMPA clients, and ability to counsel clients could be improved.

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 was evaluated to determine the contribution of drug shops to family planning service provision (Akol, et al., 2014). In addition, clients of the drug shop operators were interviewed to determine their acceptance and satisfaction with drug shop operators-provided family planning services. The evaluation findings showed that:

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

Involving stakeholders throughout the policy advocacy process

The MOH, with FHI 360 as the secretariat, put together a Taskforce Committee of government agencies, civil society, health provider regulatory institutions, the private sector and NGOs in 2015 to develop the case for policy change. Having a diverse group of stakeholders with a range of interests has helped to make the advocacy process more inclusive, participatory and most importantly — effective. The Taskforce Committee has conducted a number of activities including identifying influencers through a stakeholder mapping exercise, developing an advocacy strategy and holding consultative meetings with health training institutions, civil society organizations and decision-makers within the MOH and NDA. The consultative meetings collected information on potential benefits, drawbacks and necessary conditions for a policy change. These thoughts were compiled into a Justification Paper for the Provision of Injectable Contraception by Drug Shop Operators in Uganda. In November 2016 the MOH Senior Management Committee gave the Taskforce Committee their approval and support for presenting the Justification Paper and seeking consensus from the NDA as a last step before policy change.

The recent introduction in Uganda and elsewhere of Sayana Press, a subcutaneous formulation of DMPA, increases the prospects 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).

Lessons learned

- *Stakeholder consensus is important:* A highly consultative process ensured wide stakeholder ownership and contributed to MOH approval
- *Open debate makes for a richer case:* Open and candid discussion and debate of controversial issues with this service delivery channel allowed

for the inclusion of challenges and mitigating factors in the Justification Paper.

- *Time is important:* Policy change should be approached as a continuing process. The Taskforce did not rush the process and allowed time for stakeholders to participate in the policy dialogue, to evaluate options, so that they become fully invested in the process.
- *Planning is critical:* Advocacy was executed with the help of a carefully crafted advocacy strategy which included the advocacy goal, political context, policy making process, decision makers, and a means of communicating to these decision makers. The Taskforce together devised tactics and messages and regularly discussed progress, setbacks and needed revisions.
- *Building upon past achievements helps:* Advocacy for drug shops' provision of injectable contraception builds upon a previous successful policy process to facilitate community health worker (CHW) provision of injectable contraception. The drug shops advocacy goal was justifiable by the fact that 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 shops' engagement, which helped to increase their appreciation of drug shops as a channel of increasing access to health services broadly.
- *More evidence might be needed to understand the problem:* Following the pilot study in 2007-2008, stakeholders wanted additional information so FHI 360 conducted two assessments to provide more evidence.

Moving forward

- Presentation of the Justification Paper to the management of the National Drug Authority
- Development and application of training and supervision tools and guides
- Implementing operational studies around the roll out of drug shops' provision of injectable contraception so as to inform necessary adjustments in policy and practice

Pfizer, 2013



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References

- Akol A, Chin-Quee D, Wamala-Mucheri P, Namwebya JH, Mercer SJ, Stanback J. 2014 Getting closer to people: family planning provision by drug shops in Uganda. *Glob Health Science and Practice*, 2(4):472-481. <http://dx.doi.org/10.9745/GHSP-D-14-00085>
- Burke HM, Mueller MP, Perry B, Packer C, Bufumbo L, Mbengue D, et al. 2014. Observational study of the acceptability of Sayana Press among intramuscular DMPA users in Uganda and Senegal. *Contraception*;89(5):361–367. CrossRef. Medline
- Chin-Quee D. 2010. Drug shops and private clinics as sales outlets for injectable contraception in Uganda. Research Triangle Park, NC, USA: FHI.
- Performance Monitoring and Accountability 2020 (PMA2020) Project, Uganda Family Planning Indicators. School of Public Health, College of Health Sciences at Makerere University. 2016. Baltimore, MD: PMA2020, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health.
- Stanback J, Otterness C, Bekiita M, Nakayiza O, Mbonye AK. 2011. Injected with controversy: Sales and administration of injectable contraceptives in Uganda. *International Perspectives on Sexual and Reproductive Health*, 37(1): 24-29.
- Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. Uganda Demographic and Health Survey 2006. Calverton, Maryland, USA: UBOS and Macro International Inc.
- USAID. 2007. Policy reform lessons learned: A review of economic growth related policy reform activities in developing countries. Washington, DC.



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