

Using Drug Shops to Increase Family Planning Access and Method Choice in Uganda

At the recent London Family Planning Summit, the Government of Uganda committed to lowering unmet contraceptive need from its current 34% to 10% by 2022. To meet this ambitious goal, all feasible means of increasing accessibility to family planning (FP) need to be explored and activated.

Using Uganda's numerous registered and unregistered drug shops to provide family planning choices, including injectables such as DMPA, is an innovative approach that could help meet this contraceptive need. FHI 360 is working with drug shop operators (DSOs) in Uganda to understand how to best support and involve drug shops as safe and reliable family planning providers.

Legal provision of injectables

Drug shop provision of injectables is not allowed at this time in Uganda, although many DSOs provide it to clients anyway. FHI 360 research showed that drug shops can safely and feasibly provide injectables. Further research will help determine the contribution of drug shops to overall FP provision.

Why Drug Shops?

1. Drug shops are already convenient and popular sources for healthcare advice, treatments and supplies, especially in rural and hard-to-reach areas, and they offer an opportunity to reach existing as well as new family planning clients. For decades, people have routinely selected small commercial drug shops and pharmacies for their health care needs (Day et al., 1993; Mayhew et al., 2001). These outlets are often the first line of health care in resource challenged countries, especially in rural areas that have few private or public clinics (Stanback et al., 2011). Uganda has 6,363 registered drug shops (2010) and many more unregistered ones serving the 80% rural population (2011 DHS).
2. Drug shop operators already provide pills and condoms, and they usually have some medical training. With training and supervision they could expand their current method choice to provide other methods, such as DMPA.
3. In other countries, drug shop operators have been trained to safely provide a wide variety of FP methods, including DMPA. For example, the Bluestar program in Bangladesh has demonstrated that when trained and supported, private sector workers such as drug shop staff can safely and effectively provide quality family planning services, including DMPA, and many clients preferred going to a local drug shop (Khan et al., n.d.). In Uganda, the MOH has already sanctioned provision of DMPA by Village Health Teams (VHTs), a group that generally has less medical training than typical drug shop operators.
4. Drug shops can provide an alternative, when there are supply shortages in the public sector. Shortages of family planning commodities at public sector facilities are an everyday reality for many Ugandans. Uganda is currently expanding its VHT strategy to bring family planning, including DMPA, to the door steps of FP clients who do not have access to nearby public health centers. However, shortages of FP commodities supplied to the VHTs often leave clients without timely access to the contraceptives they need. Harnessing the power of the private sector drug shops to ensure availability holds promise as an alternative source of FP supplies.
5. Drug shops, along with VHTs, can help relieve the workload pressure on midwives and health centers as family planning demand increases. Only 58% of public health sector jobs are filled across Uganda, with staffing levels as low as 19% in some districts, which leaves current staff with unmanageable workloads. With task sharing, a concept endorsed by WHO, providers with less training, such as DSOs, can deliver some of the same services with the same quality as providers with more training, which allows better use of highly trained workers and expands service delivery (WHO, 2010). In the recent addendum to the Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health on community-based access to injectables, developed with FHI 360 input, drug shops are recognized as "outlets of family planning service provision," both as community-based and private sector outlets, although injectable provision is not specifically mentioned as one of the services.

What FHI 360/Uganda Is Doing

FHI 360 has conducted several studies in Uganda to assess the suitability of drug shops to sell and administer injectable contraceptives. In 2007-08, FHI 360 and Save the Children conducted a survey of 146 drug shop operators to assess the suitability of drug shops as sales outlets for the socially marketed injectable, "Injectaplan" (Stanback et al., 2011). This initial assessment showed that drug shops were a major provider of health care, including FP services. Of the drug shops surveyed, 85% were currently selling Injectaplan and 96% of these were injecting it on site. Knowledge of side effects was mixed; less than 40% knew DMPA could lead to spotting or amenorrhea. In terms of injection provision, only 42% used a sharps container, 14% reported having a client who developed an abscess in the past year, and nearly one-fourth of DSOs had a needle stick injury in the past 12 months.

In 2009, FHI 360, in collaboration with Save the Children, conducted a follow-up study with a subset of these 146 DSOs (Chin-Quee, 2010). FHI 360 provided training on FP and safe injection and waste disposal procedures to 37 DSOs and compared this group to 26 DSOs who did not receive training. This study was viewed as a next step for providing preliminary evidence needed to initiate a discussion with the Drug Shop Authority and Pharmacy Division of the MOH on whether or not to ease restrictions on sales of injectables in drug shops. Trained DSOs 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.

As part of the USAID-funded STRIDES for Family Health project, FHI 360 is providing FP training and supportive supervision to drug shop operators and assessing their contribution to overall FP provision. To do this, FHI 360 works closely with DSOs, who are often suspicious of outsiders attempting to shut them down, to collect monthly data on their FP provision to get a better picture of how much they are currently contributing to overall FP provision. Clients of DSOs have been interviewed to determine their acceptance and satisfaction with DSO-provided FP services. Information from this analysis is expected to inform discussions with policy makers and regulatory authorities to justify whether DSOs should be allowed to provide DMPA.

Lessons Learned and Next Steps

- More research is needed to verify the feasibility and safety of this approach and to determine what investments are needed to make drug shops a safe channel to increase accessibility to FP, especially in hard-to-reach areas.
- DSOs need support and supervision, not policing. Accreditation of trained providers and stronger enforcement of licensing and safety regulations are desirable and could make drug shops a stronger partner in Uganda's efforts to reduce unmet need for FP.
- DSOs are first and foremost businessmen. Ways to motivate them should be explored so that they understand that it is an advantage to be trained to provide a safe service. DSOs' willingness to participate in the FHI 360 M&E activity and continued submission of monthly service data are good signs that they will accept training.
- A better understanding is needed on how to successfully train DSOs to have the required skills and knowledge.

Drug shops show promise as a FP source, but more research is needed to understand the necessary investments and verify the soundness of this approach. Data from drug shops are currently not captured in the HMIS, and a means to do this should be developed. Given drug shop operators' potential to provide FP support to VHTs in the communities, and the fact that they will continue to give injections, it is recommended that DSOs go through an accreditation and training process.

In the meantime, FHI 360 will continue to provide technical assistance to the MOH to assist its assessment of drug shops and to decide whether to ease restrictions on drug shops. If they determine that these outlets can serve as safe providers of FP including injectables, drug shops could prove a valuable means to increase method choice and availability in Uganda, and play a significant role in successfully lowering unmet FP need for couples seeking to space or limit the number of children they have.

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