

TECHNICAL BRIEF

# Expanding Access to Contraception in Uganda Through Drug Shops

MARCH 2023



## SUMMARY

Many communities in Uganda lack access to health facilities; this contributes to high unmet need for family planning (FP) (15.3%) in the country.<sup>1</sup> Achieving universal health coverage (UHC) in Uganda necessitates expanding access to the full range of contraceptive methods. Given their proximity to communities, drug shops are poised to play a key role in expanding access to contraception at the community level to advance UHC. In March 2021, the USAID/Uganda Family Planning Activity (FPA, 2020-2025) began supporting 16 drug shops in three districts in Uganda to offer quality contraceptive information and counseling, a range of short-acting contraceptives, and referrals for long-acting reversible contraceptives (LARCs) and permanent methods.

Between March 2021 and June 2022, use of these services steadily increased, with a total of 3,679 client visits (new and revisits) to drug shops for contraceptive services. The proportion of young adults accessing contraceptives via drug shops during this time frame steadily increased from 15% to 27%. Injectables were by far the most common method among all users, chosen in 85% of drug shop visits. The intervention's success thus far demonstrates that drug shops are a viable channel for reaching new and underserved contraceptive clients.

<sup>1</sup>“Results from Phase 2 Cross-Sectional Survey.” Performance Monitoring for Action (PMA Uganda), 2021.

### FPA strives to contribute to three major results:

1. Stronger Ugandan leadership and coordination to support voluntary FP
2. Enhanced positive social norms and behaviors to improve healthy timing and spacing of pregnancy
3. Increased access to quality voluntary FP

## CONTEXT

UHC means that all people have access to needed health services, where and when they need them, without financial hardship. While Uganda's national health system provides free health services at all public health facilities, not all communities in Uganda have access to public health facilities. Only 72% of Ugandans live within a one-hour walk from their nearest government health center.<sup>2</sup> Uganda's unmet need for FP among all women is high at 15.3%, and the contraceptive prevalence rate for all women is low at 34%.<sup>3</sup> The total fertility rate in Uganda is among the highest in the world at 5.4 births per woman.<sup>4</sup> One in four adolescent girls ages 15 to 19 are mothers or pregnant with their first child, and girls in the poorest households are more than twice as likely as those in the wealthiest households to have begun childbearing (34% versus 15%).<sup>5</sup>

This brief adheres to the World Health Organization definitions of individuals who fall into the following categories by age:

**Adolescents: Ages 10 to 19**

**Youth: Ages 15 to 24**

**Young people: Ages 10 to 24**

Attaining UHC requires expanding access to the full range of contraceptive services, particularly to underserved and marginalized populations, including young people. Private health care can help fill this gap, as more than half of private-sector contraceptive clients obtain their method from a pharmacy or a drug shop.<sup>6</sup> **Contraceptive service delivery through drug shops is a sustainable, efficient, equitable way to increase access to contraceptives using a total market approach.**

**In a total market approach, public and private partners coordinate to meet the health care needs of a population, leveraging the assets of each partner to maximize the reach, quality,**

\*“Total Market Approach.” Washington, DC:USAID. Accessed February 18, 2022. <https://www.fpfinancingroadmap.org/learning/specific-topics/total-market-approach>.

In 2020, following successful pilot studies on the feasibility and acceptability of drug-shop provision of injectable contraception, the Uganda Ministry of Health (MOH) and the National Drug Authority (NDA) approved and issued guidelines for provision of short-term contraceptive methods, including injectables, through drug shops. This promising high-impact practice (HIP) for FP is a key strategy to increase access to voluntary contraceptive services in Uganda.<sup>7</sup> While drug shop operators (DSOs) can only provide short-acting contraceptive methods (injectables, oral contraceptive pills, emergency contraceptive pills, and condoms), they can counsel clients on the full range of methods and refer those who desire LARCs or permanent methods to the nearest health center.

FPA seized this opportunity to increase access to contraception in underserved communities. Led by Pathfinder International in partnership with Uganda Protestant Medical Bureau (UPMB), Samasha Medical Foundation (SMF), and the Uganda Youth and Adolescent Health Forum (UYAHF), FPA works to address underlying social, cultural, and structural barriers to contraceptive access, particularly among young people, first-time parents, and low-parity women in 11 districts across Uganda: Buliisa, Bundibugyo, Butambala, Gomba, Kibaale, Kiryandongo, Kyankwanzi, Kyegegwa, Kyenjojo, Ntoroko, and Rakai.

<sup>2</sup>Dowhaniuk, Nicholas. “Exploring Country-Wide Equitable Government Health Care Facility Access in Uganda.” *International Journal for Equity in Health* 20, no. 1 (December 2021): 38. <https://doi.org/10.1186/s12939-020-01371-5>.

<sup>3</sup>“Results from Phase 2 Cross-Sectional Survey.”

<sup>4</sup>“2016 Uganda Demographic and Health Survey Key Findings.” Kampala, Uganda and Rockville, Maryland, USA: Uganda Bureau of Statistics (UBOS) and ICF, 2017. <https://dhsprogram.com/publications/publication-SR245-Summary-Reports-Key-Findings.cfm>.

<sup>5</sup> *ibid*

<sup>6</sup>Sarah E. K. Bradley and Tess Shiras, “Sources for Family Planning in 36 Countries: Where Women Go and Why It Matters” (Rockville, MD, USA: Sustaining Health Outcomes Through the Private Sector Plus Project, Abt Associates, 2020), <https://shopsplusproject.org/resource-center/sources-family-planning-36-countries>

<sup>7</sup>“Pharmacies and Drug Shops: Expanding Contraceptive Choice and Access in the Private Sector,” *High Impact Practices in Family Planning (HIPs)* (Washington, DC, USA: HIPs Partnership, 2021), <https://www.fphighimpactpractices.org/briefs/drug-shops-and->

## IMPLEMENTATION

### Participant selection and capacity strengthening

In August 2020, FPA identified three priority districts—Kyenjojo, Butambala, and Buliisa—that lacked public health facilities and had inadequate access to contraceptive services. To identify and select the participating drug shops, FPA worked with district health teams (DHTs) including the assistant district health officer, the district drug inspector, the health inspector, and a midwife from the nearest public health center, and mapped all private drug shops in the selected districts using a readiness assessment in February 2021. The assessment employed a checklist to verify which drug shops were registered and licensed by the NDA and met NDA standards, the size of their catchment populations, their distance from the nearest health facility, the presence of a trained provider, the state of their infrastructure, and service-readiness gaps. The mapping helped FPA and DHTs identify underserved sub-counties and drug shops with large catchment populations. In March 2021, FPA adopted delivery of short-acting contraceptives through 16 drug shops in the three priority districts. In December 2021, FPA began mapping and training DSOs and working on the accreditation process in 33 more drug shops in these districts to reach a total of 49.



Photo credit: Pathfinder International. A training participant administers DMPA-SC to a client during a practical session.

Before beginning delivery of contraceptive services, FPA organized five-day trainings for DSOs, facilitated by district FP trainers. The trainings, guided by an MOH/NDA training manual and conducted in government health facilities, blended theory and practicum, and covered a range of topics, including commodity security, infection prevention and waste management, and demand creation. FPA oriented the DSOs to key record-keeping and reporting tools and gave them MOH-integrated FP registers to record all client visits and methods provided. The DSOs learned to summarize the data into monthly reports for midwives from nearby health facilities to enter in the health facility health management information system (HMIS). This enabled data capture in the national district health information system version 2 (DHIS2).

DSOs were also trained on provision of short-acting contraceptive methods. Each participant administered DMPA-IM (intramuscular) and SC (subcutaneous) to at least two clients during the training. DSOs also practiced counseling women on all methods and making referrals for those who desired LARCs or permanent methods not provided in drug shops. Midwives from nearby health facilities also participated in these trainings to understand their role in supporting drug shops, including reporting and providing supportive supervision to ensure quality of care.

FPA supported the DHTs to follow up training with quarterly supportive supervision visits to help drug shops address challenges in FP service provision. These visits, conducted at each drug shop, revealed that they were performing well in completion of FP registers and monthly HMIS summary reports; safe handling of sharps and other infection prevention measures; and provision of injectable contraceptives. The drug shops were generally well stocked with commodities from joint medical stores (JMS). The visits also shed light on several areas for improvement, including integration of the drug shops' monthly HMIS reports into the health facilities' monthly reports; documentation of referrals; and capture of the postpartum family planning (PPFP) codes.



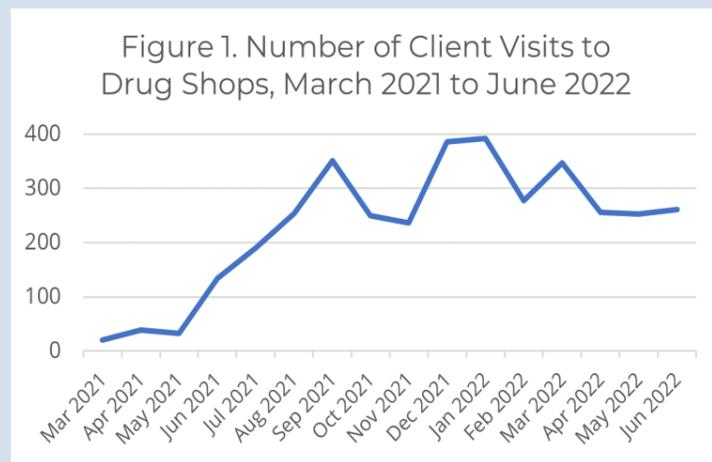
Photo credit: Lovington Kambagu for Pathfinder International, 2021. Drug shop operator Margeret Nabbanja offers FP counseling to a client.

### Commodity security, infection prevention, and waste management

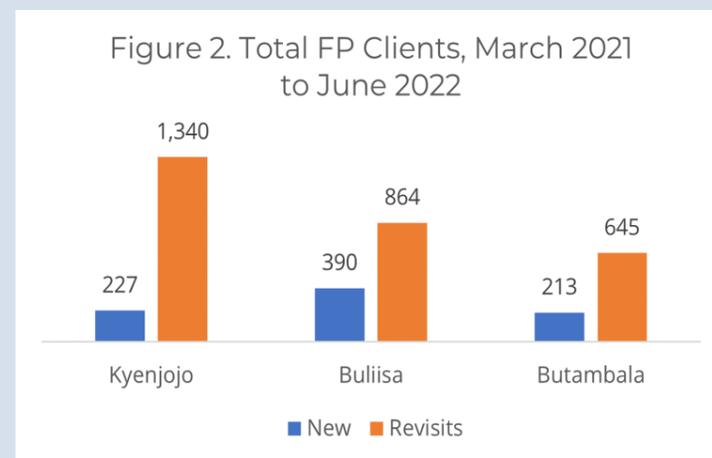
The 16 drug shops initially selected for participation were accredited for inclusion in the alternative distribution system (ADS) to access contraceptive commodities (DMPA-IM and SC) from JMS. The drug shops received JMS order and reporting forms, and FPA supply chain officers worked with district medicines management supervisors to support the drug shops in placing orders with JMS—who delivers commodities to the drug shops free of charge—and navigating JMS delivery cycles. Participating drug shops were encouraged to purchase sharps containers to dispose of needles and syringes and other containers for disposing of non-sharps waste, and to take sharps containers to the nearest health center for proper disposal once three-quarters full. The drug shops also employed standard operating procedures to prevent the spread of COVID-19.

### Demand creation

FPA included information about contraceptive availability at drug shops in community dialogues and radio programs. The project also communicated this information through FPA’s digital health interventions, such as the toll-free helpline and the short message service (SMS). Additionally, DSOs informed clients who came for other services about the availability of contraceptives and displayed signposts with information about the services. Village health teams also referred clients to drug shops when they were unable to provide contraceptive commodities themselves.



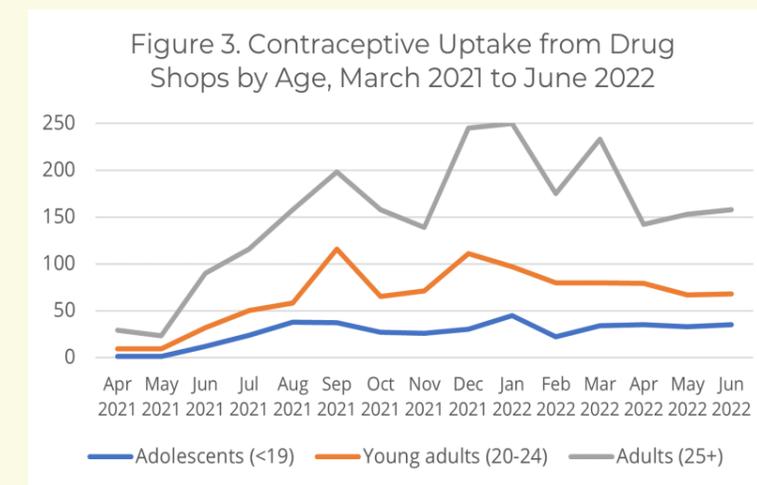
In March 2021, 6 drug shops in Kyenjojo district began providing contraceptive services, followed by 12 additional drug shops in Butambala and Buliisa districts in June 2021 once they were enrolled in ADS. Three of the original 18 drug shops selected for participation dropped out of the intervention, and then one replacement drug shop joined, for a total of 16 initial implementing drug shops. Between March 2021 and June 2022, use of FP services by clients of these drug shops steadily increased (Figure 1). Of the total 3,679 visits (new and revisits) for contraceptive services from the 16 participating drug shops, 830 (22.6%) were new visits, and 2,849 (77.4%) were return visits (Figure 2).



### Reaching young people

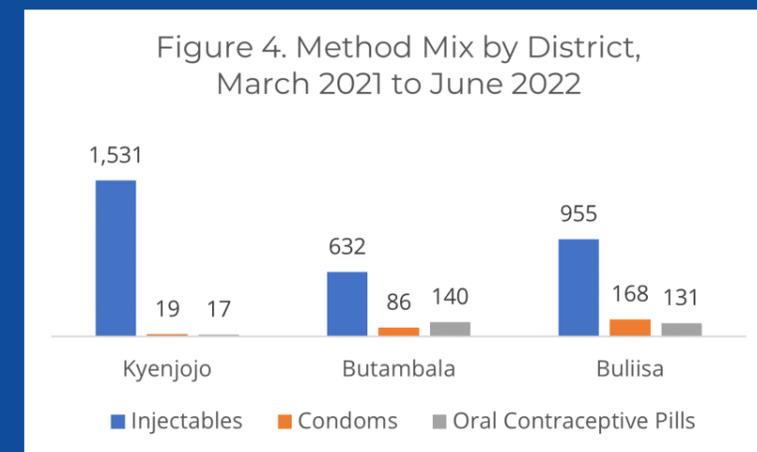
The drug shops served clients ranging in age from adolescents to youth to adults. Over time, the proportion of young people accessing contraception through the drug shops grew. Young adults ages 20 to 24 who accessed these drug shops for contraceptive services comprised 15% of clients accessing contraception in FPA-supported drug shops in March 2021; this rose to 27% in June 2022. The proportion of clients accessing contraceptives through FPA-supported drug shops who were younger than 19 doubled from 5% in March 2021 to 10.8% in December 2021, rising as high as 15% in June 2022 (Figure 3).

The FPA team attributed this growth to two factors: the proximity of the drug shops to communities, and the relative privacy they afford young people. From dialogues with young people, the FPA team understands that they often lack transport and will visit the nearest facility. The nominal cost of contraceptive services (1,500 shillings, or approximately US\$0.40 for injectable contraception) at a drug shop is often less than the cost of transport to a public facility where services are free. Given their need for privacy, young people will often opt for service delivery sites unlikely to have a line of waiting clients. In addition, drug shops offer consistency, augmenting the work of overburdened community health workers or village health teams that might be unable to regularly reach young people without support.



### Method Mix

Between March 2021 and June 2022, 85% (3,118) of contraceptive clients at participating drug shops received injectables, with 56% (1,743) receiving DMPA-SC, and 44% (1,375) receiving DMPA-IM. Of the remaining drug-shop contraceptive clients, 8% (288) received oral contraceptive pills, and 6% (273) received condoms (Figure 4). Of the total clients who accessed contraceptive services through FPA-supported drug shops during this period, 543 (15%) did so during the 12-month postpartum period; of these, 100 (18%) were within five weeks postpartum.



## Implementation Facilitators and Challenges

### Several factors helped facilitate successful implementation of the intervention:

- A prior pilot study on delivery of contraceptives through drug shops informed FPA's approach and facilitated **timely approvals by the MOH and NDA**. As a result, all 16 original participating drug shops were accredited to receive contraceptive commodities and were able to report to their nearest supervising health facility.
- **ADS access to commodities** like DMPA-SC that are not available on local markets is a strong incentive for drug shops to join the program.
- **Connecting drug shops with nearby health facilities** strengthens the public-private partnership between the drug shops and the district health department and allows for ongoing public stewardship for sustainable and quality FP service delivery.
- **Use of existing MOH data management tools** simplifies the data reporting and recording process for the drug shops.
- The **proximity of the drug shops to the communities they serve** ensures a ready market for contraceptive services.

### On the other hand, several challenges and related learnings arose over the course of implementation:

- The accreditation process for drug shops to receive contraceptive commodities from JMS is **complex and time consuming**. This created a delay between training and access to free ADS commodities for the additional 33 drug shops trained in 2022. Furthermore, while drug shops provide all short-term methods, the MOH drug shops task force only authorized them to access DMPA-SC and DMPA-IM for free from the ADS. This put them at risk for stockouts of other

short-term methods, which they must purchase from other private pharmacies that are often far from the drug shops and sell commodities at higher prices. FPA will continue to advocate through the task force to authorize access to other short-term methods through the ADS.

- **In drug shops where the operators are not the owners, staff turnover makes consistent delivery of quality services by trained DSOs challenging**. Working with drug shops whose owners are the operators is more sustainable given the lower dropout rate.
- **Because most drug shops are far from their corresponding health facilities, their monthly reports often reach the health facilities too late to be included in the facility's HMIS and therefore are not captured in the district HMIS reports**. Solutions are being tested, including continuous engagement between DSOs and health facility staff and sharing soft copies of the reports with facility midwives via WhatsApp.
- **While supportive supervision by the government through DHTs or supervising public health facilities is key to maintaining quality, it has thus far required a level of facilitation by the project that is not sustainable in the long term**. FPA is therefore advocating for supportive supervision of drug shops to be included in the routine activities of the DHT using primary health care resources.
- **The PFPF data is not desegregated by age in the MOH HMIS and DHIS reports, making it difficult to document which age groups are taking up PFPF**. FPA has designed tools to capture this information, which will be analyzed

## CONCLUSION

Given their proximity to communities most in need, drug shops are a viable channel for reaching new and underserved clients with short-acting contraceptive methods. Engaging drug shops in health service delivery reduces the burden on the public-sector health system while improving community access to services. Access to contraception through drug shops increases modern contraceptive use and reduces unintended pregnancy. This intervention demonstrates that communities are willing to pay for services if they are available, affordable, and good quality. It also demonstrates that access to commodities like DMPA-SC that are not available on local markets through ADS serves as a motivator for drug shops to join the program.

In December 2021, FPA further expanded its support to reach a total of 49 drug shops in the three districts—33 new drug shops are working on the accreditation process so that they can join the original 16 in providing contraceptive services. FPA is strengthening drug-shop provision of short-acting contraceptive methods in Year 4 of the project using lessons from the first phase of implementation. FPA recognizes that training,

mentorship, and supportive supervision of DSOs improves their ability to properly document records and compile reports. It also improves the quality of services they provide, including counseling, contraceptive methods, and use of infection prevention and control measures. This, in turn, improves client satisfaction through contraceptive knowledge and management of side effects. Therefore, the project continues to support quarterly supervision and mentorship to all project-supported DSOs, particularly on timely documentation, reporting, and supply-chain management.

FPA is sharing evidence with district and local governments of the benefits of supervision of DSOs and is advocating for inclusion of supportive supervision in routine DHT activities to ensure quality, accountability, and ownership. To continue to build this evidence, the project will explore the possibility of undertaking a cost-benefit analysis to weigh the contribution of drug shop provision of contraceptives to overall uptake against the costs of implementation.

**Project overview:**

Pathfinder is implementing the U.S. Agency for International Development (USAID) Uganda Family Planning Activity (2020-2025) in partnership with Uganda Protestant Medical Bureau (UPMB), Samasha Medical Foundation (SMF), and the Uganda Youth and Adolescent Health Forum (UYAHF), to address underlying social, cultural, and structural barriers to contraceptive access, particularly among young people, first-time parents, and low-parity women in 11 districts across Uganda.

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*Lovington Kambugu for Pathfinder International, 2021. FPA district activity officer John Kazibwe mentors the operator of Nabutinde Drug Shop in Butambala, Uganda.*

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