



an evidence-based advocacy initiative

October 2015

Taking Injectable Contraceptives to Villages in Uganda

CASE STUDY

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The Uganda Ministry of Health approved an amendment on September 20, 2010, to allow community health workers within village health teams to provide injectable contraceptives in the *National Policy Guidelines and Service Standards for Sexual and Reproductive Health*. FHI 360 (then Family Health International) and Advance Family Planning (AFP) coordinated advocacy efforts beginning in July 2010 to engage the Ministry's senior management and consequently amend the policy. At the time, the approval demonstrated the Ministry of Health's (MoH's) commitment to address women's need for greater access to contraception, including injectable contraceptives. Why is this important, what has happened as a result, and what more needs to be done?

An Identified Need for Family Planning in the Community

According to the World Health Organization, for every 10,000 Ugandans there are only 14 nurses and one physician¹ – a critical shortage of health workers,

particularly at the community level and in rural areas. The Uganda MoH recognizes the role that Village Health Teams play in providing basic health services, including family planning, and accepts task-sharing as essential to expanding access to family planning services and reducing high unmet need for contraception.

In 2011, the Uganda Demographic Health Survey indicated that the majority of all women knew of injectable contraception (94.1%) and that one-third of married women and nearly one-fourth of unmarried women had an unmet need for family planning. Injectables continue to be the most commonly used method of contraception among currently married women—and use is increasing.^{2,3} In 2007, FHI 360 published the results of a community trial which demonstrated that with proper training and support, provision of injectable contraception through community-based distribution is safe, feasible, acceptable, and improves access.⁴ This growing proportion of use underscores the need for community health workers to support current users who need dosage continuation every three months.

First Step: Advocating for Policy Change

Changing the policy guideline took a coordinated advocacy effort and broad collaboration among many partners interested in family planning in Uganda. Co-facilitated by AFP and FHI 360, a small coalition developed a targeted advocacy strategy aimed at key decision makers: the Assistant Commissioner, Reproductive Health; Director General, Health Services; and the Uganda MoH Senior Management Team. The strategy focused on pairing evidence and field knowledge to make the case for new guidelines and the rationale for convening the senior management team to consider revising the guidelines. The coalition included: AFP local partners Center for Communication Programs Uganda and Partners in Population and Development African Regional Office; FHI 360; USAID; Save the Children Uganda; and Wellshare International. The effort included the same District Health Officers who were involved in a five-year, USAID-funded feasibility study on community-based distribution of the injectable contraceptive Depo-Provera.

First, coalition partners gathered information. They participated in one-on-one meetings with key decisionmakers at the Ministry of Health to identify the information and evidence needed to support a policy change. FHI 360 compiled evidence from pilot research in Uganda, the World Health Organization, and other African countries' experiences with national guideline amendments to allow community health workers to provide injectables. Together, the coalition developed a two-page brief highlighting the evidence and providing the basis for requesting the Ugandan guidelines revision.

In order to ground the evidence within the Ugandan community health context the coalition organized a one-day field visit to a rural community in Nakaseke district. The visit enabled the Director General and Assistant Commissioner to assess the capacity of Village Health Teams to provide injectables and the feasibility of linking the teams to the national health system for support, supervision, and referrals. They met with

advocates, district health officers, community health workers, and women using family planning to discuss and investigate health practices and training needs at the community level, as well as the demand for family planning, with a focus on contraceptive injectables.

Within two weeks of the field visit, the Director General requested that the MoH Senior Management Team meet to hear the evidence and highlights of the field visit and consider amending the guidelines. Advocacy partners enlisted district health officers to participate in the meeting. AFP and FHI 360 participated in the national guidelines review process to ensure that the proposed amendment would be incorporated, and that a FHI 360-led taskforce developed implementation guidelines. The Senior Management Team endorsed the amendment to the national guidelines on September 20, 2010, and the guidelines were officially launched by the Government of Uganda on March 11, 2011, allowing village health teams to provide injectable contraception.

Lessons Learned

- **Invest in evidence.** The availability of evidence generated from the FHI 360 pilot study coupled with additional research was instrumental in demonstrating the feasibility and safety of community-based distribution of injectable contraception, proving the significant investments worthwhile.
- **Partner with key decisionmakers and those who influence them.** The AFP approach to strategy development was helpful in tailoring advocacy activities to an influential target audience. Partnering with Partners in Population and Development African Regional Office and USAID and involving District Health Officers helped AFP engage effectively with the MoH.

Next Step: Policy Implementation

The revised guidelines are only a beginning. Following their endorsement, AFP and others have worked with

new Ministry of Health leadership and District Health Officers to understand the implications of implementing the guidelines. This effort was supported by the 2012 guidelines from WHO⁵ that reaffirmed the evidence that community health workers can safely and effectively provide contraceptive injectables.

Sustained advocacy efforts continue to be needed to ensure that district level policymakers and health professionals are aware of the policy shift and implement the WHO guidelines with input from all family planning stakeholders.

A clear national Village Health Team policy and increased funding is necessary to improve community-level care and ensure that trained village health workers are reaching districts throughout the country. The *2015 National Village Health Teams Assessment in Uganda*⁶ notes that although there is an average of three village health workers per village, the level of training varies greatly, as does regional distribution.

Training community health workers requires multi-stakeholder support and streamlining the supply chain to ensure availability of injectables at the community level. In addition, the introduction of the subcutaneous injectable Sayana® Press in Uganda will provide new opportunities to expand access through village health teams. availability of injectables at the community level. In addition, the introduction of the subcutaneous injectable Sayana® Press in Uganda will provide new opportunities to expand access through village health teams.



References

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- ⁶ 2015 National Village Health Teams Assessment. Uganda Ministry of Health. March 2015.

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