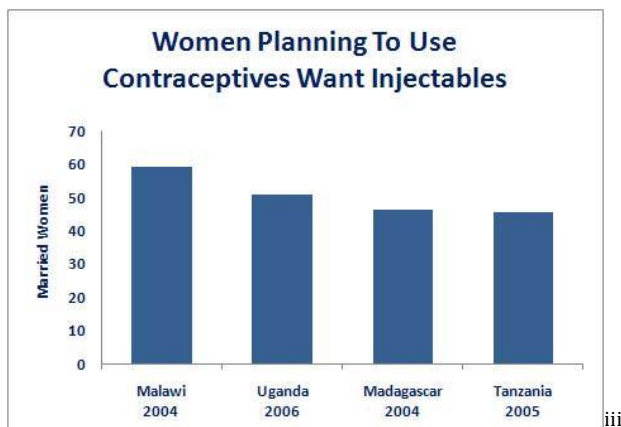


Taking Injectable Contraceptives to Villages An Advocacy Case Study in Uganda

Beginning in July, 2010, Family Health International (FHI) and Advance Family Planning (AFP) coordinated an advocacy effort to urge the Ugandan Ministry of Health (UMOH) to amend the National Policy Guidelines and Service Standards for Sexual and Reproductive Health to allow community health workers within Village Health Teams to provide injectable contraceptives. A series of advocacy activities to engage UMOH senior management resulted in the approval of the addendum to the policy guidelines. This new policy demonstrates the UMOH's commitment to address women's need for greater access to contraception, including injectable contraceptives.

Background—Meeting Community Needs for Family Planning

Against a backdrop of chronic shortages of health workers, especially at community level and in rural areas, the UMOH recognizes the role that Village Health Teams play in providing basic health services, including family planning. According to the World Health Organization, for every 10,000 Ugandans there are only 13 nurses and one physicianⁱ. The UMOH therefore recognizes task sharing as essential to expanding access to family planning services and reducing high unmet need for contraception. The 2006 Ugandan Demographic Health Survey (UHDS) shows that injectable contraception is the most commonly used and are among the most widely known family planning methods in Ugandaⁱⁱ.



Forty percent of women aged 15-49 use modern contraception and 90 percent of all women in all age groups, regions and education levels have heard about injectable contraception.^{iv}

The Strategy—Prepare the Ground for Amending the Guidelines

Changing the policy guideline took a coordinated advocacy effort and broad collaboration among many partners already working for years on family planning issues in the country. Using the Spitfire Strategies™ approach facilitated by AFP, a small coalition developed a targeted strategy aimed at key decision-makers: Assistant Commissioner, Reproductive Health; Director General, Health Services; and the UMOH 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 (Center for Communication Programs, Uganda and Partners in Population and Development, African Regional Office), FHI, USAID, Save the Children Uganda, and Wellshare International. The effort also 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.

Key Activities—Influencing the Ministry of Health

One-on-one meetings with key decision-makers in the Ministry of Health, enabled coalition partners to identify the information and evidence needed to support a policy change. FHI compiled evidence from pilot research in Uganda and the World Health Organization and on the experience of other African countries where national guidelines have been amended to allow community health workers to provide injectables. Coalition partners developed a two-page brief highlighting the evidence and providing the basis for requesting revision of the Ugandan guidelines.

Next, the evidence needed to be put more firmly within the Ugandan community health context. A one-day field visit to a rural community in the Nakaseke district 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, and discussed and investigated health practices and training needs at the community level and the demand for family planning, with a focus on contraceptive injectables.

Within two weeks of the field visit, the Director General requested that the UMOH 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 and AFP and FHI participated in the national guidelines review process to ensure that the proposed amendment was incorporated

and that a Task Force be appointed to oversee the implementation. The Senior Management Team endorsed the amendment to the national guidelines on September 20, 2010 and the guidelines were officially launched by the Ugandan government on March 11, 2011, allowing Village Health Teams to provide injectable contraception.

Lessons Learned and Next steps

- **Significant investment preceded the revised guidelines.** The availability of evidence generated from the FHI pilot study coupled with the study was instrumental in demonstrating the feasibility and safety of community-based distribution of injectable contraception.
- **Focusing on and partnering with decision-makers and those who influence them was key.** The Spitfire Strategies™ approach was also helpful in focusing advocacy activities tailored to influential target audience. Partnering with PPD ARO and USAID and involving District Health Officers helped AFP engage effectively with the UMOH.
- **The guidelines are only a beginning.** There is need for sustained advocacy efforts to ensure that district level policymakers and health professionals know about the policy shift and implement the guidelines with input from all family planning stakeholders and based on sound health and program research. It is also important to enlist the support of stakeholders to train community health workers and streamline the supply chain to ensure availability of injectables at community level.

Acknowledgements

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ⁱ Global Atlas of the Health Workforce, World Health Organization, Geneva (www.who.int/globalatlas/autologin/hrh_login.asp)

ⁱⁱ Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. Uganda Demographic and Health Survey 2006. Calverton, Maryland, USA: UBOS and Macro International Inc.

ⁱⁱⁱ Macro International Inc. Demographic and Health Surveys. (<http://www.statcompiler.com/>)

^{iv} Uganda Demographic and Health Survey, 2006.