

Recommendations for Contraceptive Self-Injection: 2022 Progress Update and Design Guide Overview

Findings on recommended practices for self-injection scale-up

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JSI

Introduction

Subcutaneous DMPA (DMPA-SC*) offers the potential to expand contraceptive access and enhance reproductive autonomy for women through the option of self-injection. Self-injection is available in more than 30 countries and is approved by regulatory agencies in more than 50 countries worldwide, including in the European Union.

As countries and partners plan and roll out DMPA-SC self-injection, there is a need to learn and adapt how self-injection can be offered at scale. PATH initiated the [Self-Injection Best Practices Project](#) to address this need. Launching in 2017, PATH applied user-centric design techniques to develop, implement and rigorously evaluate self-injection service delivery through public and private clinics, community health workers, adolescent safe spaces, pharmacies, and drug shops. PATH synthesized and showcased promising approaches to high-quality self-injection program design through their 2020 [DMPA-SC Self-Injection Best Practices project brief](#). PATH's Self-Injection Best Practices Project created a foundation rooted in evidence, identifying optimal program models for DMPA-SC self-injection which, in turn, inform how self-injection can be designed and implemented at scale.

From 2017 to the present, the [DMPA-SC Access Collaborative](#) (AC), led by PATH in partnership with JSI, works with ministries of health and partners in 30 countries to support DMPA-SC country introduction and scale-up planning. The AC provides data-driven technical assistance, coordination, resources, and tools to increase access to DMPA-SC self-injection delivered through informed choice programming.

Since the original project brief based on the Uganda experience was released, the AC and partners generated additional evidence on recommended practices. This document summarizes key findings, insights and recommendations accumulated through six years of technical assistance to ministries and partners engaged in introducing and scaling self-injection programs. To note, this brief serves as a complementary overview of the comprehensive Contraceptive Self-Injection Program Design Guide. Updated to reflect subsequent learnings, the program design guide presents new recommended practices which are abbreviated below.



A woman in Senegal self-injects the contraceptive DMPA-SC. Photo: PATH/Gabe Biencycki

* DMPA-SC: subcutaneous depot medroxyprogesterone acetate.

Snapshot: Recommended Practices for Scaling up DMPA-SC



Establish clear coordination mechanisms with Ministry of Health leadership to advance scale-up coherently and cohesively.



Train health workers using on-the-job approaches to effectively improve outcomes.



Conduct post-training supportive supervision to: 1) ensure that providers have incorporated new learning at high standards of quality, and 2) address any challenges or unintended consequences arising out of the new practice or intervention.



Expand community health worker provision of family planning to include DMPA-SC and self-injection.



Expand access to DMPA-SC, including self-injection, through private sector delivery channels by training and supporting pharmacy and drug shop staff.

Methods

1. Systematic Data Review of Country Progress

AC performed in-depth systematic reviews of progress for 19 countries currently engaging in scaling up efforts: Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Liberia, Kenya, Madagascar, Malawi, Mali, Mauritania, Myanmar, Niger, Nigeria, Senegal, Togo, Uganda, and Zambia. These reviews referenced the framework of scale-up and sustainability indicators adapted from the [Scaling Toolkit for Practitioners Institutionalization Tracker](#). The AC analyzed indicators of consistently good performance across countries and gleaned high-performing practices with clear impact and documented evidence. Additionally, the AC identified and documented considerations such as data and learnings from implementing partner presentations to the DMPA-SC Learning and Action Network (LAN), the DMPA-SC Operations Group, among other convenings.

2. Qualitative and Quantitative Evidence from Field Technical Experts

AC compiled and analyzed technical expert input alongside available evidence and data from the Uganda Self-injection Best Practices pilot project as well as emerging evidence from AC countries, with an objective to: 1) identify existing recommended practices, and 2) indicate where generation of evidence or further implementation science would be of value. The AC elicited qualitative feedback from technical assistance partners on their most positive or successful practices, evidence from peer-reviewed literature, and self-injection-specific evaluation data from implementation activities.

Recommended practices

Following clear evidence and data, the AC identified the following recommended practices gleaned from 19 countries currently scaling up self-injection of DMPA-SC. These practices should be universally considered and implemented to increase scale-up program success:

1

Establish Clear Coordination Mechanisms with Ministry of Health Leadership to Advance Scale-up Coherently and Cohesively.

It is imperative to work closely with Ministry of Health sexual and reproductive health leadership to establish clear coordination mechanisms to advance the introduction of expanded contraceptive methods. This recommended practice will look different based on a country's capacity and existing systems (e.g., creating a dedicated, time-limited task force versus integrating into an existing committee).¹

Key recommendations

- **Leadership involvement in established mechanisms:** Actively involve Ministry of Health, including securing leadership buy-in, to give the coordinating body legitimacy and provide clear direction and authority for decision-making. When possible, involve the sub-national level, and/or consider coordination bodies at the sub-national level.

Key recommendations

- **Integrate into existing structures for sustainability:** Improve program scale-up prioritization and country leadership engagement by integrating coordination into existing structures, when possible, once a concentrated single method/intervention focus is no longer required.²
- **Establish consistent communication:** Create opportunities to maintain momentum by promoting consistent partner meetings for implementation planning and tracking. Coordination mechanisms play a crucial role in prioritizing actions and interventions.³

2

Train Health Workers Using on-the-job Approaches to Effectively Improve Outcomes.

Much work has been done by the global health community to identify effective approaches for training health workers. A global body of evidence identifies that having a visiting trainer/supervisor conduct training within a provider's workspace, paired with opportunities for practice, is an effective training approach that leads to greater improvements in knowledge, skill, behavior, and attitude compared to offsite training.^{4,5} Other recommendations for improved outcomes include remaining flexible with providers (and their time) and integrating practice/role-playing exercises.^{5,6,7}

If utilizing a cascade-style approach, where a designated provider attends offsite training with the expectation they will "cascade" the information to their colleagues, provide resources with standardized and clear guidelines and follow up with post-training supportive supervision (see below).⁸

3

Conduct Post-Training Supportive Supervision

Ensure that providers have incorporated new learning at high standards of quality and address any challenges or unintended consequences arising out of the new practice of intervention by incorporating post-training supportive supervision into training plans. Post-training supervision is critical to ensure that levels of health worker knowledge, skills and motivation are high, and for setting the expectation that health workers will incorporate what they have learned into their work.^{5,9,10,11} As such, supportive supervision reinforces skills and confidence while also serving as a form of monitoring and quality assurance.^{12,13,14} Supervision should include record reviews, observational supervision, constructive feedback and focused education.¹⁵ Additional recommendations include adapting to what is already working best locally, guiding supervised visits with a checklist or similar instrument (the [AC's DMPA-SC supportive supervision toolkit](#) can serve as a guide and be adapted as needed), and using post-training supportive supervision as an opportunity to implement deadlines for any cascade-style training that should have occurred. Finally, when bringing in an outside trainer/facilitator for on-the-job training, engage and plan in advance with family planning field supervisors for a hand-off of future routine supervision responsibility that includes a focus on self-injection.

Recommended practices

4

Expand Community Health Worker Provision of Family Planning to Include DMPA-SC and Self-Injection

Trained and supported community health workers (CHWs) integrated into a region's health system is a proven family planning high-impact practice. As of 2022, eight country programs have incorporated DMPA-SC and self-injection in the package of family planning options provided by CHWs. Recent evidence indicates that expanding CHW family planning provision to DMPA-SC and self-injection can expand access and continuation. Clients trained in self-injection by CHWs demonstrate competence equivalent to facility-based providers, and women may be more likely to continue DMPA (both intramuscular and subcutaneous) if they are able to visit a nearby CHW for their injections.^{16,17}

Key recommendations

- **Advocate for task-sharing policies:** Enable CHWs to administer DMPA-SC and train clients on self-injection, as part of the family planning methods they provide.
- **Strengthen health system linkages:** Ensure CHWs have strong linkages to health facilities for supply, reporting, supportive supervision, and sustainability. Forging strong linkages with the health system is accomplished by working with CHWs in tandem with the health workers to whom CHWs report.
- **Train the trainer:** Prioritize training CHWs in counseling skills and basic orientation of family planning methods, including self-injection training. CHWs' foundational family planning knowledge and skills are often less standardized than that of clinic-based providers.^{14,18}
- **Invest in high-quality supervision:** Invest in resourceful and supportive high-quality supervision for CHWs that includes reinforcement of informed choice counseling, as well as DMPA-SC and self-injection, making sure to involve and support those who routinely supervise CHWs within the health system.^{17,19} Stand-alone training/supervision by NGO partners and/or projects (not engaging the broader health system) can lead to unsustainable service delivery.
- **Compensate CHWs:** Employ both monetary and non-monetary compensation to retain and better integrate CHWs into the wider health system.^{20,21,22}



A health worker in Senegal presents a range of contraceptive options including DMPA-SC. Photo: PATH/Gabe Biencycki

5

Expand Access to DMPA-SC, Including Self-Injection, Through Private Sector Delivery Channels by Training and Supporting Pharmacy and Drug Shop Staff.

High-quality family planning training and support of pharmacies and drug shops is identified as a high-impact practice, expanding family planning access to a wide spectrum of women.^{23,24,25} Across 36 countries analyzed by SHOPS Plus, 41 percent of women who go to private sector sources for contraception obtain their method from a pharmacy or drug shop.²⁶ Pharmacies and drug shops already serve as a common source for other short-acting contraceptives, and studies show that obtaining injectable contraceptives from pharmacies and drug shops is preferred by many clients, particularly in urban and peri-urban areas.^{25,27} Self-injection clients in a study conducted in the Democratic Republic of the Congo indicated that this convenience supports continuation, where 75 percent of those who continued using DMPA-SC at three months resupplied at pharmacies.²⁸ Provision of self-injection through these sectors is essential for scale up, and limited studies to date suggest room for optimism. For example, in Uganda, self-injection clients trained in private clinics, pharmacies, and drug shops had similar competency to those trained in the public sector.²⁹ Implementation would be best accompanied by evaluation to identify the most feasible implementation strategies for self-injection service delivery.

Key recommendations

- **Advocate for task-sharing policies:** Enable pharmacy and drug shop staff to administer DMPA-SC as part of the family planning methods they provide.
- **Advocate for self-injection task-sharing policies and further research:** Enable pharmacists and drug shop staff to train clients on self-injection, accompanied by evaluation/implementation research to identify the most feasible implementation strategies for service delivery.
- **Emphasize high-quality client counseling:** Engage staff in high-quality training that underscores the importance of client counseling when introducing DMPA-SC and self-injection.^{27,30,31}
- **Include standard job aids:** Reinforce and support providers by including standard job aids during training and implementation efforts. This will benefit providers with increased retained knowledge following training.^{27,32}
- **Consider video training tools:** Utilize a [video format for client training](#) to save provider time and help ensure all key concepts are consistently conveyed.

Looking ahead

As countries advance scale-up of DMPA-SC, it is our hope that this guide will serve as a useful reference and that countries' will submit their own experiences and learning contributions to the global learning exchange through the AC learning and action network. Knowledge sharing on promising techniques and additional evidence on recommended practices provide opportunities for greater program success, ultimately paving a clearer path for expanded access to DMPA-SC self-injection.

About the Access Collaborative

Since 2017, the AC has worked with more than 30 countries to introduce and scale-up DMPA-SC self-injection while providing technical assistance to ensure the implementation of each country's total market plan. Continuing to identify and promote recommended practices provides valuable contributions to the success of DMPA-SC self-injection scale-up efforts. Impactful country DMPA-SC self-injection programs ultimately increase access to contraception, benefiting women's health and the health of their families and communities. For more information, visit www.FPoptions.org or email FPoptions@path.org.

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Family planning advocates can help ensure that a country's policies and funding promote access to all family planning options, including the injectable contraceptive, DMPA-SC. Photo: PATH/Will Boase

Complementary resources

- [Contraceptive Self-Injection Program Design Guide](#)
- [Country Template: National Plan for the \[Introduction and\] Scale-Up of DMPA-SC Self-Injection](#)
- [DMPA-SC self-injection journey maps](#)
- [Recommendations for Contraceptive Self-Injection: Evidence and Implications from the Uganda Self-Injection Best Practices Project](#)
- [Country Template: Monitoring Introduction and Scale-Up of DMPA-SC](#)
- [DMPA-SC Advocacy Pack](#)
- [Self-injected subcutaneous DMPA: A new frontier in advancing contraceptive access and use for women](#)
- [Resources: A list of references about subcutaneous DMPA](#)
- [Supportive supervision toolkit](#)



The comprehensive Contraceptive Self-Injection Program Design Guide can be accessed at: www.FPoptions.org/PDG.