



Uganda's journey to DMPA-SC and self-injection scale-up

Uganda has long been a standard-bearer for women's widespread access to subcutaneous DMPA (DMPA-SC) and self-injection. Since 2003, the country has been exploring how to increase the availability of family planning services and meet its ambitious FP 2020 goals. Central to this effort has been delivering DMPA-SC directly to communities through community health workers, called village health teams and village health workers. Recently, those successful community efforts have opened the door for additional avenues of access: scale-up of self-injection amid growing interest in self-care at the global and local levels, and sale of DMPA-SC through pharmacies, private clinics, and accredited drug shops.

Following official registration of DMPA-SC and introduction in select districts, scale-up began nationwide in 2016 (see Uganda DMPA-SC and self-injection scale-up timeline on page 5). The Ministry of Health (MOH) backed up its commitment to this effort with inclusion of DMPA-SC on the national Essential Medicines List and integration into the national clinical guidelines.

In 2017 and 2018, Uganda continued its progress, including introduction of self-injection, and in late 2019 the country began updating its scale-up plan to include self-injection. Key revisions included incorporating lower-cost, decentralized, local training approaches; updating cadre training plans; and other activities such as developing a private-sector engagement plan, which includes training pharmacy and drug shop staff on DMPA-SC.

From the start, Uganda's approach to DMPA-SC scale-up has centered on two pillars:

- Enabling community-based distribution
- Acknowledging the value of self-injection

Training tends to be the primary cost driver of country scale-up plans and thus a barrier to implementation. Yet public-sector training for provider administration in Uganda was fully funded in the plan. Sequential training rollout—provider-administered DMPA-SC followed by self-injection—did, however, present a challenge. For some partners, funds were available to support self-injection training in advance of the policy change. This left

a cohort of providers trained but unable to offer self-injection services to date.

Nonetheless, expansion has continued even with the arrival of COVID-19 restrictions in early 2020. As the pandemic emerged, PATH and the Ministry of Health were in the process of conducting PATH's DMPA-SC eLearning course, providing an innovative solution to health worker training amid social distancing guidelines. The eLearning course added to the short [training videos](#) in local languages that had been used since 2018 to help train both self-injection clients and health workers.¹

Several years of commitment and work by the MOH, advocates, implementing partners, donors, and health workers means that provider-administered DMPA-SC is now widely available to women across the country. As of July 2021, 100 percent of public-sector facilities offered DMPA-SC, and expansion at the community level continues.

Contraception in Uganda at-a-glance



- Unmet need for family planning among all women: 17%
- mCPR for all women ages 15–49: 30%
- Injectable share of modern method mix for married women: 51%.

FP2020 goals:

- Reduce the unmet need for family planning to 10% by 2022
- Reduce the unmet need among adolescents to 25% in 2021
- Increase the mCPR to 50% by 2022

mCPR: modern contraceptive prevalence rate

Unmet need source: *Performance Monitoring for Action Phase 1 baseline survey (2020)*;

mCPR source: *FP2020 Annual Report: The Arc of Progress 2019-2020*;

method mix source: *2016 Demographic and Health Survey*

¹ A video for providers on how to administer DMPA-SC is available at https://youtu.be/Pf3PfJw_tYI. A video for clients learning to self-inject DMPA-SC is available at <https://youtu.be/nfdZy4Bi8MU>.



Self-Injection Best Practices project

Uganda was the first country in sub-Saharan Africa to offer contraceptive self-injection outside of research, with a key objective of understanding how women would learn to self-inject in a primary health care setting. Between 2017 and 2020, the [Self-Injection Best Practices \(SIBP\) project](#), led by PATH, applied user-centered design techniques to develop, implement, and evaluate self-injection activities in seven districts through public-sector facilities, community-based distribution, private-sector outlets, and safe spaces for adolescents and younger women.

PATH began by reviewing previous studies to design journey maps that would highlight client and provider perspectives and experiences at every step. Using the journey maps and input from stakeholder groups, SIBP launched a three-month “rapid pilot” at four clinics to test different approaches. Based on learnings, the team then refined and launched the program in 17 private-sector and 44 public-sector locations, including self-injection training offered by village health teams.

Over the first year, SIBP trained 970 women in the private sector and more than 12,000 in the public sector; more than 7,000 became self-injection clients, including many women younger than 25 years and first-time users of family planning. Women reported that they could store the drug at home relatively easily and appreciated having visual instructions for independent self-injection.

Several important learnings emerged:

- Most women, when trained, can self-inject competently, on time, and independently, without additional provider support or follow-up.
- Client self-injection training should cover essential topics, be adapted for specific service-delivery points, offer injection demonstrations, and use a job aid. (Having women practice self-injecting had minimal benefit and increased the time and cost for the initial self-injection visit.)
- Supportive supervision should follow to ensure that all contraceptive options are being offered in the context of informed choice and quality care (e.g., information on side effects and how to manage them).
- Adolescents can be reached through tailored, community-based, demand-generation training and other youth-friendly approaches.
- Waste disposal remains a challenge, but most women in the public sector followed guidance to return used needles to an appropriate waste disposal site—such as a health facility, clinic, drug shop, or community health worker—at a convenient time, usually when they returned for resupply.

Several countries have incorporated learnings from SIBP and are beginning to offer self-injection, including the Democratic Republic of the Congo, Madagascar, Malawi, Nigeria, Senegal, and Zambia.

Behind-the-scenes challenges

Two primary challenges have emerged on the road to scale-up in Uganda.

Supply chain

Against a backdrop of growing interest in self-care at the global and local levels, Uganda still faces systemic challenges in its efforts to reach all women, without delay, with the contraceptive methods they want and need—including DMPA-SC. While improvements have been made to supply chain and information management systems in the public sector, local distributors still face delays and preventable stockouts due to inaccurate data provided by facilities and limited quantification capacity. Going forward, the MOH has encouraged partners to include logistics management in all health-facility trainings and in 2020, passed a “one warehouse, one facility” policy aimed at streamlining distribution. Meanwhile, with a very limited rollout of DMPA-SC in the private sector and no designated private-sector product, the supply problem there is acute. Currently, most private-sector outlets obtain DMPA-SC from the public sector at no cost and charge a minimal service fee for providing the product.

Waste disposal

Stakeholders in Uganda and other countries continue to express concerns about disposal of used self-injection units. An evaluation of Uganda’s first self-injection program found that most women in the public sector followed guidance and returned used needles to an appropriate waste disposal site (see Innovation Spotlight). In the private sector, however, a greater proportion disposed of their units in the latrine or trash, citing challenges in returning units (for example, due to transportation difficulty or time restriction) and concerns with children, or partners when using discreetly, finding the used devices before they were returned. More acceptable and creative solutions for private-sector sites are needed, including incentives for safe disposal. New partners beginning work in Uganda’s private sector, such as the Delivering Innovation in Self-Care project, are expected to contribute to the national discussion on this challenge.

In focus: self-injection

Uganda was one of the first countries in Africa to embrace the concept of self-injection, with the MOH launching a feasibility and acceptability study in partnership with PATH in 2015. The study established that three months after being trained, nearly 90 percent of women were self-injecting competently and on time, and almost all of them wanted to continue.² Since that first study, Uganda has continued to build its policies on a solid base of evidence around client continuation, cost-

² PATH. *Self-Injection Feasibility and Acceptability: Research Results from Senegal and Uganda*. Seattle, WA: PATH; 2018. www.path.org/resources/self-injection-feasibility-and-acceptability/

effectiveness, and programmatic approaches to self-injection in real-world settings (see Innovation Spotlight).

Approval of self-injection by the National Drug Authority in 2017 was a critical advocacy win in Uganda. The approval opened the door for additional avenues of access, most importantly the sale of DMPA-SC through private clinics. Two years later, adoption of self-injection into the national clinical guidelines was a watershed event that continued to demonstrate Uganda's commitment to family planning access and choice. This policy approval was the result of years of dedicated and nimble evidence-based policy, advocacy, and stakeholder engagement efforts on the part of three key groups: the MOH-led DMPA-SC task force, a circle of self-injection champions from the Ministry at national and district levels, and some of the first self-injection providers who served as spokespeople for program and policy rollout.

Approval by the MOH to allow accredited drug shops to sell and administer injectable contraceptives, including DMPA-SC, in late 2020 is helping to expand access to DMPA-SC even further.

Key lessons and factors for success

- 1. MOH leadership and investment from the start is critical.** In Uganda, MOH officials took an early lead with their interest in DMPA-SC as a potential strategy for reaching FP2020 goals. This commitment positioned the Uganda MOH as a trailblazer, a distinction that has helped reinforce the commitment. The Ministry has shared its wealth of knowledge and experiences in international settings, such as [Evidence to Practice meetings](#) (multi-country convenings at which participants share the latest evidence regarding DMPA-SC and self-injection and develop country action plans) and conferences, and by hosting delegations from other countries on study tours. Years down the line, the MOH's early leadership has paid off with a clear trajectory toward widespread availability of DMPA-SC, including self-injection, in Uganda.
- 2. Collaboration and coordination among implementing partners is essential for rapid scale-up.** Forming a DMPA-SC Scale-Up Task Force was key to ensuring ownership and moving the self-injection agenda forward in a coordinated manner. Task force meetings, made up of representatives from nearly 20 organizations, helped facilitate partner coordination, active participation of development partners, and MOH leadership.
- 3. The focus should be on integration into the broader family planning system.** Some stakeholders have raised concerns about the extensive focus on a single product. Creating space and time is critical when integrating a new intervention, but all communications and mechanisms should be explicitly and proactively linked with the broader

Key policies for DMPA-SC and self-injection scale-up in Uganda



- ✓ 2014: DMPA-SC training integrated into national family planning training materials.
- ✓ 2016: DMPA-SC added to National Essential Medicines List.
- ✓ 2016: DMPA-SC approved for inclusion in national clinical guidelines.
- ✓ 2017: National Scale-up Plan for DMPA-SC (2017–2018) adopted, with references to piloting self-injection outside a research setting.
- ✓ 2017: Self-injection approved by the National Drug Authority.
- ✓ 2019: National Scale-up Plan for DMPA-SC, Including Self-Injection (2019–2021) adopted.
- ✓ 2019: Self-injection approved for inclusion in national clinical guidelines.
- ✓ 2020: Ministry of Health official circular (memo) on self-injection approved.
- ✓ 2020: Administration of injectable contraceptives through drug shops approved by the National Drug Authority.

family planning system, and a sustainability plan put in place for when an innovation is no longer “new.”

- 4. Evidence from self-injection research studies and the Self-Injection Best Practices project was worth waiting for.** Taking an evidence-based and user-centered approach to learning about the practicalities of self-injection provided key insights that directly informed policy and practice. Although waiting for evidence slowed down Uganda's policy approval and scale-up process, it was critical for not only Uganda but many other countries.
- 5. Policy advocacy should be planned for and systematically implemented alongside other introductory activities to create a conducive policy environment at scale.** In 2018, the Uganda assistant commissioner for reproductive health collaborated with PATH to establish an advocacy action group, a subgroup of the DMPA-SC task force, to advise the MOH on approving self-injection scale-up. The group used an evidence-based advocacy strategy and self-injection champions from various levels of the MOH, as well as providers experienced in providing self-injection services, to share evidence and convene discussions in support of securing approval of self-injection.

The way forward in Uganda

Although progress has been made in Uganda, there is still much work to do. The MOH's 2019–2021 scale-up plan is

ambitious and envisions complete scale-up of self-injection across all sectors by the end of 2021. Though implementation of the plan was slowed by the COVID-19 pandemic, committed partners are working with the MOH to expand access to self-injection, with 41 percent of public-sector facilities offering self-injection as of July 2021. Full and successful implementation will require strong, cross-sector partnerships and coordination. PATH and other implementing partners will continue to work closely with the MOH to realize this goal.

Near-term priority areas include activating those providers trained on self-injection who are not yet offering services and expanding training to additional cadres of providers, including community health workers and private-sector distributors, to offer self-injection. Peer training and support, client self-training, and the use of videos can all contribute. This includes the rollout of eLearning to providers with access to technology across sectors. To expand the evidence base, in early 2020 PATH launched an evaluation of the effectiveness of our DMPA-SC eLearning course with approximately 600 public, community-based, and private-sector health workers. The evaluation aimed to determine to what extent providers, including those in the private sector, were able to master the training content, how feasible and acceptable eLearning is for health workers, and what factors influence the ability to complete the training and master the material. Health workers who completed the course performed well on a DMPA-SC knowledge test and demonstrated relatively high injection competence, which was further strengthened through a hands-on practicum. Results are expected to be published in 2021.

Demand generation is key to scaling up self-injection but is underfunded. In the absence of other forms of education and

information, providers are currently the first source of information on self-injection for most clients. From some perspectives, over-reliance on providers to explain the self-injection concept increases their time spent with clients, constraining their motivation to offer self-injection and the feasibility of offering self-injection training, particularly in busy public-sector clinics.

Another consideration is that self-injection training may increase in response to client demand: if clients are asking for self-injection, providers will be more likely to supply it. This is fundamental to client-centered care. More resources are needed to help promote family planning options, including DMPA-SC and self-injection. Among the major partners that will be implementing demand-generation activities is PSI Uganda. The Delivering Innovation in Self Care project will provide technical assistance to the MOH to facilitate scale-up of DMPA-SC and self-injection in the private sector, including demand-generation efforts.

Continued advocacy for self-injection and self-care will be important for uptake. While women have practiced self-care for millennia, recognizing the potential of self-care requires re-centering health systems around clients. In Uganda and other countries, the DMPA-SC Access Collaborative is building a cadre of self-injection ambassadors who are champions for self-injection and self-care, in alignment with the Self-Care Trailblazer Group. These ambassadors will reach various audiences through their roles as thought leaders, policymakers, and private-sector representatives. Their advocacy efforts will continue to help advance self-injection and build interest and credibility among policymakers, health staff, and communities in Uganda.

About the DMPA-SC Access Collaborative

The PATH-JSI DMPA-SC Access Collaborative provides data-driven technical assistance, coordination, resources, and tools to ensure that women have increased access to DMPA-SC self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming.

About PATH

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world's most pressing health challenges. Learn more at www.path.org.

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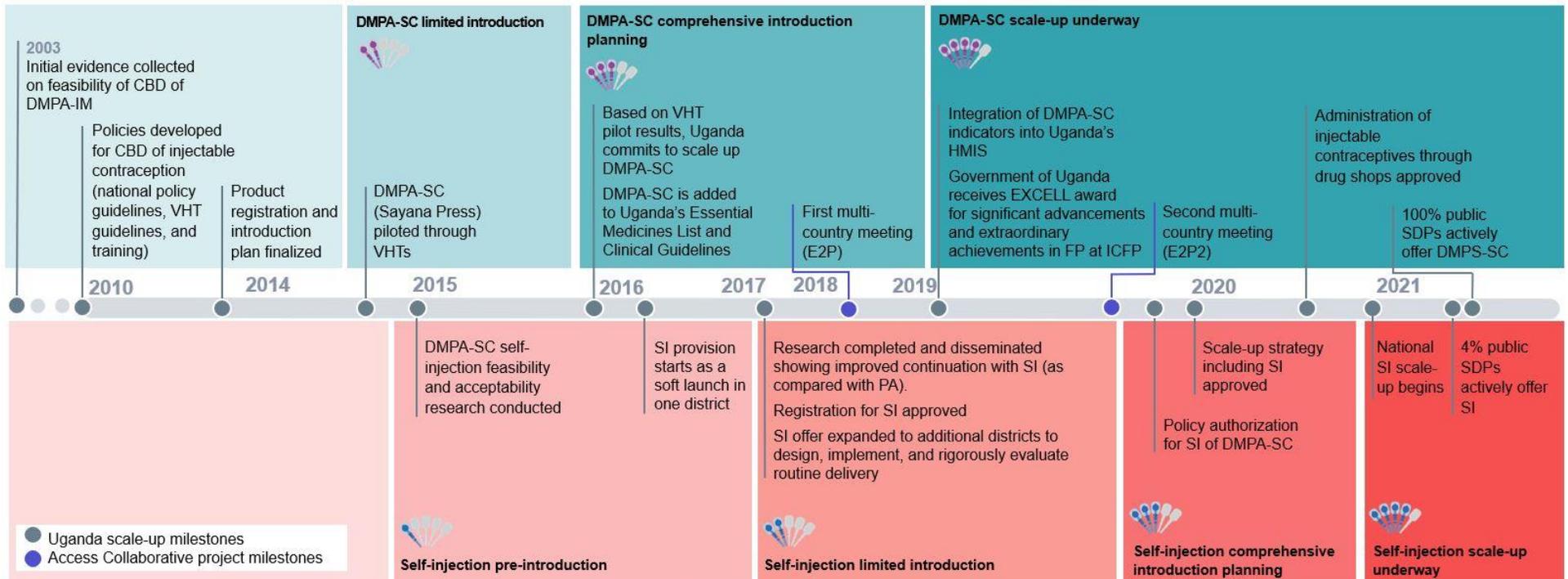
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Uganda DMPA-SC and self-injection scale-up timeline



Abbreviations: CBD: community-based distribution; E2P: Evidence to Practice; FP: family planning; HMIS: health management information system; ICFP: International Conference on Family Planning; IM: intramuscular; PA: Provider administered; SDP: service delivery point; SI: self-injection; VHT: Village Health Teams

Introduction status definitions:

-  *DMPA-SC limited introduction: DMPA-SC has been introduced into the market for use on a limited scale, typically as a standalone project (e.g., research study or introduction at limited geographic scale in specific channels or regions).*
-  *DMPA-SC comprehensive introduction planning: partners and governments are working to develop and cost a comprehensive introduction and national scale-up plan that draws from earlier pilot studies or projects, as applicable.*
-  *DMPA-SC scale-up underway: DMPA-SC has been introduced into the market for wider use with the intention to scale the product country-wide. Governments are using a targeted, co-positioning, or transition strategy, or some combination of these strategies, and training consistent with the introduction/scale-up plan has been initiated.*
-  *Self-injection pre-introduction: the possibility of introducing SI is being discussed by the MOH and partners and/or groundwork is ongoing to create a favorable environment for SI.*
-  *Self-injection limited introduction: SI has been introduced on a limited scale, typically a standalone project (e.g. SI research study or introduction at limited geographic scale in specific channels or regions).*
-  *Self-injection comprehensive introduction planning: partners and governments are working to develop and cost a comprehensive introduction and national scale-up plan which includes SI and/or an SI plan is being developed separately, drawing from earlier pilot studies or projects, as applicable.*
-  *Self-injection scale-up underway: SI has been introduced for wider use with the intention to scale up country-wide, and training consistent with the SI introduction/scale-up plan has been initiated.*