

Self-injection of DMPA-SC in
Ghana, Malawi, DRC,
Senegal, and Uganda:
increasing access, improving
continuation, and empowering
women



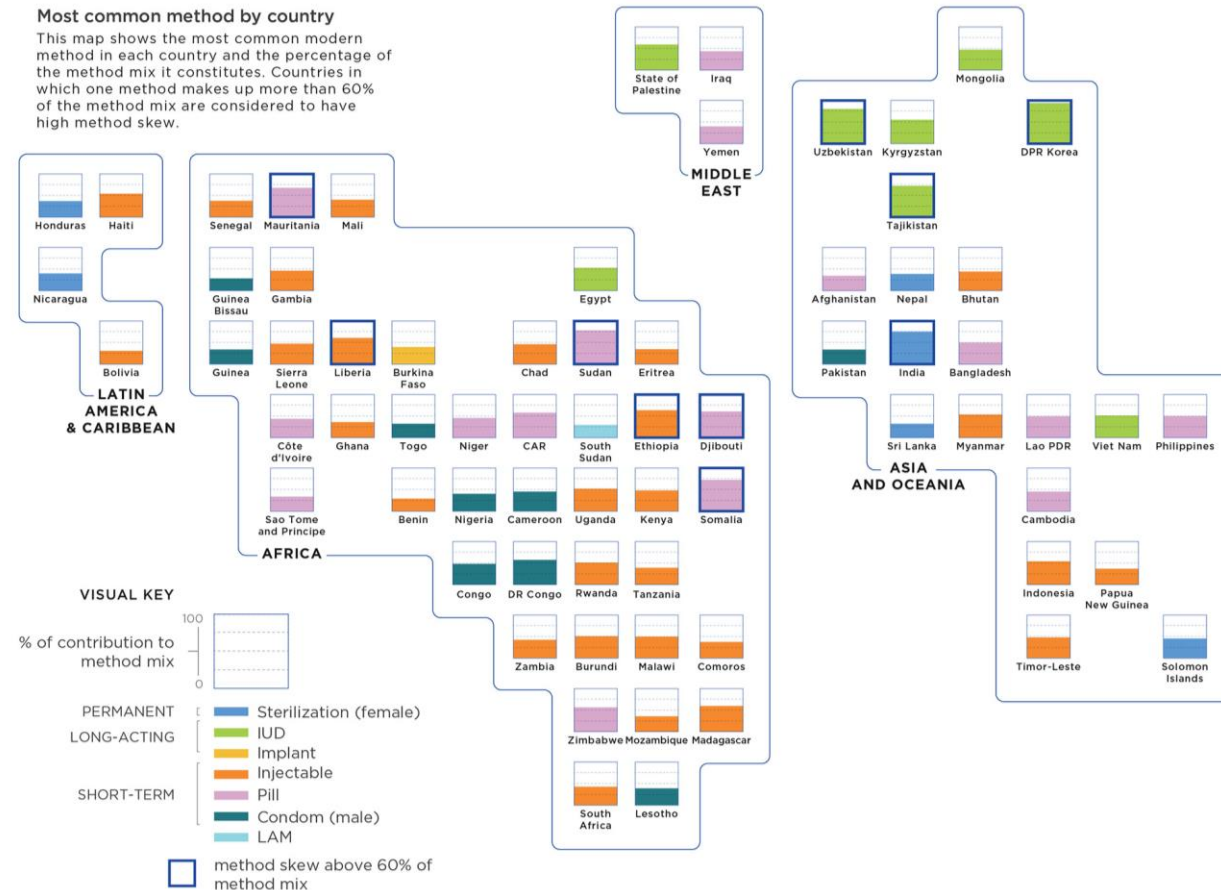
Agenda

1. Welcome and housekeeping
2. Panel: Self-injection of DMPA-SC in Ghana, Malawi, DRC, Senegal, and Uganda: increasing access, improving continuation, and empowering women
 1. Background on DMPA-SC and self-injection: Jen Drake, panel moderator
 2. Ghana: Dela Nai, Population Council
 3. Malawi: Holly Burke, FHI360
 4. DRC: Jane Bertrand, Tulane University
 5. Senegal: Maymouna Ba, PATH
 6. Uganda: Allen Namagembe, PATH
3. Moderated Q&A with the panellists
 - Note: Please use the Q&A feature in the control panel at the bottom of your Zoom screen to submit your questions at any time throughout the webinar

All women, no matter where they live, should have access to a range of safe and effective products and innovations that enable them to manage their sexual and reproductive health.



Injectables are the most common contraceptive method in several countries



Source: FP2020

<http://progress.familyplanning2020.org/en/measurement-section/modern-contraceptive-method-mix-indicator-9>

Subcutaneous DMPA
(DMPA-SC; brand name Sayana[®]
Press) is a new injectable that is
administered under the skin.

It is the first widely available
self-injectable contraceptive.



DMPA-SC compared with intramuscular DMPA (DMPA-IM)



Subcutaneous DMPA (Sayana® Press)

- Prefilled, “all-in-one” injection system.
- Injected into the fat underneath the skin.
- Easier to inject and more comfortable for women; **can be self-injected**.
- Lower dose of DMPA (104 mg).
- 2.5-centimeter needle.



Intramuscular DMPA (Depo-Provera® and generic options)

- Has vial with a separate syringe.
- Injected into the muscle; cannot be self-injected.
- Higher dose of DMPA (150 mg).
- 3.8-centimeter needle.

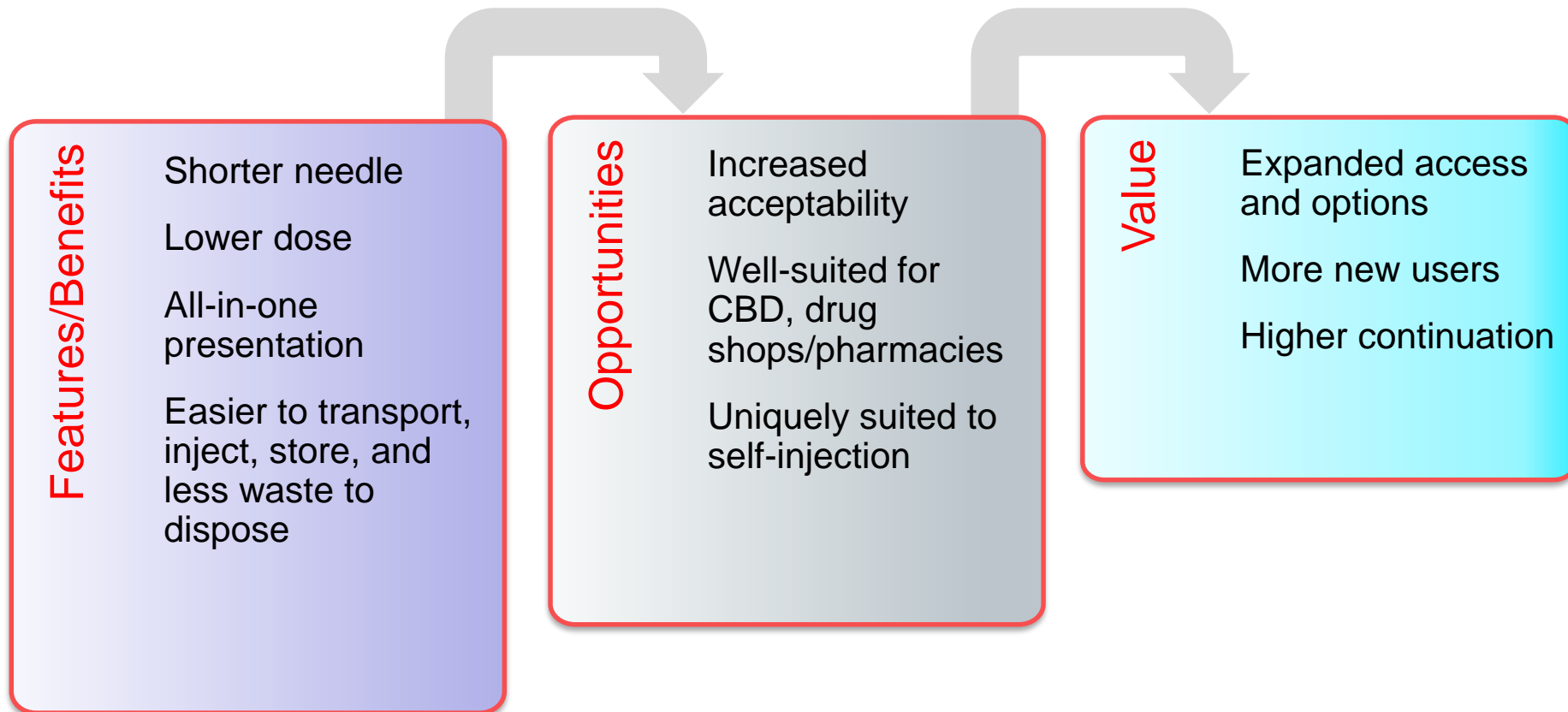
Both products

- Safe and highly effective at preventing unintended pregnancy.
- Delivered every 3 months.
- Do not protect against HIV or other sexually transmitted infections.
- Comparable in regards to side effects.
- Stable at room temperature (15° C—30 ° C).

DMPA: depot medroxyprogesterone acetate.

Depo-Provera and Sayana Press are registered trademarks of Pfizer Inc. Uniject is a trademark of BD.

The transformative potential of DMPA-SC and self-injection



More information: www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa

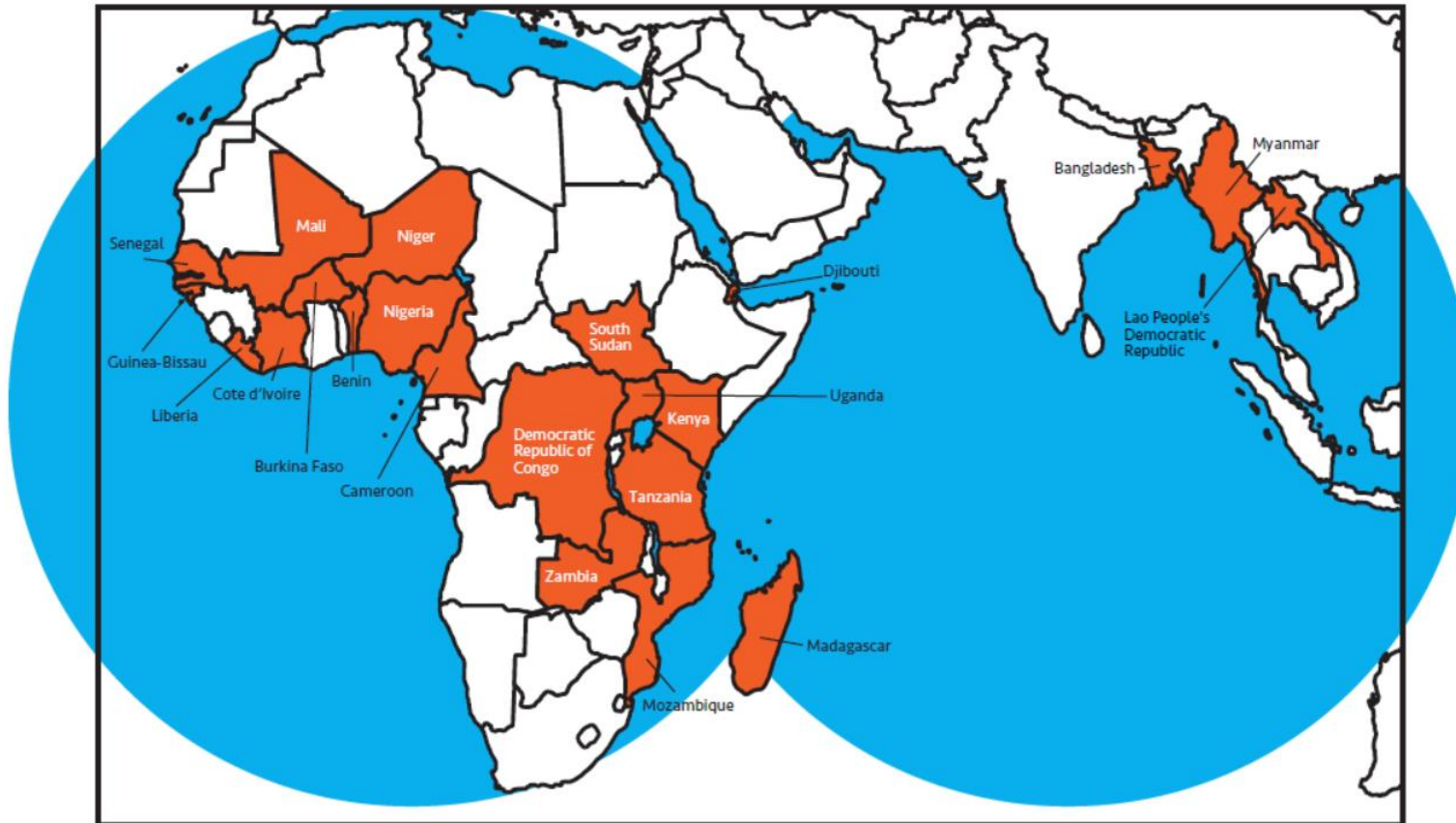
“I am in charge now.

I inject myself from home, in the
bathroom, or anywhere.

**If I ever have another child,
it will be because I want one.”**

-Betty: Self-injector, Uganda

DMPA-SC introduction ongoing in at least 20 countries; at scale in Burkina Faso, Senegal



Select countries where
DMPA-SC piloting, introduction, or scale-up is
in process

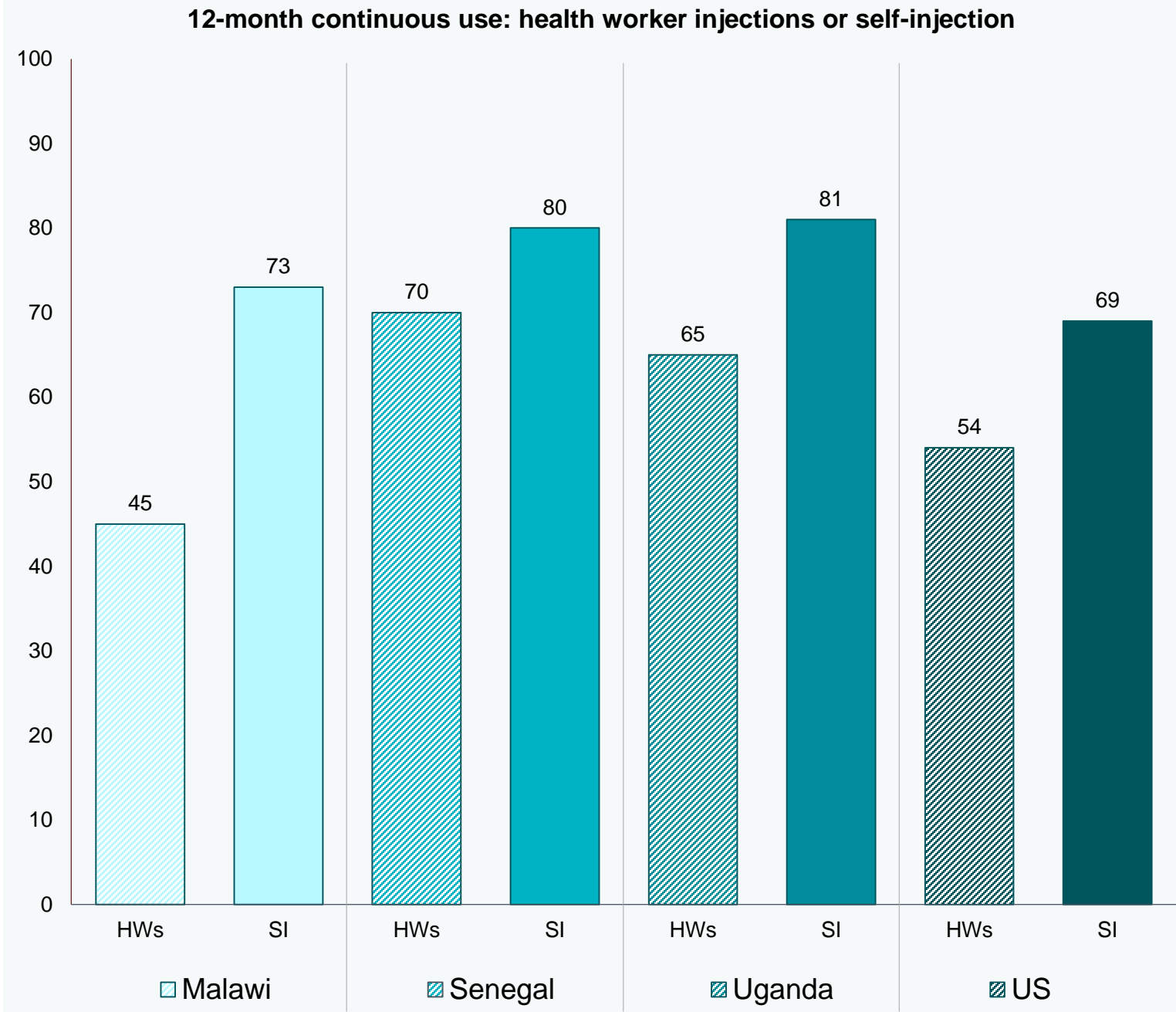
(as of October 2018)

Bangladesh
Benin
Burkina Faso
Cameroon
Democratic Republic of Congo
Côte d'Ivoire
Djibouti
Ghana
Guinea-Bissau
Kenya
Lao People's Democratic Republic
Liberia
Madagascar
Mali
Malawi
Mozambique
Myanmar
Niger
Nigeria
Senegal
South Sudan
Tanzania
Uganda
Zambia

Self-injection enables women to continue using contraception longer

Significant differences in four countries

Continuous use of DMPA at 12 months was significantly higher in all four countries among self-injectors than among women who received DMPA injections from health workers.



“Self-administration of DMPA-SC is feasible, acceptable, effective, and improves continuation... [now] what is most needed is implementation research to analyse how self-administration is implemented in practice and to understand the barriers and facilitators to successful implementation.”

– Julia E. Kohn, *Lancet Global Health*

What approaches to implementing self-injection programs are being explored?

- Who trains clients to self-inject, and where?
- What types of training aids do women want and need?
- Do women need to practice to learn self-injection, or can they learn by following along with a health worker demonstration?
- What approaches to assessing client competence are feasible and appropriate?
- What approaches to household-level disposal are feasible and appropriate?
- What are key indicators to monitor as self-injection is integrate in routine FP systems?

A photograph of three young women in a rural setting, smiling and posing for the camera. The woman on the left is wearing a blue and white floral halter top and has her arms raised, holding a white cloth. The woman in the middle is wearing a green and red patterned wrap. The woman on the right is wearing a brown t-shirt with a yellow 'S' and a blue and pink striped sash. They are standing in front of a building with a corrugated metal roof and a wall made of mud or clay. There are some wooden poles and a pile of sticks to the left.

Thank you!

For more information

Email: FPoptions@path.org

Visit: www.path.org/dmpa-sc

SAYANA® PRESS SELF-INJECTION FEASIBILITY & ACCEPTABILITY STUDY IN GHANA

13TH FEBRUARY, 2019

DMPA-SC Self-Injection Panel PATH Webinar

Dela Nai

Associate I, Population Council



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 Evidence

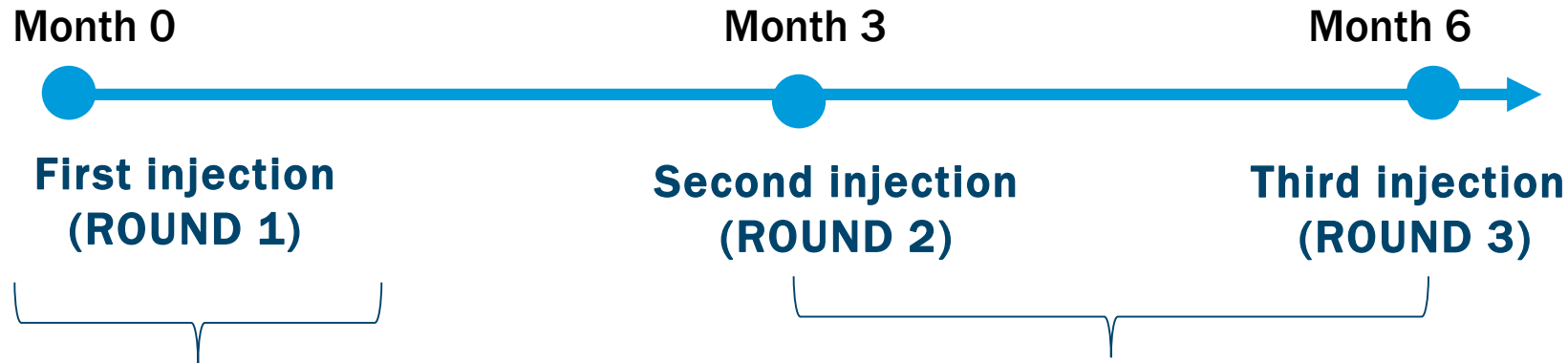
Background

- Current modern contraceptive prevalence (mCPR) is 25% (2017 GMHS), up from 22% in 2014 (2014 GDHS)
- Trend in use of injectables among currently married women:
 - 3.1% in 1998 → 6.2% in 2008 → 8.2 in 2017 (2014 GDHS)
- Ghana's FP2020 Commitment #3
 - Increase mCPR to 29% among married women
 - Sayana® Press Pilot study: December 2017-August 2018

Primary objectives & study design

- Assess the feasibility and acceptability of Sayana® Press:
 - Service provision
 - Training of client on self-injection
 - Client self-injection
- Assess the feasibility of Sayana® Press:
 - Introduction and potential scale up
- Prospective cohort study of family planning clients choosing Sayana® Press/self-injection over 8 months

Data collection & instruments



Client options:

1. Provider-administered
2. On-site self-administered

Client options:

1. Provider-administered
2. On-site self-administered
3. Home self-injection

Client surveys

- Round 1, after injection at facility
- Rounds 2 & 3, after scheduled injection
- Declined/Withdraw/Discontinue

Client interviews

- Subset
- After 3rd injection

Intervention: Trainings

1. Trainers

- ✓ 8 regional resource persons trained as Master Trainers

2. Providers

- 150 across 8 study facilities
 - 3-day on-site training at each facility
 - provider-administered or self-injection practice

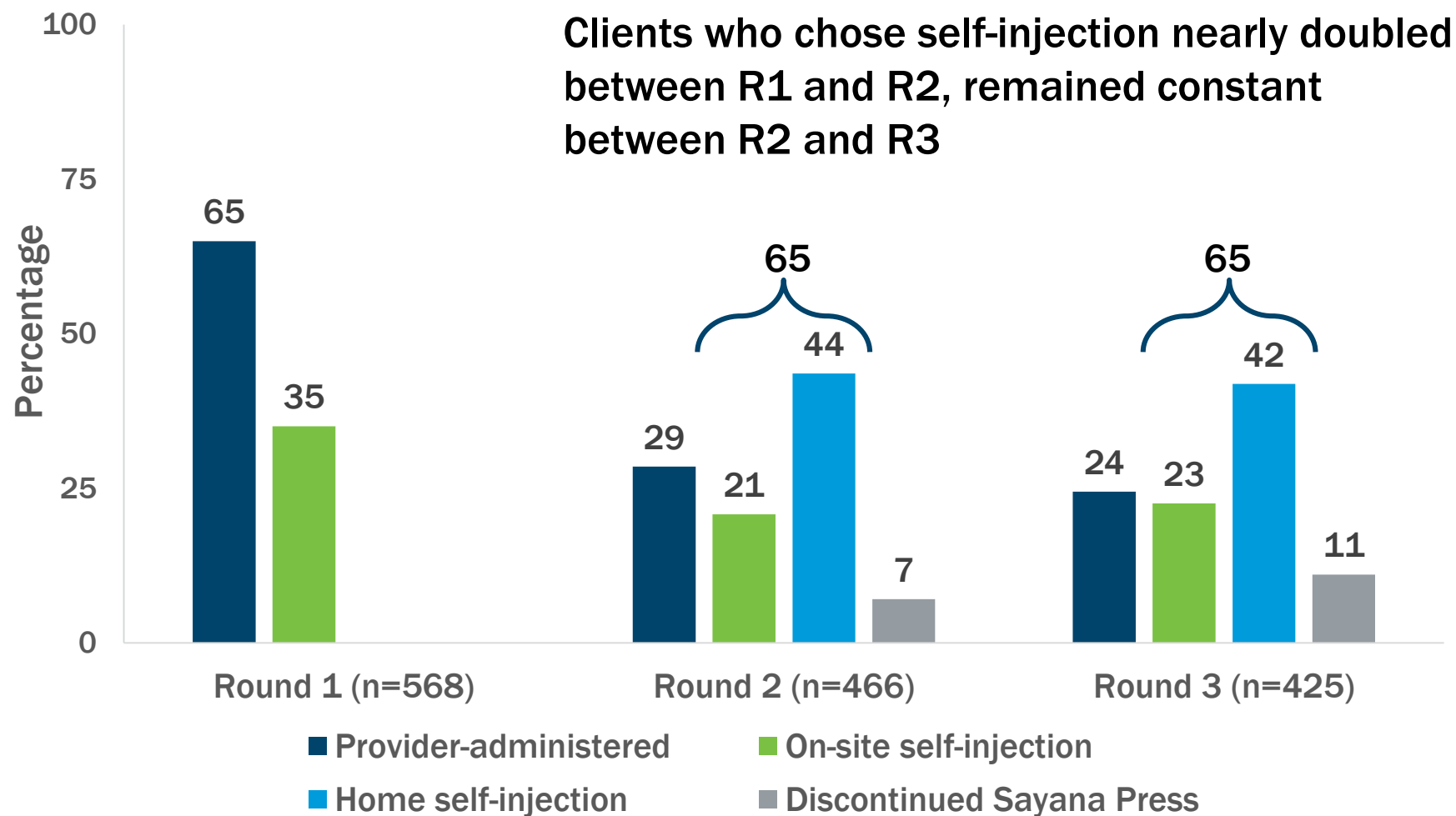
3. Clients

- ✓ Chose Sayana® Press after counseling
- ✓ Choice: provider-administered or self-injection at any visit
- ✓ If client chose self-injection, provider trained client
- ✓ Competent self-injectors offered up to two Sayana® Press packs to take home, with self-injection instructions and disposal container

Percent distribution of Sayana® Press study clients, by socio-demographic characteristics (n=568)

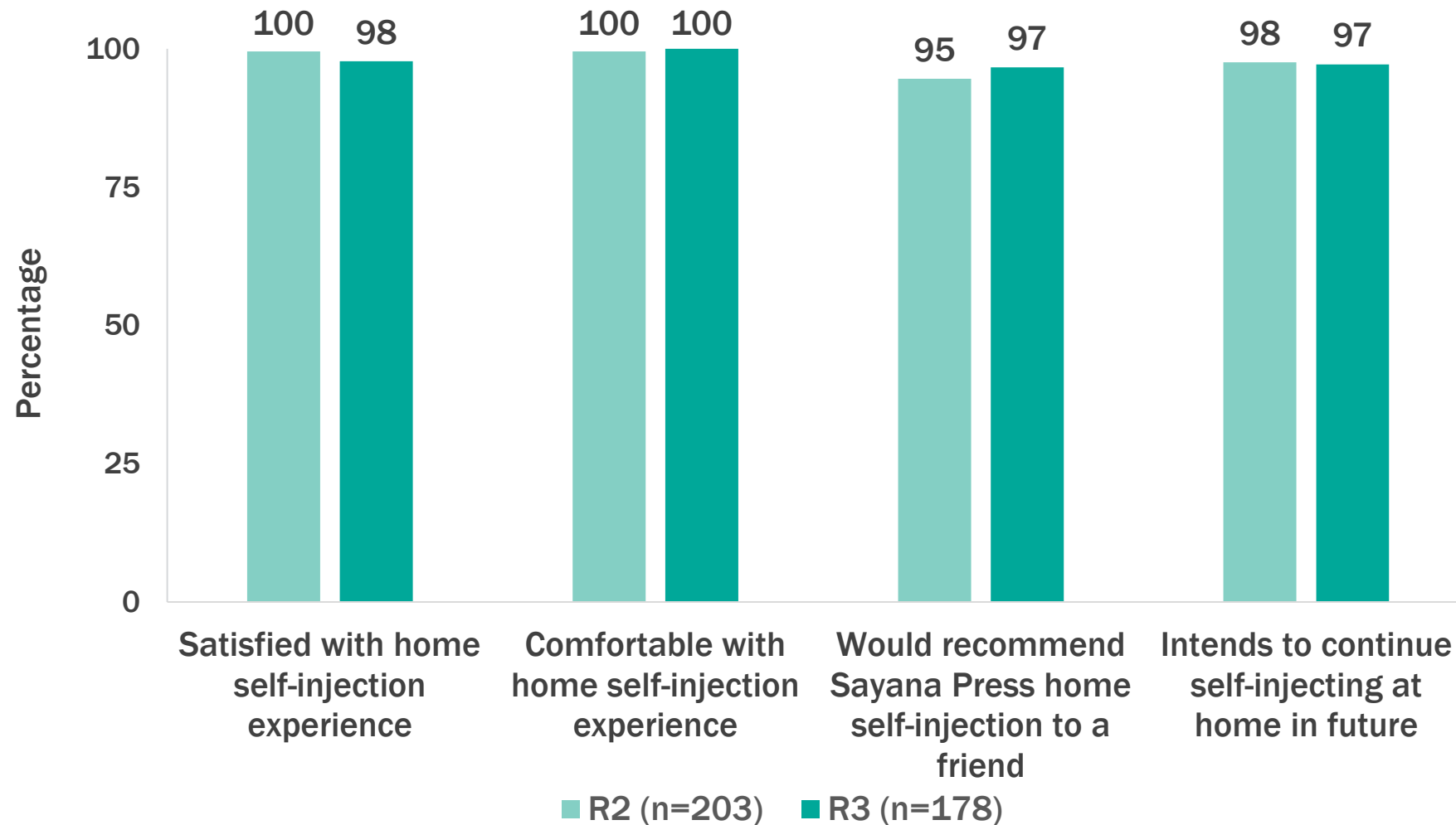
	N	Percent
Age group		
18-24	185	32.6
25-29	156	27.5
30-34	107	18.8
35-39	62	10.9
40-44	33	5.8
45+	24	4.2
Marital status		
Never married	155	27.3
Married/in-union	383	67.4
Formerly married	30	5.3
Education		
No education	55	9.7
Primary	107	18.8
Junior Secondary	282	49.6
Senior Secondary	98	17.3
Tertiary	26	4.6

Clients' selected mode of injection administration, by survey round

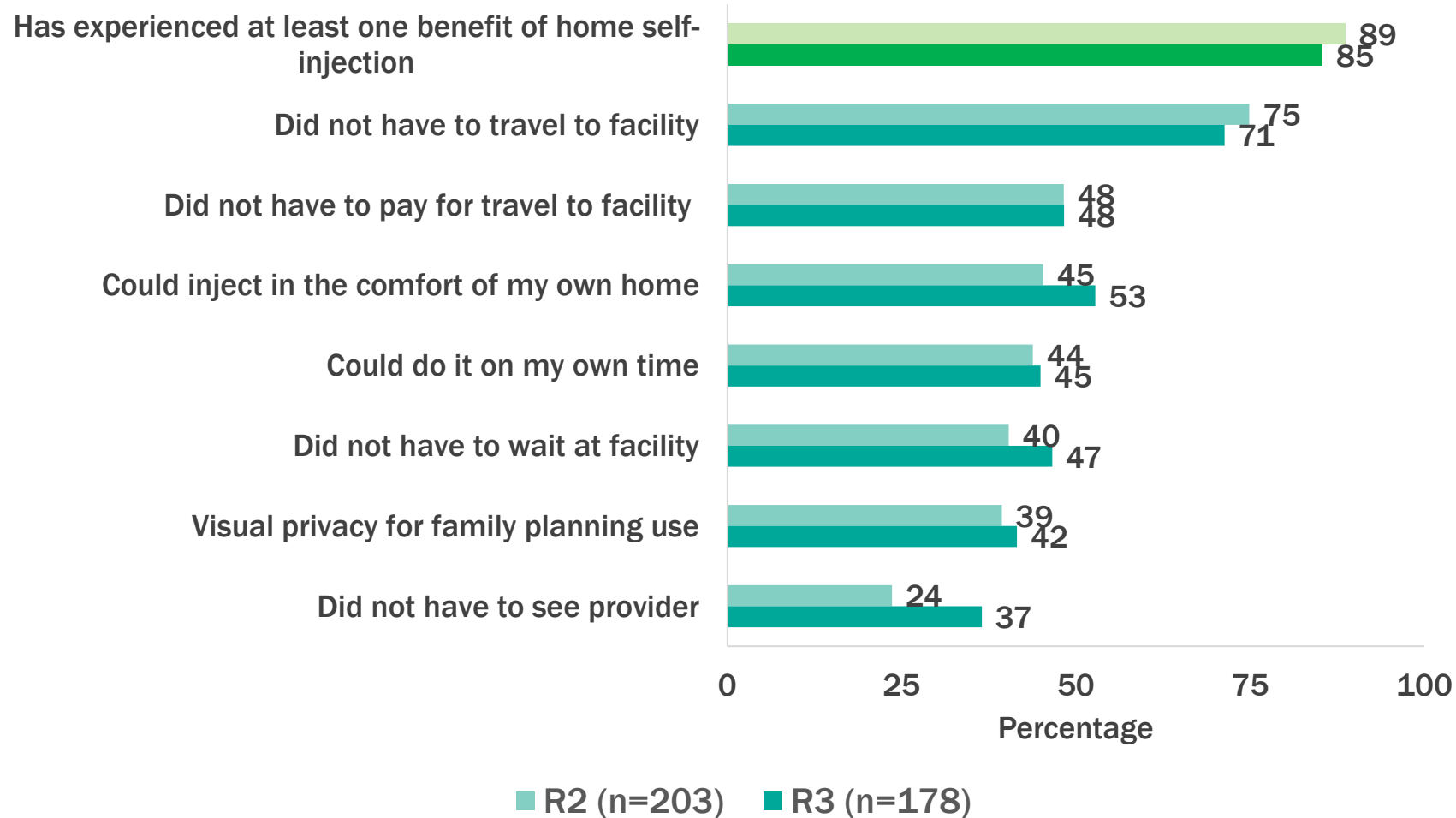


Note: Excludes those lost to follow-up

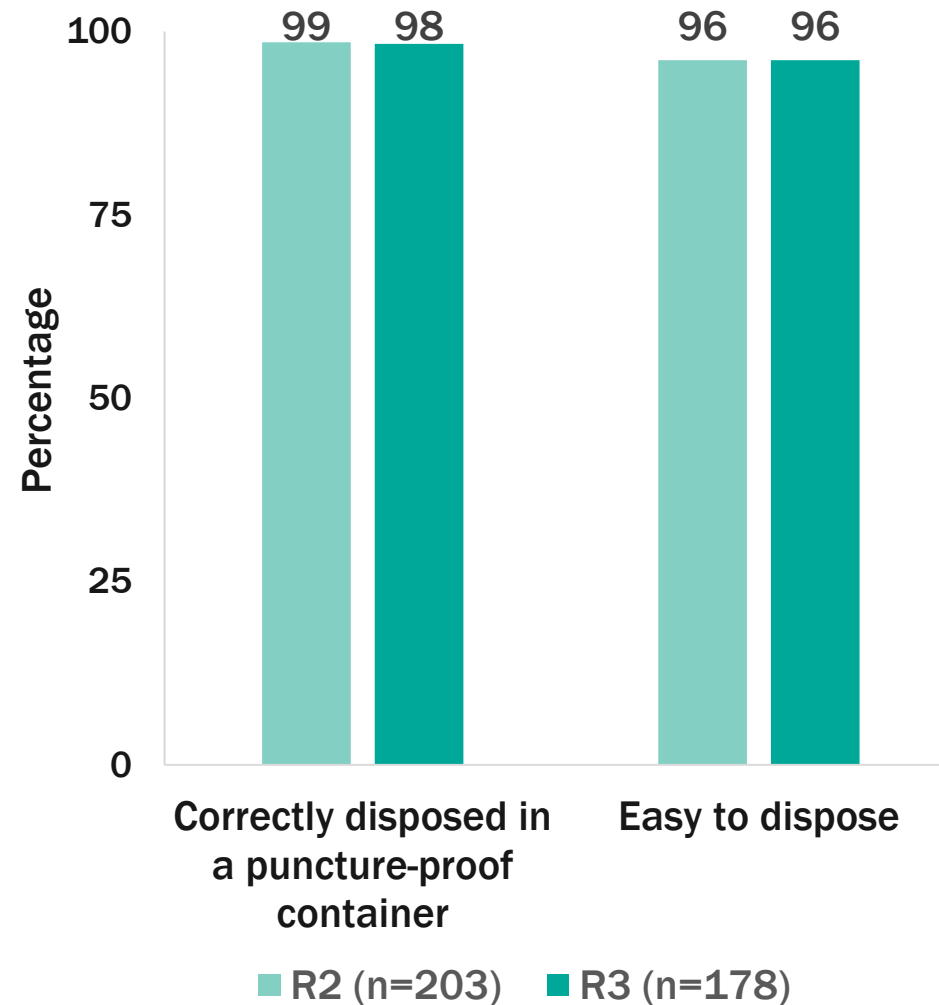
Aspects of acceptability among home self-injection clients at Round 2 and Round 3



Reported benefits of home self-injection among clients who self-injected at home at Rounds 2 and 3



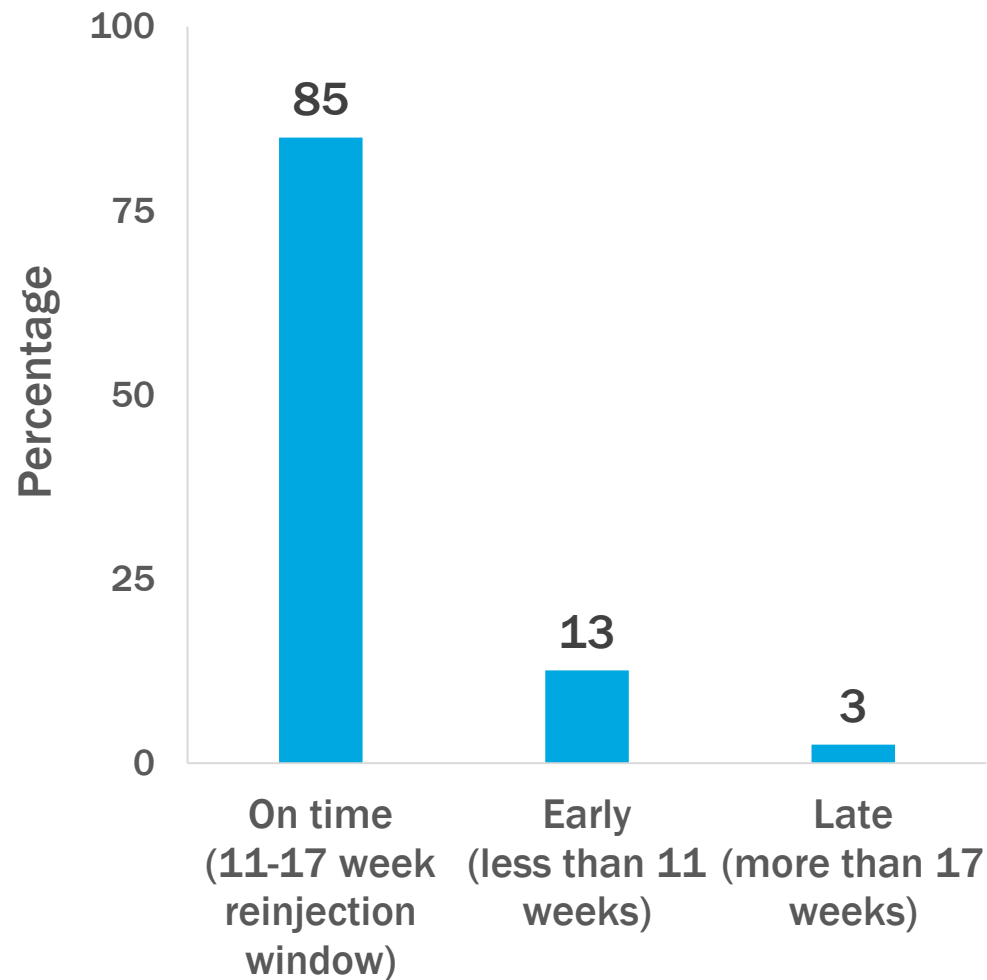
Reported disposal of Uniject™ (location and ease) among home self-injection clients at Round 2 and Round 3



“I disposed of it in the container given to me by the nurse. And after I’m done with the injection, I return it back to them to properly dispose of it. That was what I was told to do, so I followed that same procedure.”

– Home self-injection client 1, Volta region

Clients' report of reinjection at Round 3 among those who self-injected at home at Rounds 2 and 3 (n=159)



"I always refer to my calendar when my time is due, and it was very useful to me. It makes everything easier."

– Home self-injection client 2, Volta region

Study Implications

- Clients can be effectively trained to self-inject Sayana® Press, under supervision of trained providers
- Clients are capable of self-injecting at home
- Sayana® Press has the potential to increase access to contraceptives
 - 41% of clients were first-time FP users
- High self-injection acceptability among self-injectors, regardless of history of FP use

Recommendations and Actions

Utilisation of research findings for scale up

- January 2019: Ghana Health Service is developing a national implementation strategy for scale up in public and private health facilities
 - Cascade training approach similar to study
 - M&E indicators for DMPA-SC
 - Revised family planning registries to include DMPA-SC
 - Action plan for waste management
 - Guidelines on self-injection of DMPA-SC

Acknowledgment of co-authors

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THANK YOU

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Population Council

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The Evidence Project seeks to expand access to high quality family planning/reproductive health services worldwide through implementation science, including the strategic generation, translation, and use of new and existing evidence. The project is led by the Population Council in partnership with the Population Reference Bureau.



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 **Evidence**

Research to Practice: A one-year randomized controlled trial comparing continuation rates of self-administered versus provider-administered DMPA-SC in Malawi



Holly Burke, PhD, MPH

February 13, 2019



Primary Objective



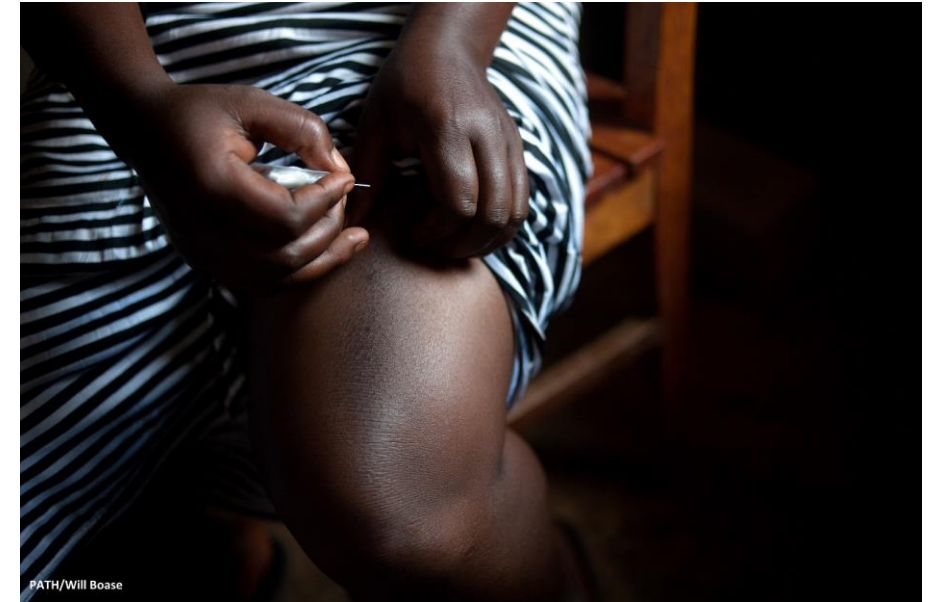
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Pediatric AIDS Foundation, Courtesy of
Photoshare

- Compare ***continuation rates*** between women who self-inject subcutaneous depot medroxyprogesterone acetate (DMPA-SC) and women who receive DMPA-SC injection from a provider, including community health workers (CHWs)



Secondary Objectives

- Compare between the two groups:
 - reported side effects
 - pregnancy rates
- Describe experiences of women who self-inject DMPA-SC
- Describe experiences and recommendations of FP providers who train women to self-inject DMPA-SC



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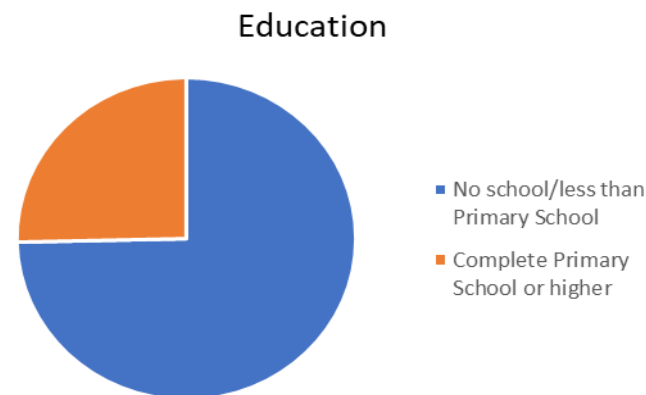


Methods

- Open-label randomized controlled trial
- Eligible women who selected DMPA-SC as their method where randomized 1:1 to receive:
 - Sayana Press from a provider, including health surveillance assistants; or
 - Training on how to self-inject Sayana Press and the opportunity to do so at home
- Randomly selected 30 self-injectors for in-depth interview at discontinuation
- Randomly selected 12 providers (6 clinic-based providers and 6 CHWs) for in-depth interview after enrollment

Results: Enrollment

- 731 women enrolled Sept 2015–Jan 2016:
 - 367 randomized to provider-administered group
 - 364 randomized to self-administered group
- 1 woman unable to self-inject at enrollment
- 72% enrolled by a CHW
- Mean age 27 years



Results: Quantitative Findings



- Continuation rate through 12 months:
 - Self-injectors 0.73 (95% CI: 0.68–0.77)
 - Provider-administered 0.45 (95% CI: 0.4–0.50)
 - Comparison was highly significant ($p < 0.0001$)
 - Findings robust under lenient sensitivity analyses
- No significant differences in pregnancy rates, adverse events, or experiencing any side effects between groups

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Results: Qualitative Findings

- Clients and providers had positive experiences self-injecting:
 - Saved clients time and money
 - Reduced providers' workloads and saved time
- Clients safely and appropriately stored and disposed DMPA-SC
- Clients successfully trained to self-inject by CBPs and CHWs



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Conclusions



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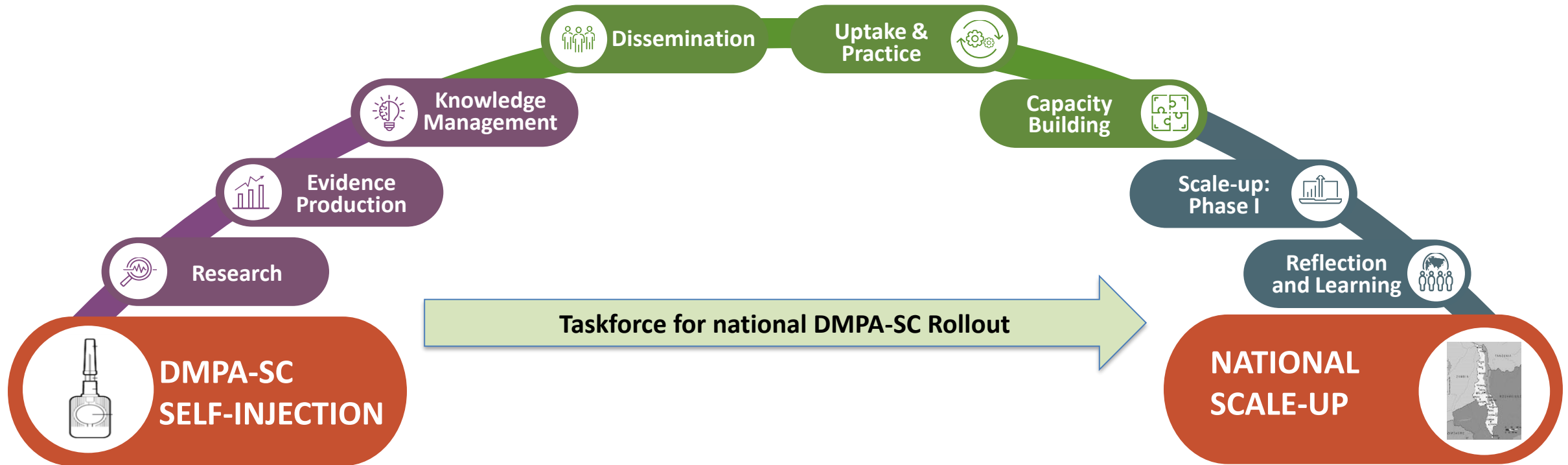
- Self-injectors had significantly higher rates of contraceptive protection than women who returned to providers for reinjection
- Community-based provision of injectables for self-injection in low-resource settings is safe and feasible

Study Considerations: From Research to Practice

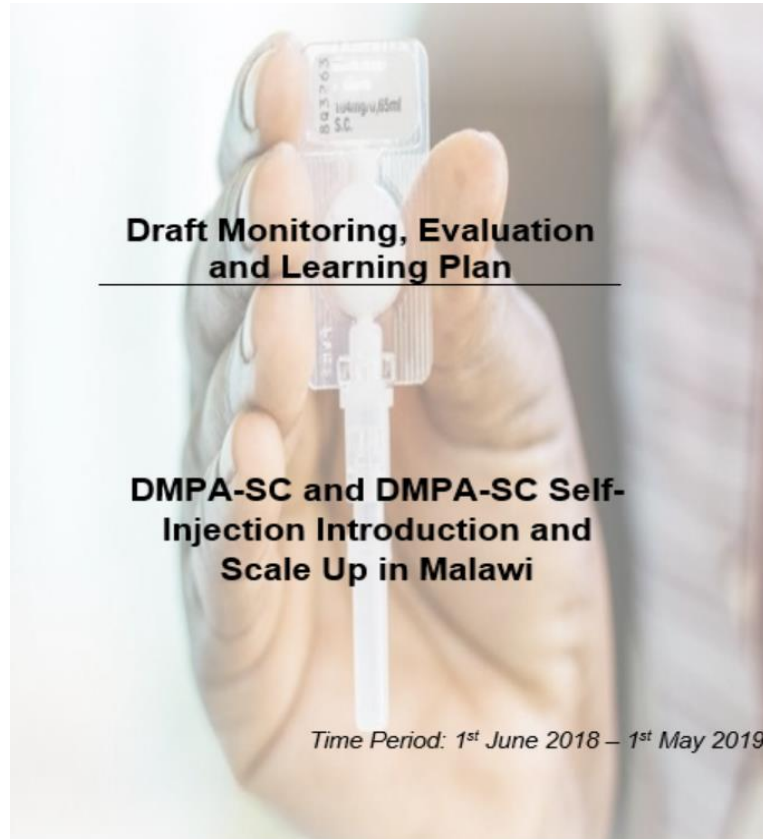
- Engaged stakeholders early and often
- Selected research site that met stakeholder needs:
 - Rural, low-resource, high potential benefit
 - Established CHWs
- Incorporated feedback into study design and implementation
- Shared results with stakeholders regularly
 - **Study results endorsed and taskforce for national DMPA-SC rollout established**



Research to Practice: Beginning with the End in Mind



Shared Tools: Monitoring, Evaluation, and Learning Plan



Contents:

1. Introduction
2. Implementing Partners and Their Roles
3. Purpose of the M&E Plan, Objectives and Revisions
4. Elements of the M&E Plan
5. Learning Agenda
6. Data Sources and Data Flow
7. Data Collection, Management and Analysis
8. Reporting
9. Data Use
10. M&E Roles and Responsibilities

Publications

- Burke, H.M., Chen, M., Buluzi, M., Fuchs, R., Wevill, S., Venkatasubramanian, L., Dal Santo, L., and Ngwira, B. Effect of self-administration of subcutaneous depot medroxyprogesterone acetate versus provider-administered injection on continuation rates: results from a one-year randomized controlled trial in Malawi. *The Lancet Global Health*; 6(5) 2018, pp e568-e578.

LINK: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30061-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30061-5/fulltext)

- Burke, H.M., Chen, M., Buluzi, M., Fuchs, R., Wevill, S., Venkatasubramanian, L., Dal Santo, L., and Ngwira, B. Women's satisfaction, use, storage, and disposal of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) during a randomized trial. *Contraception*; 98(5) 2018, pp 418-422.

LINK: [https://www.contraceptionjournal.org/article/S0010-7824\(18\)30171-9/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(18)30171-9/fulltext)

- Burke H.M., Packer C., Buluzi M., Healy E., and Ngwira B. Client and provider experiences with self-administration of subcutaneous depot medroxyprogesterone acetate in Malawi. *Contraception*; 98(5) 2018, pp 405-410.

LINK: [https://www.contraceptionjournal.org/article/S0010-7824\(18\)30073-8/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(18)30073-8/fulltext)





Piloting DMPA-SC Self-Injection at the Community Level in Kinshasa, DRC

Presented by Jane Bertrand

Study conducted in Kinshasa, capital city of DRC

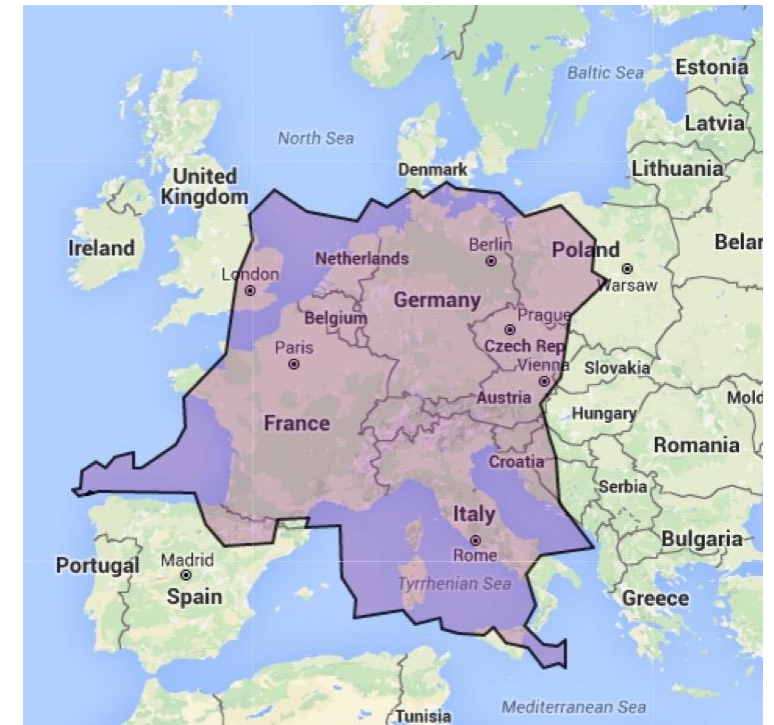
% of population living on
<\$.1.90/day (in the 10
poorest countries

Country (year of most recent data)	% living below \$1.90/day
Rwanda (2013)	56.0%
Zambia (2015)	57.5%
Lesotho (2010)	59.6%
Mozambique (2014)	62.9%
CAR(2008)	66.3%
Guinea-Bissau (2010)	67.1%
Malawi (2010)	71.4%
Burundi (2013)	71.7%
DR Congo (2012)	77.1%
Madagascar (2011)	77.6%



Legend

- Democratic Republic of the Congo
- African Countries



Built on 2015 pilot study on acceptability and feasibility of DMPA-SC distribution by medical/nursing students at community level

- Innovative in 2015:

- Previously, only doctors and nurses administered injections in the DRC

RESULTS:

- DMPA-SC clients:

- Showed high levels of approval of both method and delivery by student providers

- Students:

- Valued experience of service delivery
 - Liked “giving back to community”

- MoH authorities:

- Supported expansion of the approach
 - Led to institutionalization of FP in nursing schools

- **NEXT STEP:**

- Piloting the use of M/N students to train clients to self-inject



Implementation of the intervention: Family planning campaign days

- Campaign days in 3 health zones, women interested in FP congregate at a community location (2016-17)
- Medical/nursing students give general counseling on range of methods
 - Pills, Cyclebeads, condoms, and DMPA-SC
- Providers and clients split into dyads the individual counseling:
 - DMPA-SC clients could opt for self-injection or provider-injection



Research methods: survey of clients (4 rounds of data collection)



- Clients interested in DMPA-SC could choose self-injection or provider-injection at 1st and 2nd round (3 months later) of campaign days
- Self-injection clients (either type) invited to participate in the study
 - Were interviewed by trained interviewers using smartphones (ODK)
 - Were asked for contact info to participate in follow-up 3 months later
- 3- month follow-up survey:
 - Respondents returned to campaign location, had 2nd injection, were interviewed
 - Others not presenting at 2nd campaign day were followed-up by phone, home visit
- 6- and 12-month follow-up:
 - Respondents contacted by phone or home visit
- Major limitation: conducted in community setting; very high loss to follow-up

Results of client surveys

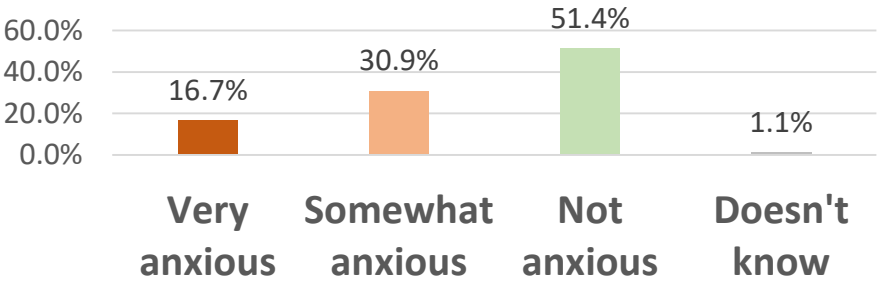
- 850 clients opted for DMPA-SC at baseline:
 - 75.3% selected self-injection
 - 24.7% were injected by providers
- Profile of 640 self-injectors:
 - Mean age: 26.7 years, 75.0% married/union
 - Has living children: 99.9% (mean # = 3.1)
 - Had previously used a contraception: 46.3%
 - Methods used: condoms, withdrawal, calendar



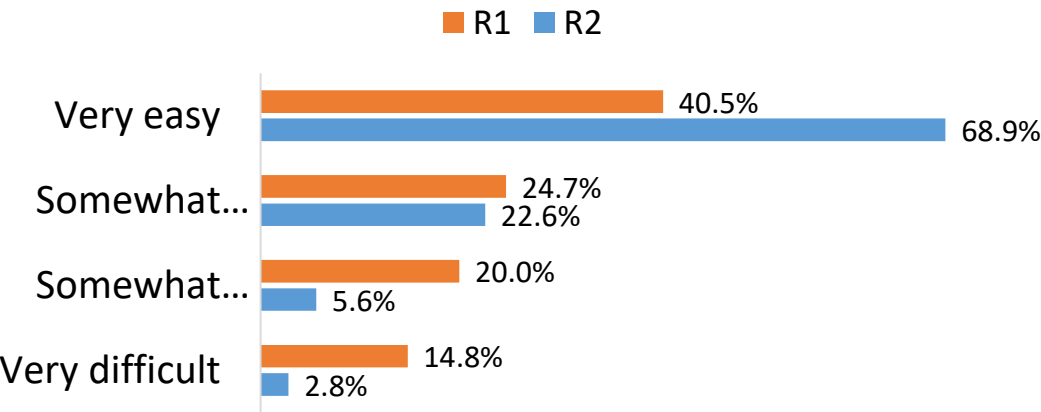
Reasons for choosing self injection

	Baseline (N = 640)
Easy to use at home	58.8%
Prefers to manage herself	23.4%
Likes to learn new things	22.2%
Saves money	10.2%
Saves time	8.4%
Other	23.8%

How anxious were you before injecting yourself for the first time?

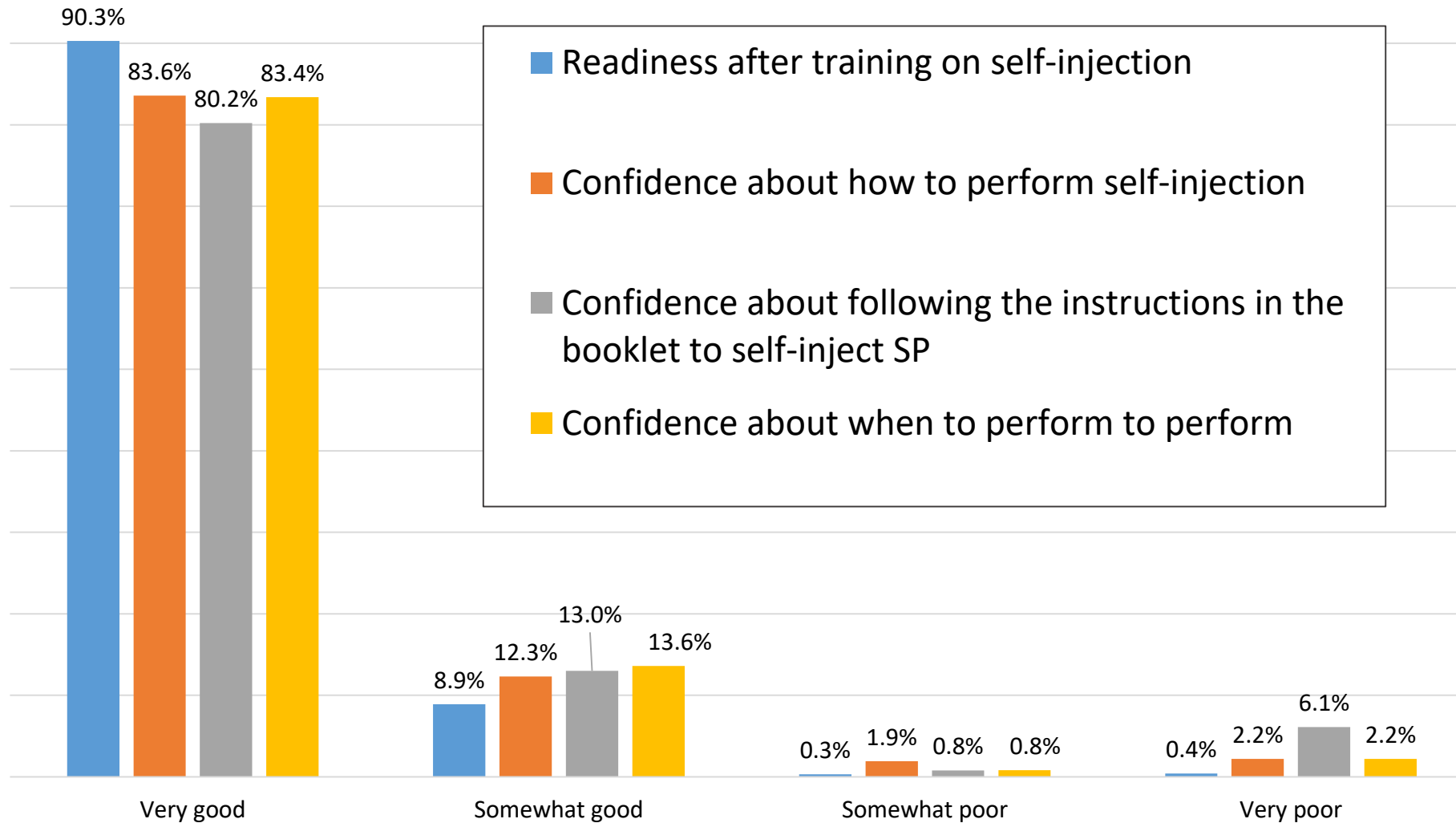


How difficult was it to perform self-injection? (R1, R2)



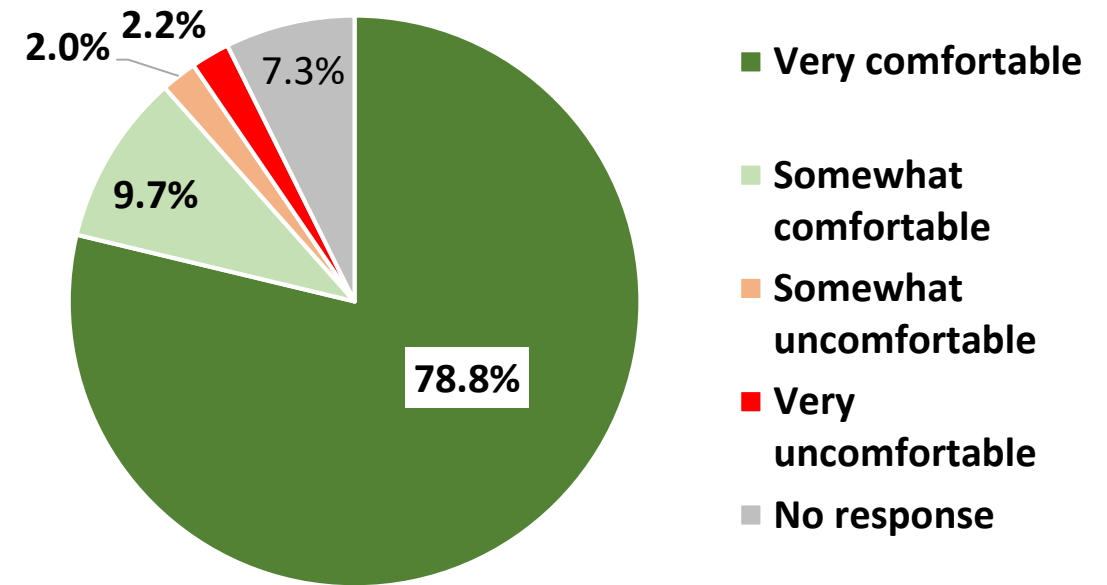
Reasons for anxiety	N = 304
Fear of needles	65.8%
Fear of pain	42.4%
Has never done it before, fear of doing it wrong	32.2%
Fear of not disinfecting correctly	12.8%

Perceptions of being prepared to self-inject



Attitudes toward the M/N students as instructors for DMPA-SC

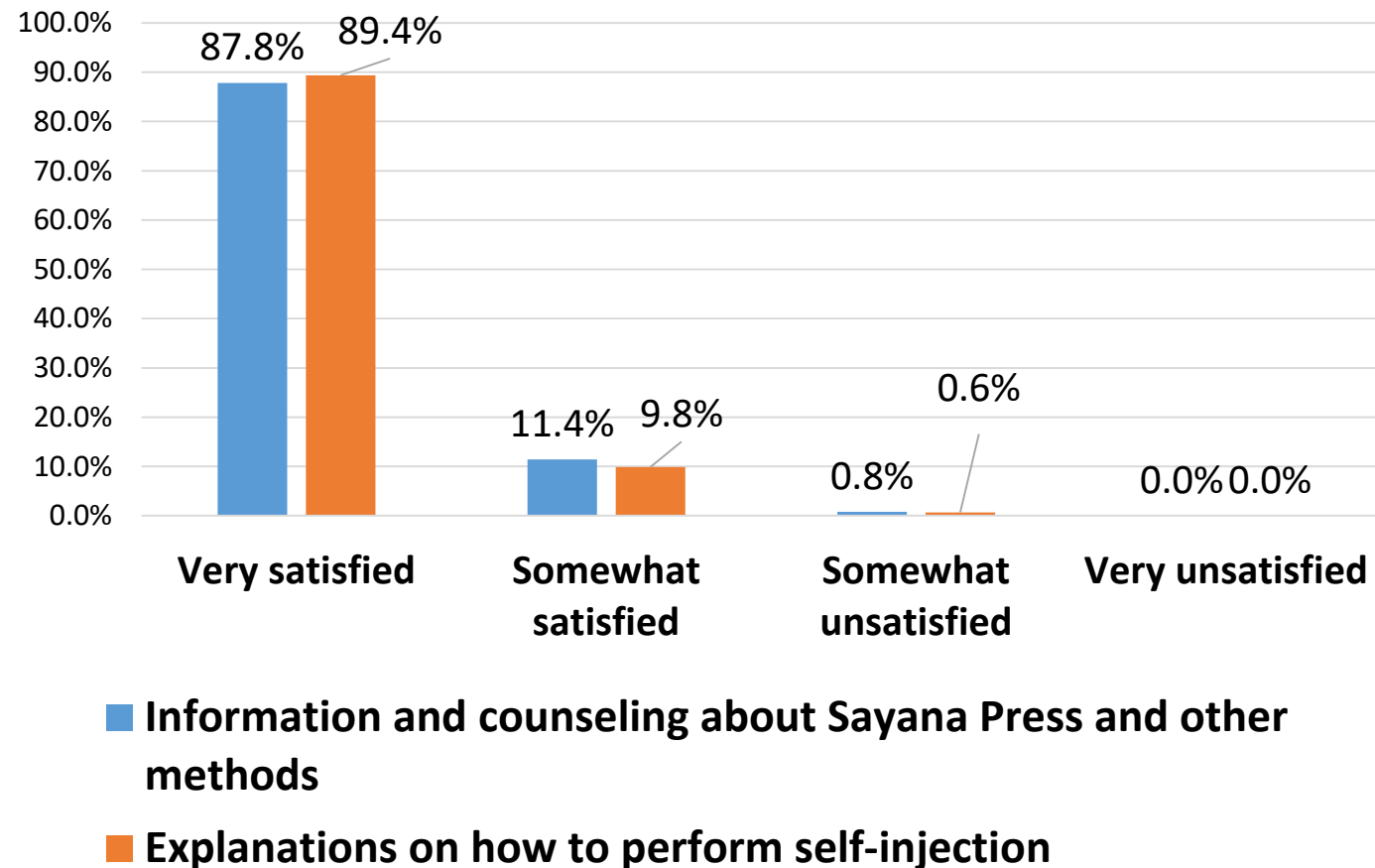
How comfortable were you about being trained by a M/N student?



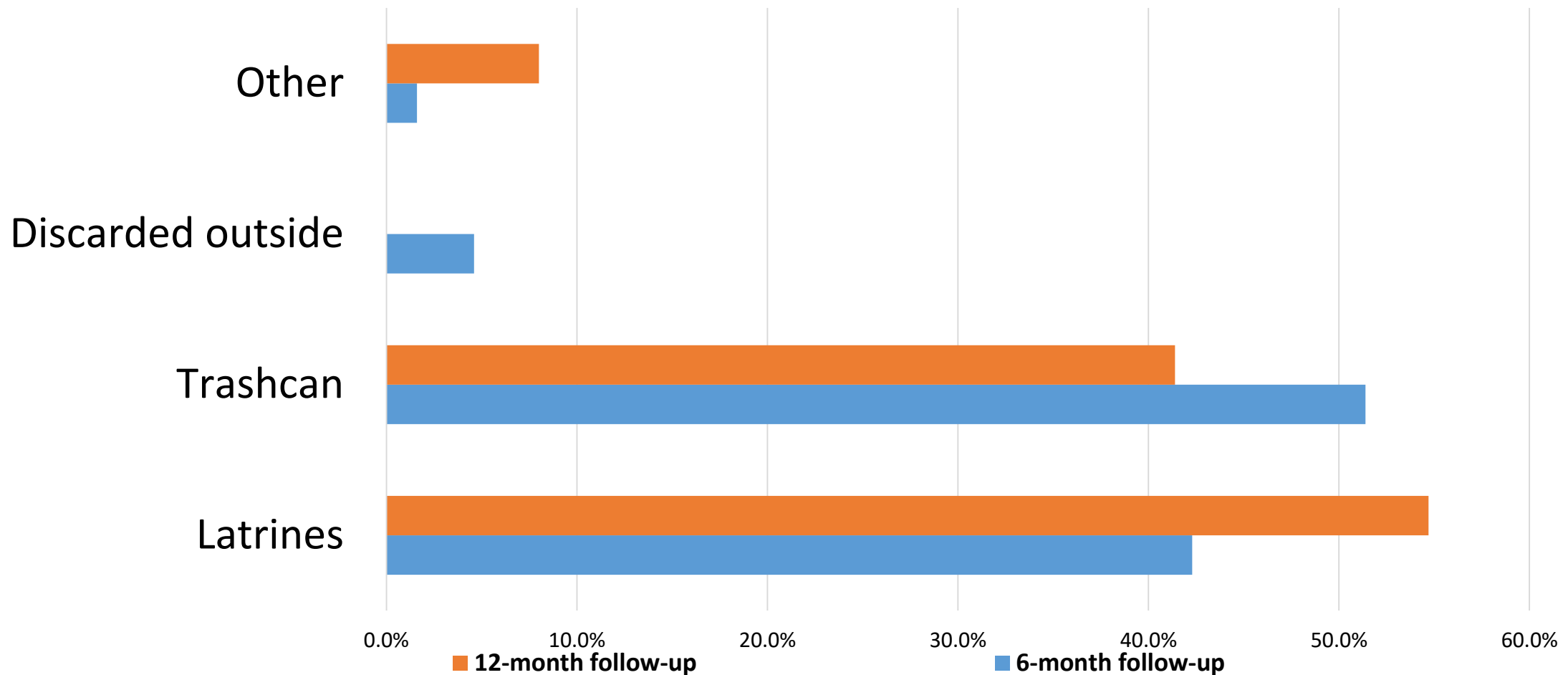
81.2% of the initial acceptors did not remember the CBD told them he / she was a student

Satisfaction with services / would recommend to a friend?

How satisfied were you by the following services
you received from the CBD?



Disposal of injection waste at home



Results demonstrated “test of concept” – acceptable and feasible to teach women in Kinshasa to self-inject DMPA-SC

- How to we take this pilot experience “to scale”:
 - Expanding approach to all health zones in Kinshasa?
 - Expanding approach to other provinces in the DRC?
- Three pesky questions in the scale-up:
 - Where will interested clients get their doses of DMPA-SC at low cost?
 - How will they demonstrate to the person providing the doses that they are “competent” to self-inject?
 - Is it important or can we simply sell to anyone interested in buying?
 - Where will they dispose of the uniject device after use?



Changes resulting from the pilot study

- Minister of Health approved the pilot to use M/N students to instruct women to self-inject DMPA-SC at the community level
- Mechanism for scale-up:
 - Staged integration of FP into the nursing school curriculum (3rd year)
 - Nursing students deliver contraception – as part of their practicum
 - FP serving as a catalyst for revitalizing nursing school curriculum (D6)
 - Competence-based, practical training in community interaction and service delivery
- Need for “test of implementation” prior to scale-up:
 - Source of resupply of DMPA-SC, client competency issue, disposal of devices
 - Additional piloting of approach – scheduled for 2019

Thanks to our collaborators and donors

Ministry of Health:

- (former) Director of the D10:
 - Dr. Kalume
- Director of the D6 (nursing):
 - M. Desiré Bapitani
- Director of the PNSA:
 - M. Mbadu Muanda
- Sources of funding:
 - Bill and Melinda Gates Foundation and UNFPA/DRC

Study Team:

- Study Director:
 - Paul Bakutuvwidi Makani
- Smartphone programming, logistics:
 - Dr. Julie Hernandez
 - Prof. Pierre Akilimali
- Data analysis:
 - Dr. Dieudonné Bidashimwa
- Programmatic translation:
 - Dr. Arsene Binanga



Merci

February 2019

ADVANCING CONTRACEPTIVE OPTIONS

New evidence from Senegal on injectable continuation

Maymouna Ba



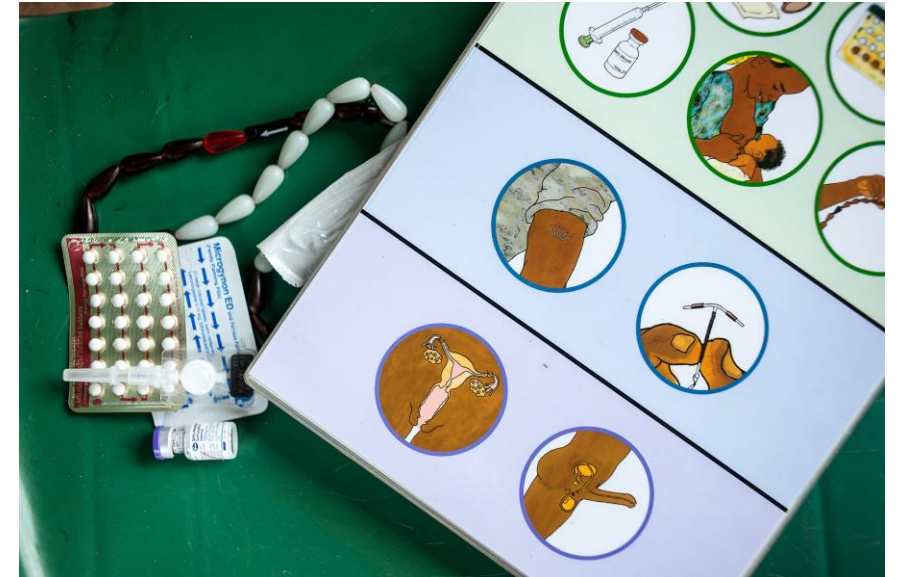
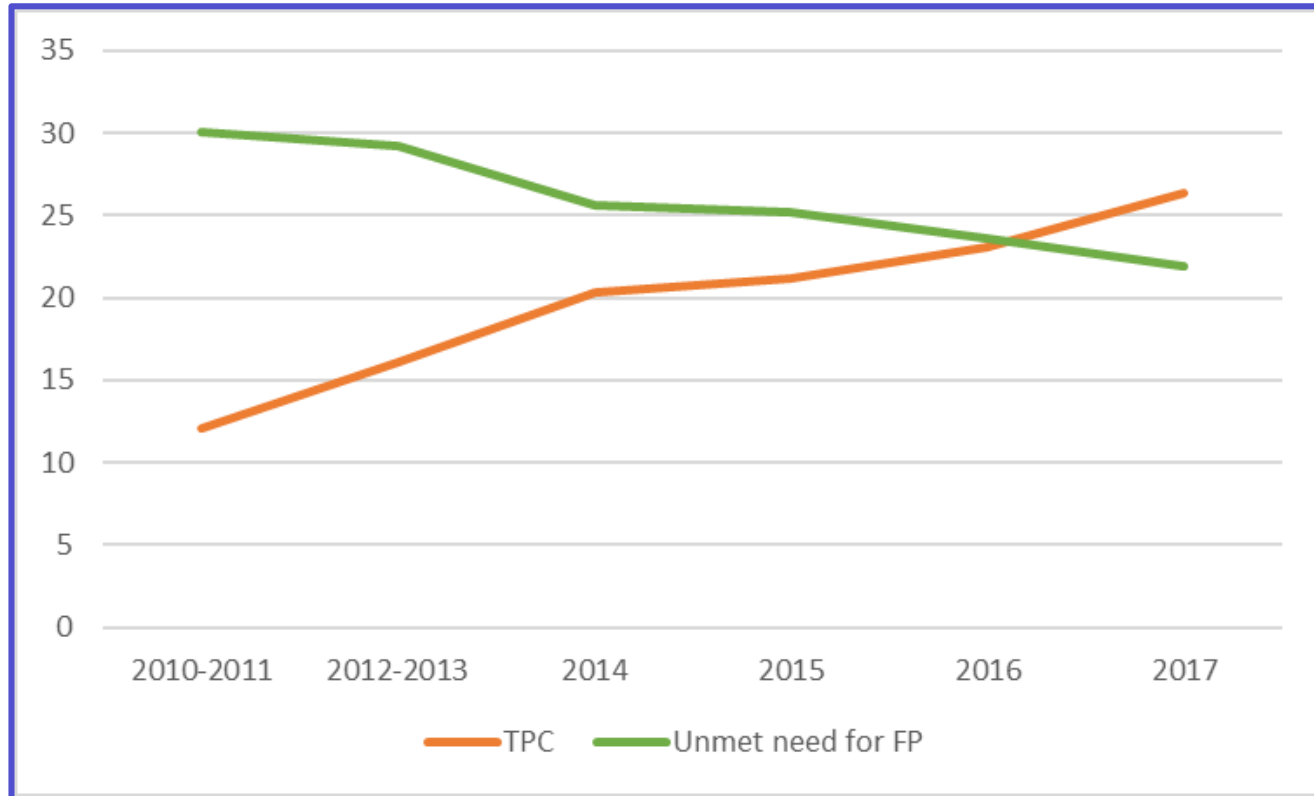
Reproductive Health in Senegal: Key Indicators

- Total fertility rate is 4.6 children per woman;
- Median age at marriage for women is 20.2 years;
- About one fourth (26%) of married women currently use contraception;
- About 1 woman in 80 will die of pregnancy-related causes;
- Nearly half of women of reproductive age (47.6%) have never been to school;
- Young population age structure, with 54% under the age of 20.

Senegal Demographic and Health Survey, 2017



Contraception use



The first self-injection feasibility study (2015-2016)

Feasibility

High proficiency

- 90% of women were proficient at their first injection (supervised at the clinic).
- 84% of women demonstrated proficiency at their second injection (supervised at the clinic).
- 72% were on time and proficient at their second injection.

Acceptability

High acceptability

- 66% reported the 2nd injection was very easy, 72% for the third injection.
- 93% expressed a desire to continue self-injecting.
- 73% were very likely to recommend self-injection to others.



"I was so excited and proud when injecting myself at home. It was so easy to do." -Study participant

Continuation Study plan and procedures

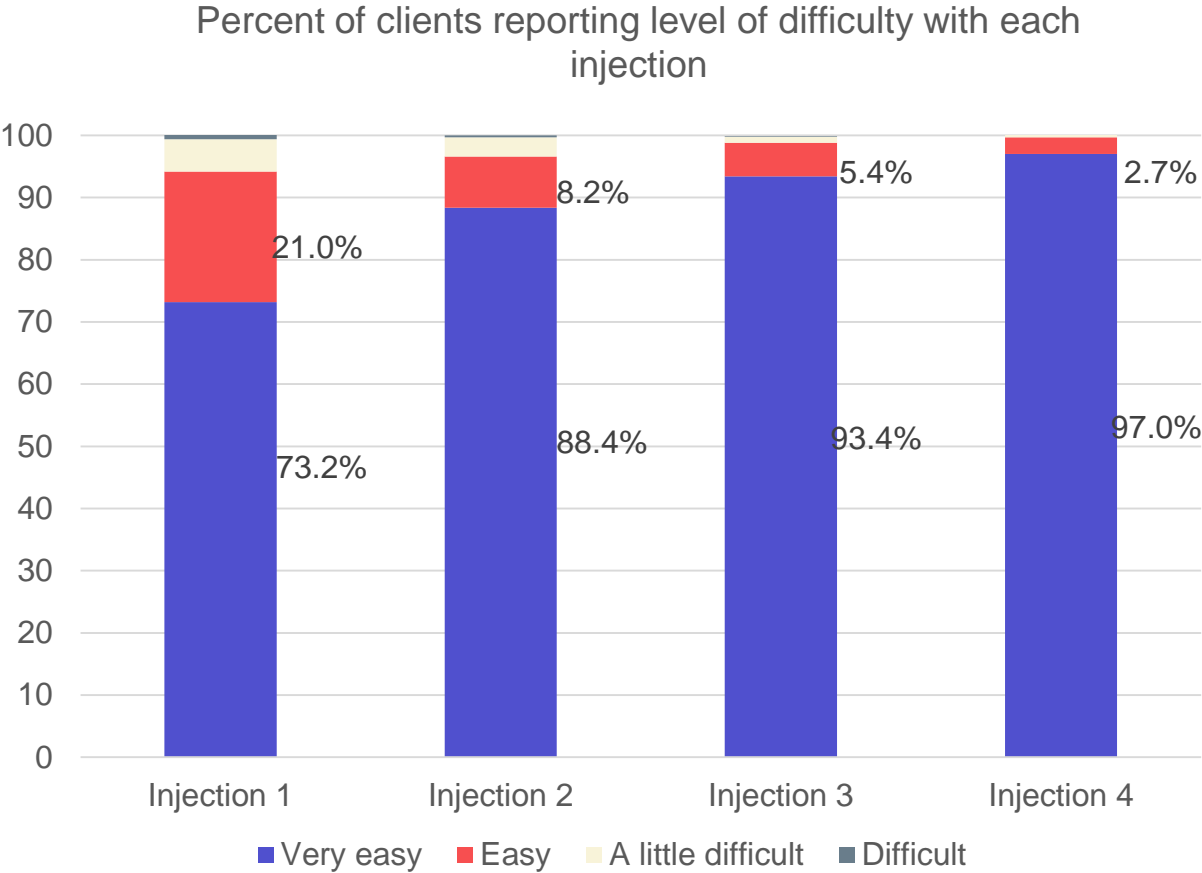
- Non-randomized prospective cohort study comparing 12-month continuation rates for:
 - Women selecting self-injection of DMPA-SC (n=650)
 - Women selecting DMPA-IM administered by a provider (n=649)
- Study participants are women seeking injectable contraception at one of 13 clinics in Thiès and Dakar regions of Senegal.
- Participants in the self-injection (SI) group were trained one-on-one and supervised for the first self-injection; they were given an instruction booklet, reinjection calendar, and three units to take home.
- IM group participants received each injection from a provider at a clinic.
- All participants were interviewed after the 2nd, 3rd, and 4th injections to measure injectable continuation at 6, 9 and 12 months.

Population characteristics

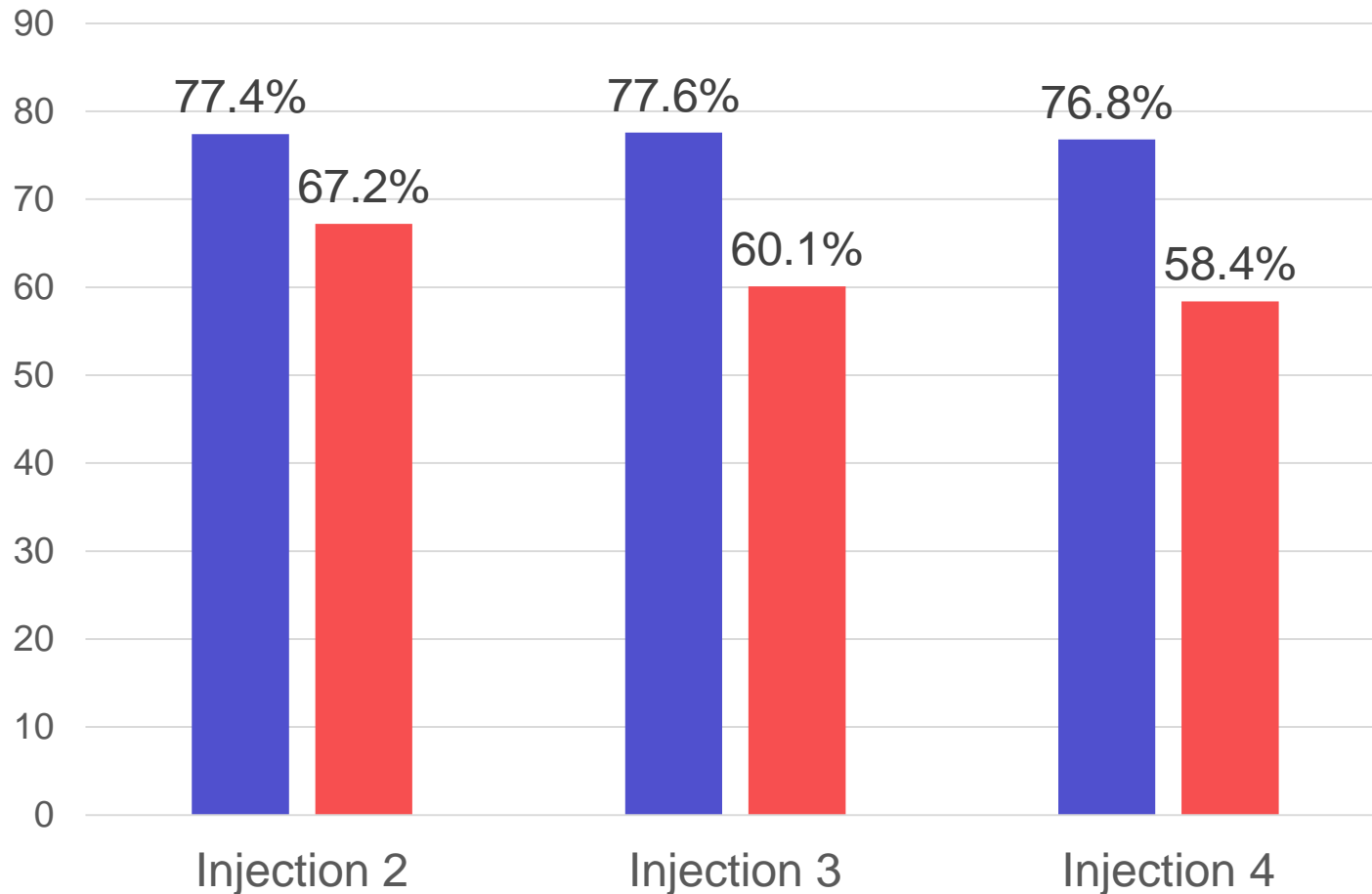
- Compared to DMPA-IM users, **women who chose self-injection** were:
 - More **educated** with higher household assets scores
 - More **experienced with DMPA-SC** administered by a provider in the past
 - More **receptive to new ideas** and practices
- Compared to self-injectors, women who chose **DMPA-IM** have:
 - More **children** on average
 - More reported **needle anxiety**
 - More likely to report **paying to travel to the clinic**



Competence and training results

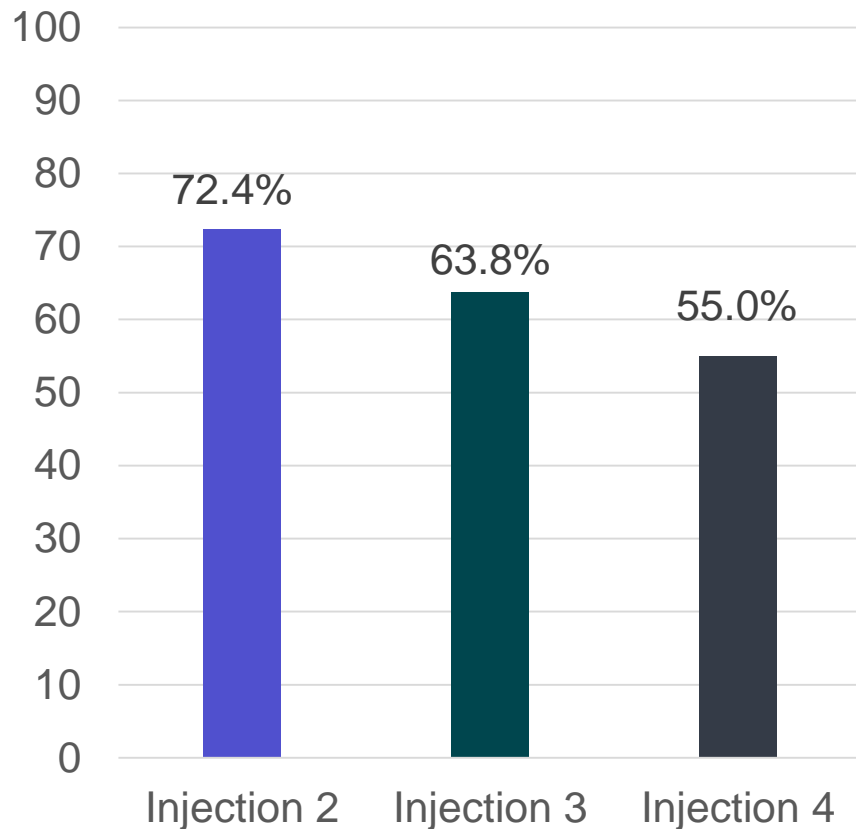


Knowledge of correct reinjection dates higher among self-injectors



Waste storage and disposal practices

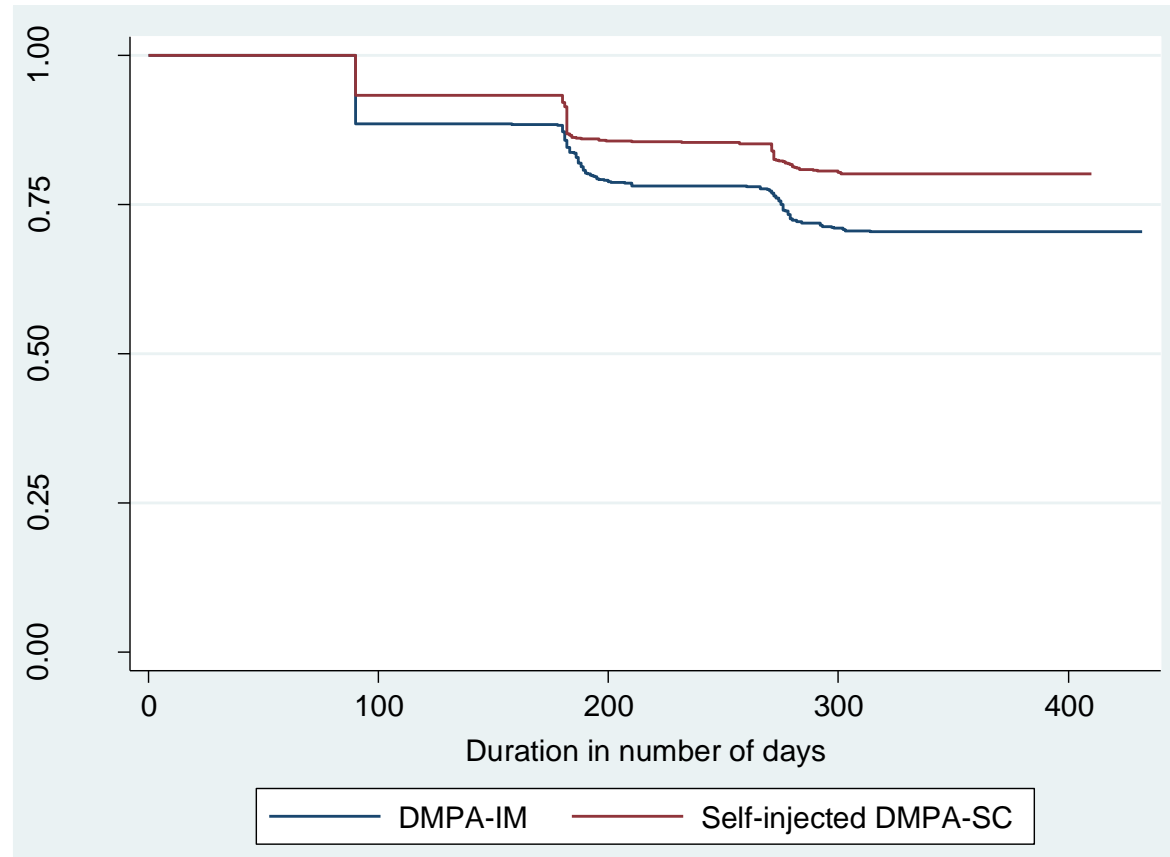
Over time, fewer women stored the used device in a household container until disposal



Disposal practices

	Injection 2 (n=576)	Injection 3 (n=589)	Injection 4 (n=565)
Still has the spent unit	58.5%	46.0%	35.9%
Disposed in the latrine	33.7%	39.7%	48.3%
Disposed in a safety box	3.3%	7.6%	11.2%
Returned to the health center	2.3%	3.6%	3.7%
Threw out with garbage	1.7%	2.7%	0.9%
Buried it	0.2%	0.2%	0.0%
Disposed in the toilet	0.2%	0.0%	0.0%

Probability of continuation of self-injected DMPA-SC over a one-year period is higher than provider-administered DMPA-IM



Summary of results and implications in Senegal

- Early adopters of self-injection in Senegal may be more educated, more experienced with DMPA-SC, have less injection anxiety, and are more likely to embrace innovation.
- **Self-injection may help women to continue using injectable contraception longer.**
- Women struggled to identify correct dates. Injection reminders may be relevant in this context.

Implications

- The government is integrating DMPA SC self-injection into national FP program
- In September 2018, training of providers started in 2 regions (Diourbel, and Sedhiou) et will be continued in others regions in 2019

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February, 2019

ADVANCING CONTRACEPTIVE OPTIONS

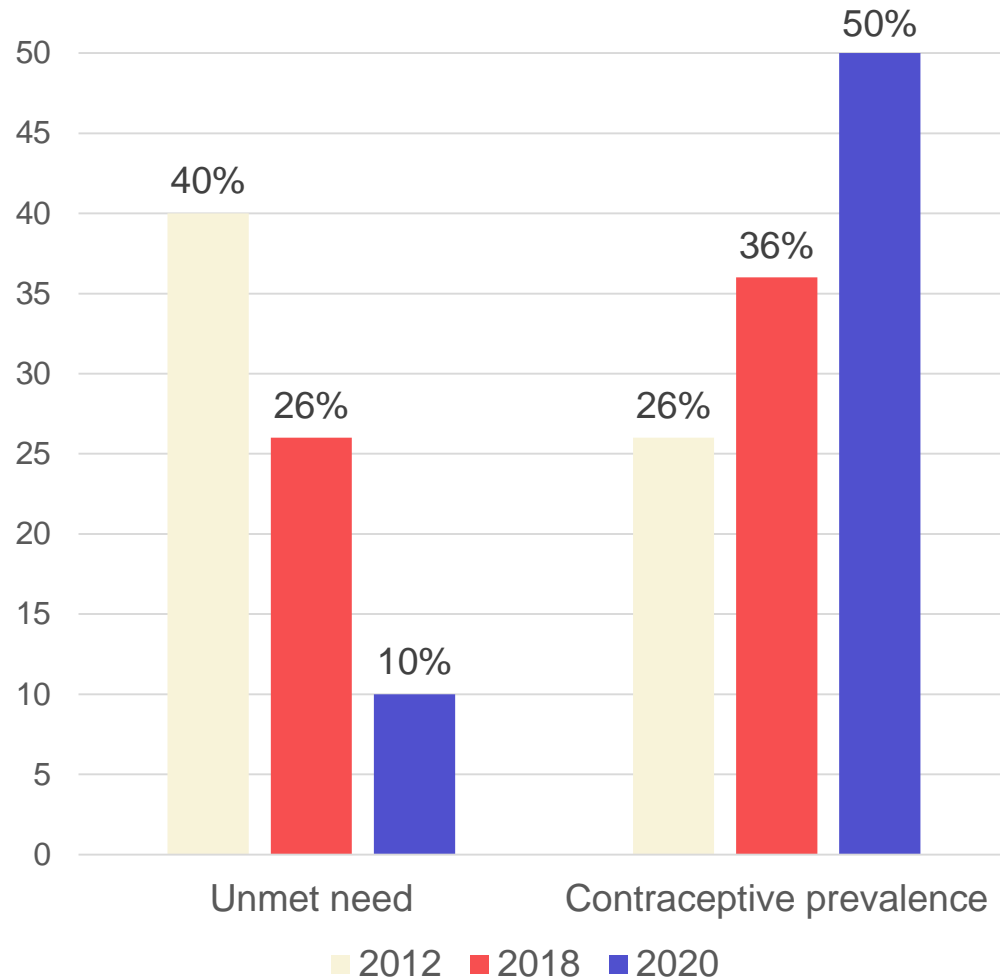
Can self-administration of DMPA-SC improve injectable continuation?

Results from a nonrandomized cohort study
in Uganda

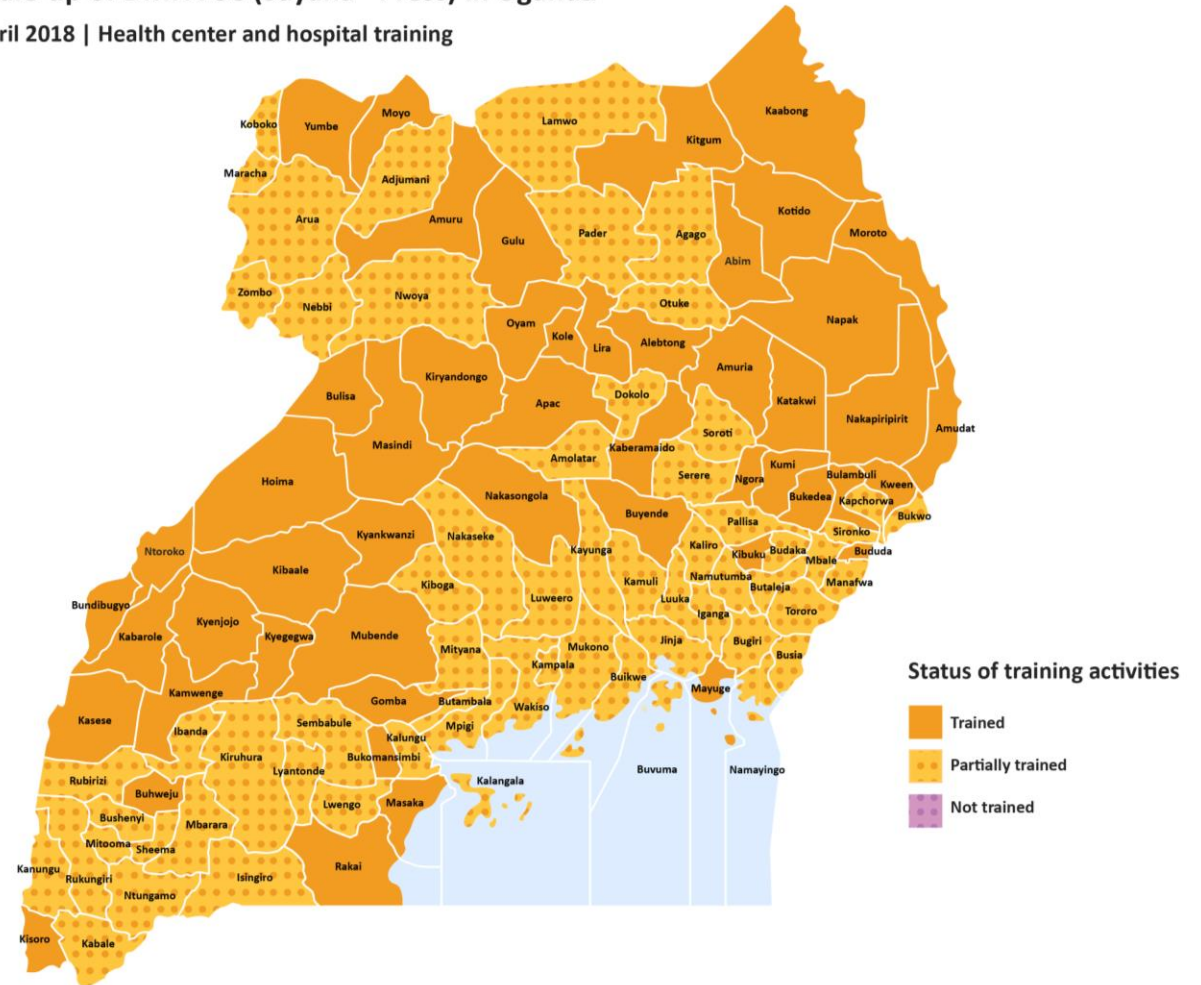
Allen Namagembe
Evaluation Manager



DMPA-SC scale up in the context of Uganda's FP2020 commitments



Scale-up of DMPA-SC (Sayana® Press) in Uganda
April 2018 | Health center and hospital training



The first self-injection feasibility study (2015)

Feasibility

High proficiency

- 98% of women were proficient at their first injection (supervised at the clinic).
- 88% of women demonstrated proficiency at their second injection (unsupervised at home).
- 87% were on time and proficient at their second injection.

Acceptability

High acceptability

- 61% reported the first injection was very easy, 92% for the second injection.
- 98% expressed a desire to continue self-injecting.
- 87% were very likely to recommend self-injection to others.



PATH / Will Boase

"I do not need to travel long distance. It is easy, safe, and gives me the freedom to manage it myself." -Study participant

Study Methodology:

Continuation of DMPA when self-injected vs. provider-administered

Purpose: To assess whether offering self-injection could improve outcomes for family-planning programs.

Objectives

- To measure whether women who self-inject DMPA-SC demonstrate longer injectable continuation compared to women who receive DMPA-IM from a provider at clinics.
- To assess any continuation differences for different subgroups.
- To identify reasons for discontinuation.

Study design

- Non-randomized prospective cohort study comparing 12-month continuation rates for women selecting self-injection of DMPA-SC and women using DMPA-IM, administered by a provider
- Aged 18 to 45 years seeking injectable contraception at a public-sector clinic.

Timing of data collection: April 27, 2016 to July 24, 2017

Results:

Two different population profiles at baseline

Compared to DMPA-IM users, **women who chose self-injection** were:

- **Of higher socioeconomic status:** more self-injectors had secondary or higher education and collected a paycheck; more household assets.
- **More empowered:** more self-injectors made household and family-planning decisions jointly with a partner.
- **From supportive communities:** more self-injectors reported “almost all” community and family/friends supported family planning and reported higher levels of partner support.
- **Experienced with DMPA-SC:** more self-injectors reported having used DMPA-SC administered by a provider in the past.

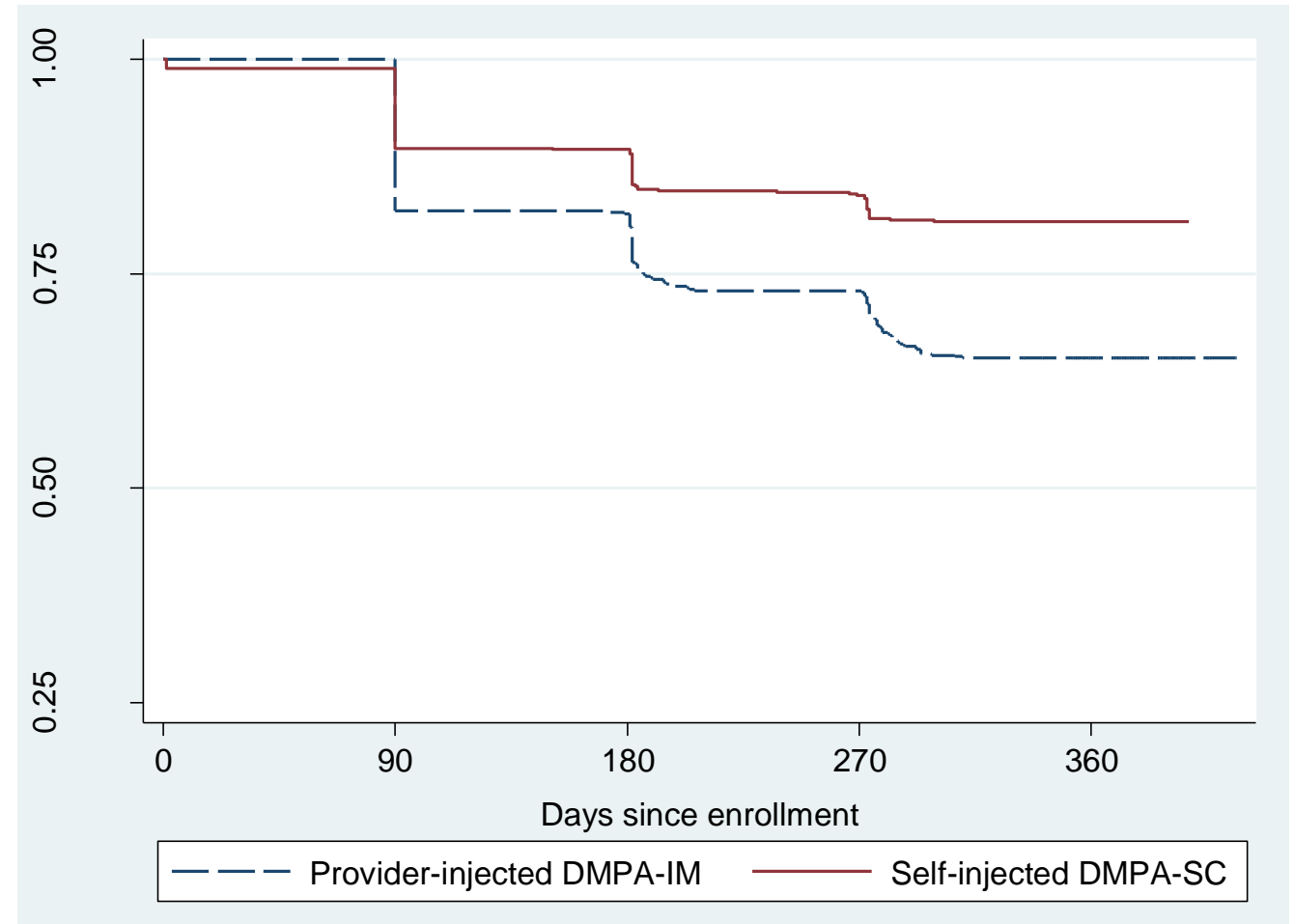
Compared to self-injectors, **DMPA-IM users** were:

- More likely to report **high needle anxiety**.

Probability of continuing DMPA is higher for women who are self-injecting

- 81% of self-injecting women continued through 4 injections versus 65% of women receiving DMPA-IM from a provider.

Kaplan-Meier curve showing probability of survival (continuation)



Log-rank test of equality across strata, $P < 0.000$

Multivariate analysis showed that self-injecting is associated with longer continuation, controlling for group differences.

Factors that **reduce** the risk of discontinuing include:

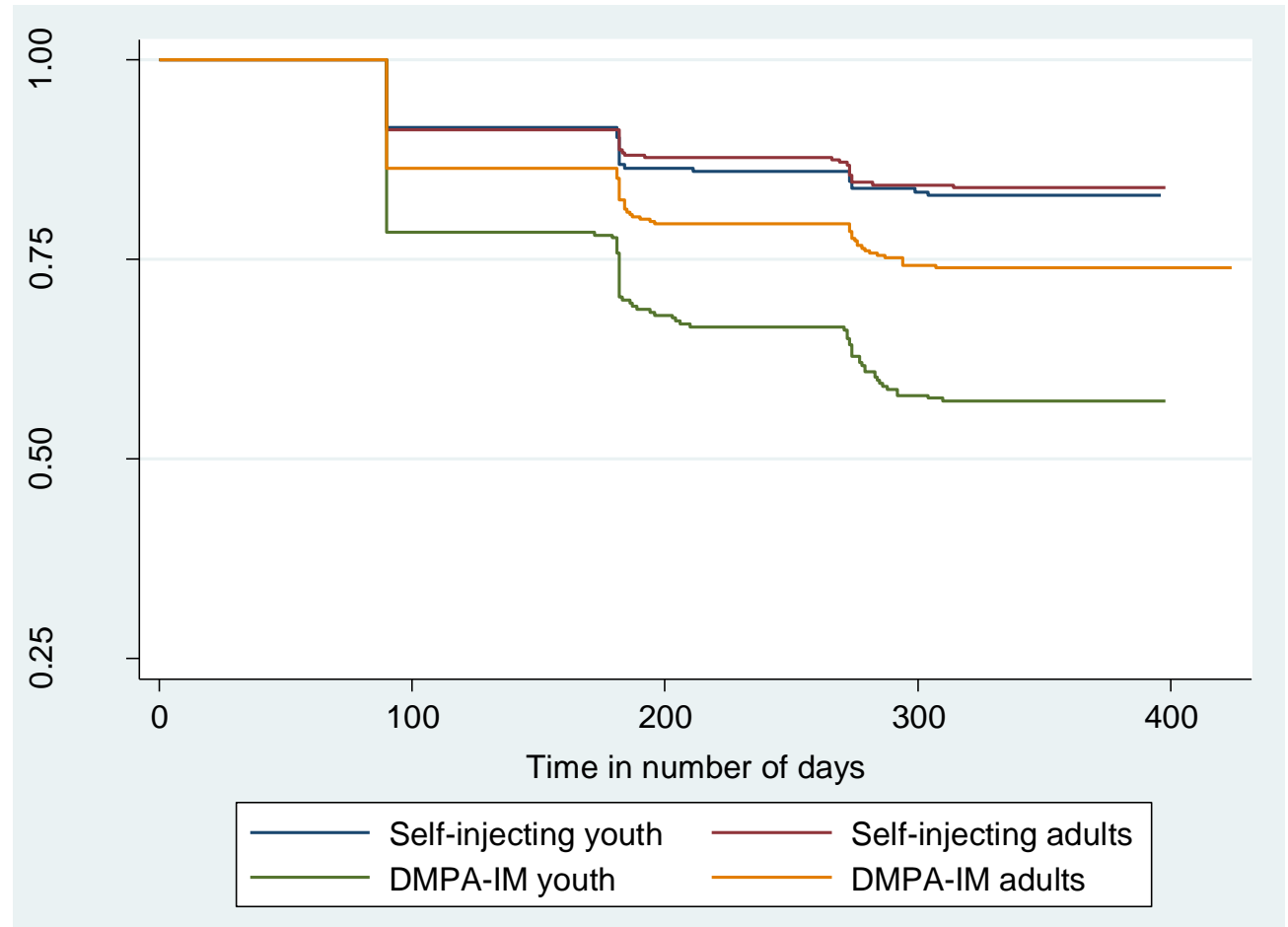
- Higher parity, more education, a partner who supports family planning use, and **self-injecting**.

Factors that **increase** the risk of discontinuing include:

- Living in a rural location and being young (< 25 years old).

**When self-injecting,
youth and older
women have similar
continuation rates.**

Kaplan-Meier curve showing probability of survival (continuation)



Log-rank test of equality across strata, $P < 0.000$

Moving forward with Self-injection:

Monitoring and evaluation results available later in 2019

In public sector clinics

Self-injection training offered at clinics.

March 2019: Evaluation results on injection proficiency, and on program acceptability, feasibility, quality, and costs.

In the community

Self-injection training offered by VHTs and through clinic outreach to adolescent safe spaces.

In the private sector

Self-injection training offered in private clinics, pharmacies, and drug shops.

June 2019: Monitoring and evaluation results.



>7,000

Self-injection clients (Nov 2017-Nov 2018)

Who are the first self-injectors in Uganda outside of a research setting?

- 33% are using family planning for the first time
- 56% are younger than 25



Lessons learned: understanding who is accessing self-injection services

- Demand generation, training, and supervision led to a strong and growing program, with over 7,000 self-injection (SI) clients and 1,400 of these clients returning for more units.
- The program has been generally successful at reaching **new family planning users, younger women, and women who reside far from health services.**
- Self-injection clients were more likely to have **attended school** than clients who received injections from health workers.
 - This trend was particularly pronounced among **women served by Village Health Teams (VHTs)**: VHTs overall reached more women who had not attended school, however a smaller share of them became self-injectors.
- **Safe space outreaches** facilitated involvement of adolescent girls and young women in the program. Sustaining the outreach program required substantial resources.
- **Facility-based health workers** may face challenges integrating SI in their work sustainably compared with VHTs—but higher proportions of their clients self-injected relative to VHT clients.

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Moderated Q&A

Please share your questions using the **Q&A feature** in the control panel at the bottom of your Zoom screen.

If we do not have time to address your question during the Q&A we will follow up with the panelists and share their responses after the webinar. The recording of this webinar will also be available.

