Improving client-centered delivery of DMPA-SC for self-injection in Lagos, Enugu, and Plateau, Nigeria

Assessment of the implementation of DMPA-SC for self-injection in the public and private retail sectors

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Background

The range of family planning options in Nigeria expanded with introduction of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) for self-injection (SI)[1], and the 2014 expansion of health worker task-sharing.[2] The Ministry of Health (MOH) introduced DMPA-SC through a total-market approach across public and private sector health providers. Akena+ Health and the University of California, San Francisco (UCSF) partnered with the Association for Reproductive and Family Health (ARFH) and Society for Family Health (SFH) to evaluate the implementation of their health provider training and service delivery programs involving provision of DMPA-SC for self-injection. Findings presented in this brief are from data collection in 2020 and 2022, in Lagos, Enugu, and Plateau states in Nigeria.

Our implementation research objectives:

- Document how DMPA-SC for SI is being provided to clients.
- Document the quality of contraceptive and SI counseling.
- Identify what providers need to better deliver SI of DMPA-SC to clients.

Fact: Women can self-inject DMPA-SC in the presence of a provider on the 2nd visit and then independently, alone, at the 3rd step:

Findings from Mystery Client Interactions

Mystery client actors portraying women seeking DMPA-SC for SI visited private drug shops and public health clinics to assess:

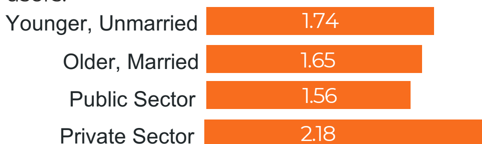
- ✓ *provider willingness to give DMPA-SC*
- ✓ *quality of contraceptive counseling*

Among actors playing **new** SI users seeking DMPA-SC:

81%

of providers* **followed SI initiation guidelines and refused to give units of DMPA-SC for SI to new users**

On average, **1.70** (out of 11) MOH counseling elements were covered with new DMPA-SC users.



Sample sizes:
- *Lagos (n=117, Q4 2020)*
- *Enugu (n=108, Q2 2022)*
- *Plateau (n=153, Q2 2022)*

Ministry of Health Counseling Elements Checklist[3]

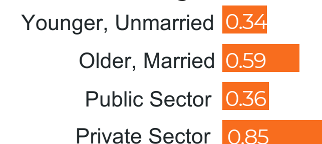
1. *Explain how hormones affect menses*
2. *Explain that injection is inserted at a downward angle*
3. *Show the instruction booklet*
4. *Explain that fertility will return after discontinuation*
5. *Explain the port should touch the skin*
6. *Show additional injection units*
7. *Show counseling materials & resources*
8. *Show how to track reinjection dates*
9. *Explain injection site should not be massaged*
10. *Explain when not to self-inject*
11. *Allow client to practice on a model*

Among actors playing **continuing** SI users seeking refills at a new facility:

40%

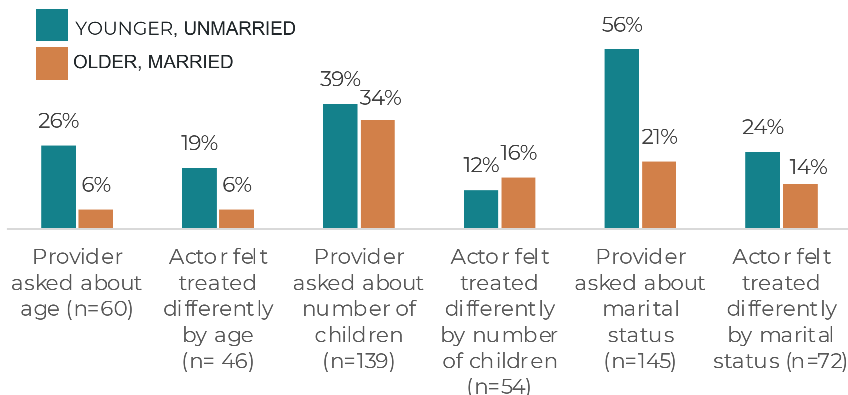
of providers* **agreed to give DMPA-SC refills to continuing users**

On average, **0.47** (out of 11) MOH counseling elements were covered with continuing DMPA-SC users.



Samples size:
- *Lagos (n=120, Q1 2022)*

**among providers who had DMPA-SC in stock*



Providers interrogate younger clients more.

In mystery client visits (N=378), younger, unmarried profile actors were more often **asked about** and **treated differently*** based on their **age** and **marital status.**

**"Treated differently" connotes negative treatment*

"[the provider] first asked me if I was married… She asked if I had a child, I said, "No." …since I don't have a child, she would advise me to go for implants."

- Young, unmarried mystery client profile actor in Enugu

Client and Provider Perspectives

In-depth interviews with SI users (n=14) and providers (n=31) in Lagos (2021) examined the SI journey from both perspectives:

Clients fear needles and feel that **repeated facility visits** to initiate SI are **inconvenient**.

Providers feel burdened by the **lengthy counseling process** for new SI clients. **Stockouts** of DMPA-SC challenge clients and providers in SI initiation.

"I told [the matron] to help me as I was scared of injections, but she encouraged me to do it myself because she has been training me for a while. So, I did it."
- Married, primiparous SI user

"We try to convince them to give us more than one unit to take home ...[for re-injection] but they said they can't"
- Married, multiparous SI user

"It was all free until recently when we started paying as they said they weren't supplied free anymore, so we give them 800 naira then [the providers] go buy it for us."
- Married, multiparous SI user

Client Challenges

- Fear of needles inhibits some from trying SI
- Clients given one dose at a time, resulting in inconvenient repeated facility visits
- Stockouts interrupt and/or cause clients to restart the SI initiation process

Journey to self-injection

Deciding to self-inject → Learning to self-inject → Continuing to self-inject

Provider Challenges

- Low client demand for SI due to fear of needles and low awareness may discourage providers from offering SI
- A lengthy counseling process burdens provider workload and client comprehension
- Stockouts of DMPA-SC in public and private sectors limit providers' ability and incentives to offer and counsel on SI.

"Majority of them are not interested...they prefer you as a trained health worker to inject them"
– Female, Community Health Extension Worker

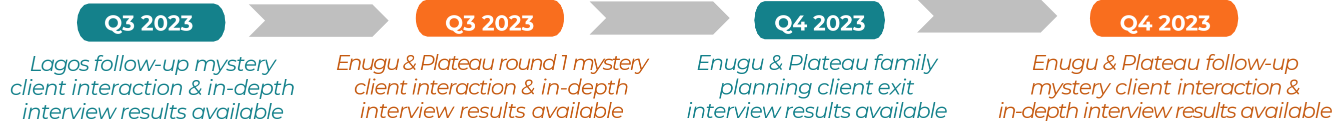
"I try to make it easy for my clients...I summarized the nine steps to three."
– Female, Private Superintendent Pharmacist

"Stock out affected the initial zeal. When I was really interested in it, there was no stock. Now, you understand why I am not so keen again."
– Male, Private Sector Pharmacist

Lessons Learned to Support and Enable Women to Self-inject DMPA-SC

- **Simplify counseling steps** to help provider deliver SI training to clients more efficiently, but still comprehensively. Consider incorporating the "MAPS" ("mix, activate, pinch, slowly inject") approach in provider training on DMPA-SC for SI, if this approach is not well-known.
- **Revisit incentives for public providers offering DMPA-SC** to improve comprehensive counseling and counseling quality.
- **Give explicit guidance for offering contraception to traditionally underserved groups** to ensure counseling is equitable and client-centered.
- **Revise SI initiation guidelines** to allow units to be dispensed earlier in the process for new users and facilitate access to self-care .
- **Codify SI eligibility requirements and train providers on eligibility assessment** to facilitate access to resupply for women seeking to continue SI and optimize efficiency of service provision.
- **Strengthen supply chain** to facilitate reliable access to DMPA-SC and increase awareness of the option to SI.

Looking Ahead



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For more information, please email Beth Phillips, beth.phillips@ucsf.edu.

Citations

[1] Federal Ministry of Health. *National Guidelines for the Introduction and Scale-Up of DMPA-SC Self-Injection*. 2019.
[2] Federal Ministry of Health. *Task-Shifting and Task-Sharing Policy for Essential Health Care Services in Nigeria*. 2014.
[3] *National Guidelines for the Introduction and Scale-up of DMPA-SC Self-Injection*. Nigeria Federal Ministry of Health; 2019.