

Peer support models for self-injection of DMPA-SC

An overview of ICAN's evidence-based programs in Malawi and Uganda

Background

The Innovations for Choice and Autonomy (ICAN) project is rooted in the idea that women's autonomy and agency should be prioritized in all sexual and reproductive health efforts. Leveraging a community-engaged human-centered design approach, we developed and piloted different self interventions enhance injectable to contraceptive service delivery in Malawi and Uganda. Each intervention leverages social support from peers to support women's agency to make and act on contraceptive decisions. 1,2 This brief summarizes ICAN intervention components and pilot evaluation results.



Peer mentor noting on a mentee's calendar the day of her next injection, Uganda 2023

Overview of ICAN peer support models "An Atwero" / "Nsobola" (Uganda)

Intervention components:

• Experienced self-injection users ("mentors") who also have experience with other methods enroll women in their community who are interested in support related to contraceptive decision-making and use

- Mentors are trained to offer personalized, neutral support without directing mentees to any particular method. Support includes basic information; emotional or appraisal support for challenges like side effects or partner communication; demonstration of or accompaniment for self-injection; and/or instrumental support for access
- Mentors offer proactive follow-up and are supervised by local community-based organizations

Pilot: A 6-month pilot in Oyam and Mayuge found high levels of acceptability and feasibility in mixed methods research with women, mentors, male partners, and health system stakeholders. Pre/post surveys and a qualitative cohort study with participants demonstrated increases in women's contraceptive agency, self-efficacy to self-inject, and use of self-injection. 1,3

Implementation materials:

- 2.5-day interactive workshop* for mentors on personcentered contraceptive care, social support, communication skills, and contraceptive agency
- Mentor logbooks and backpacks
- Mentor reference manual (sample manual page) \rightarrow

Intervention components:

 Experienced self-injection users ("EUs") accompany health surveillance assistants (HSAs) to outreach clinics

"Ndingathe" (Malawi)

- EUs provide individualized support for self-injection to interested women (during the outreach clinic, at home shortly after, and at 3-months for re-injection)
- HSAs and EUs use a Chichewa pneumonic "Sakufima" (Shake. Close. Insert. Squeeze) to help them remember the self-injection steps
- Structural support for improving frequency and length of outreaches is provided to HSAs via a workplanning tool, a mountain bike, and lunch allowance

Pilot: A 6-month pilot in Ntchisi and Mulanje found high levels of acceptability and feasibility in mixed methods research with women, HSAs, EUs, and other health system stakeholders. Pre/post surveys among HSAs showed demonstrable improvements in their job ratings. Crosssectional surveys with women found a reduction in fear of self-injection due to EUs' support.4

Implementation materials:

- 2-day interactive workshop* for HSAs and EUs on workplanning principles, contraceptive agency and social support
- HSA workplanning toolkit
- Sakufima stickers and tshirts (experienced user demonstrating selfinjection) →











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We welcome new partnerships. For more information on ICAN, please visit our website (ICAN.UCSF.edu) or contact Beth.Phillips@ucsf.edu.

*In each country, we collaborated with the Ministry of Health to complement our training with self-injection clinical training. REFERENCES: 1 Birabwa et al., In Press, BMC Women's Health; 2 Potolani et al., Manuscript in Preparation; 3 Sedlander et al., Manuscript in preparation; 4 Vallin et al., Manuscript In Preparation.