

Background on ICAN

- **Innovations for Choice and Autonomy (ICAN)** aims to deeply understand how self-injection of new contraceptive, DMPA-SC, can be implemented to support informed contraceptive choice and use from the perspective of women in Kenya, Malawi, Nigeria and **Uganda**.
- This brochure specifically describes our program design work in Mayuge and Oyam districts¹.



- ICAN is led by Makerere University School of Public Health (MakSPH) and University of California, San Francisco (UCSF), with design and implementation support from
 - 1) AIDS Information Centre (AIC) in Oyam
 - 2) Baitambogwe Community Health Care Initiative (BACHCI) in Mayuge
 - 3) Design without Borders (DwB)
 - 4) PATH-Uganda

¹ We have also published two other brochures: 1) describing the general ICAN Uganda study and 2) detailing cross-country results from the in-depth research on barriers and facilitators to contraceptive use among women in Kenya, Malawi, Nigeria and Uganda.

ICAN Uganda Program: Design Process

- **Overview:** To inform the scale-up of the new DMPA-SC self-injectable contraceptive method in Uganda, we used **Human-Centered Design (HCD)** to develop a community-based program that leverages social communication to support women to make and act on their contraceptive decisions, and to successfully self-inject if they wish.
- **HCD** is an approach to understand stakeholder needs and desires towards the creation of novel interventions.



1) INSIGHTS: We developed key insights from in-depth interviews, focus group discussions with women, and observations of women that the MakSPH research team conducted. These insights included,



Women use information from peers and healthcare workers to make decisions about contraceptive use.



Women experience contraceptive-related side effects and feel unprepared to manage them.



Women often face interpersonal and structural challenges when they try to access contraceptive services.



Women differently weigh whether to involve their partners in their contraceptive decision-making.



2) IDEAS: Using the key insights, the design teams generated many ideas that we collectively converged into three major ideas, **1) champions for information dissemination; 2) creating safe spaces to provide FP services to women** and **3) communicating availability of FP products**. We further iterated on these ideas in light of their relevance to a woman's contraceptive journey – particularly making and acting on contraceptive decisions and supporting SI use for interested women.



3) PROTOTYPING: This back-and-forth iteration resulted in one solution: **experienced contraceptive users ('mentors') provide contraceptive support to**

women in their community. Design teams created different tangible models or 'prototypes' to build out potential testable components of this overall solution.



4) TESTING: We tested lower to higher fidelity prototypes of mentor workflows, support models, and other communication materials with different women and other stakeholders in Mayuge and Oyam. We observed how they interacted with the prototypes and asked them about their reactions, such as what they liked about the prototypes, what they would change, and what other support they might want.



5) REFINING: Based on the testing data, the design team further refined the program components and tested again until the program package was finalized.



ICAN design team in Oyam provide feedback on prototypes