

## 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 interventions to enhance **self injectable 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.<sup>1,2</sup> 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**.<sup>1,3</sup>

#### Implementation materials:

- 2.5-day **interactive workshop\*** for mentors on person-centered contraceptive care, social support, communication skills, and contraceptive agency
- Mentor logbooks and backpacks
- Mentor reference manual [\(sample manual page\) →](#)



### "Ndingathe" (Malawi)

#### Intervention components:

- Experienced self-injection users ("**EUs**") accompany health surveillance assistants (HSAs) to outreach clinics
- 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 mnemonic "**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**. Cross-sectional surveys with women found **a reduction in fear of self-injection** due to EUs' support.<sup>4</sup>

#### Implementation materials:

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

