BENDING THE CURVE ON **ADOPTION OF SELF-INJECTABLE CONTRACEPTIVE**

- Why self-injectable (SI) contraceptive?
- What is DISC (Delivering Innovation in Self-Care)?
- DISC's impact in numbers.
- Deep dive into DISC's interventions:
  - » Demand generation
  - » Empathy-based provider training
  - » Strengthening health system foundations.
- Partnerships
- Collaborate with us!

DISC
Delivering innovation in self-care

WHY SELF-INJECTABLE (SI) CONTRACEPTIVE?

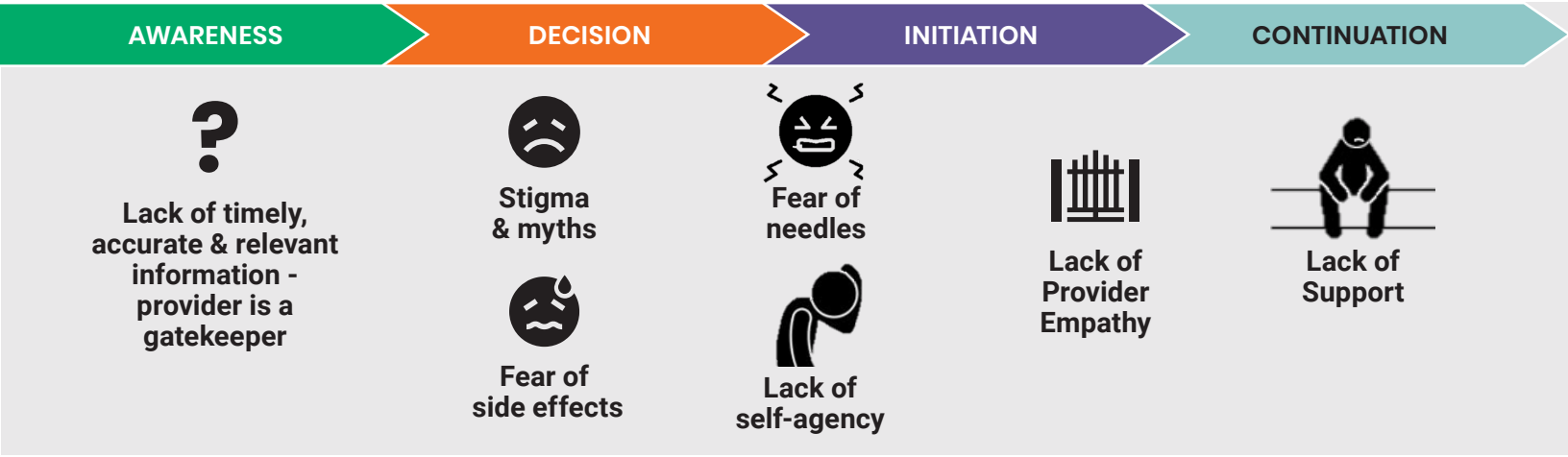
WHO recommends self-care interventions for every country and economic setting as critical components on the path to reaching universal health coverage (UHC), promoting health, keeping the world safe and serving the vulnerable.

DMPA-SC self-inject is an example of self-care. Based on the 2022 WHO Guideline on self-care interventions for health and well-being, Ministries of Health are advised to invest in self-care as a health system strengthening strategy. A type of task-shifting, self-care can substantially increase the efficiency of strained healthcare systems while simultaneously placing greater control and agency in clients' hands.

Other key benefits of DMPA-SC self-inject include:

- Self-inject is convenient, saves visits to health providers, is highly discreet, and is less painful compared to intra-muscular (IM) injectables.
- Self-injection has the potential to relieve over-burdened health facilities as more women can safely administer themselves.
- Injectables are already the most popular category of contraceptives in much of the world (notably, sub-Saharan Africa). Many women consider self-inject to be an 'upgrade' over provider administered DMPA for a variety of reasons.
- Expanding the method mix is an effective strategy to achieve FP2030 goals – by appealing to more new users and potentially reducing discontinuation.

Yet despite the many unique advantages that SI offers, this innovation also requires significant behavior change by users and providers. Women face a multitude of barriers along their use journey. These include a limited flow of accurate information, fear over the ability to injection themselves, and lack of support from providers and communities.



For self-care SRH options, the role of the provider shifts from being the sole deliverer of the product or service to playing a more supportive, secondary role. This leads to concerns over losing stature or business, biases around who is 'capable' of self-care and inadequate training.

In the past, there has been limited investment in addressing these behavioral barriers. However, evidence from the DISC project in Uganda, Nigeria and Malawi demonstrates significant increases in acceptance and adoption of self-inject contraceptive when these barriers are reduced.

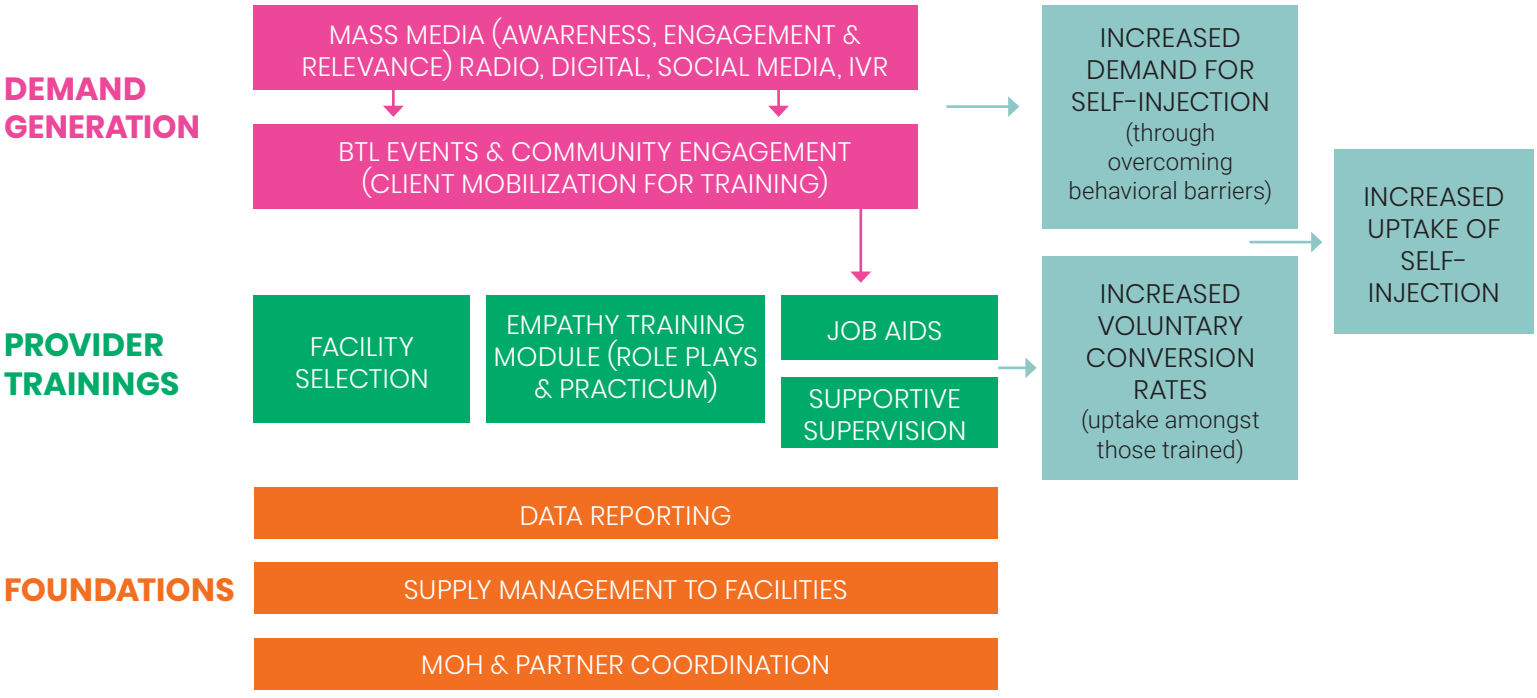
WHAT IS DISC?

Delivering innovation in Self-Care (DISC) is a five-year project funded by the Children's Investment Fund Foundation that supports women to assume greater power and control over their sexual and reproductive health by using contraceptive self-care methods like self-inject. In partnership with Ministries of Health, healthcare provider networks, and other implementing organizations, we are integrating self-care into health systems, bringing care closer to women and amplifying their voice, choice and agency. DISC launched first in Uganda and Nigeria (active since 2020) and in 2022, CIFF and the Bill and Melinda Gates Foundation have co-funded DISC's roll-out in Malawi.

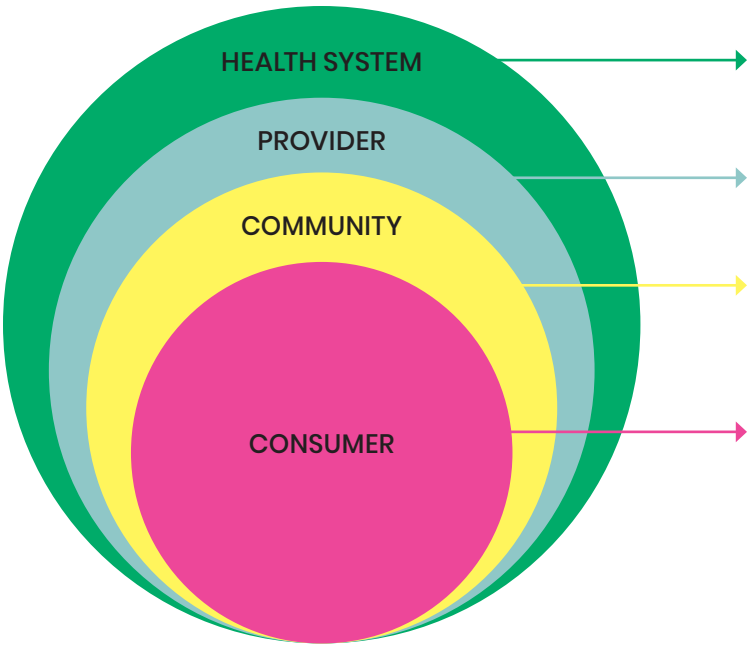
Our vision is to bend the curve on uptake and continuation of self-injectable contraception by ensuring that all women who choose this method have frictionless access and support.

We accomplish this through interventions that support user and provider behavior change, in addition to 'foundational' health system strengthening support.

DISC INTERVENTION OVERVIEW



DISC operates across multiple levels of the health system, with different sets of activities targeting individuals, providers, communities, and foundational health system functions.



Strengthening: supply management, data reporting system, policy change & partner coordination

A mindset shift in expectations for how providers support women with self-care

Creating word of mouth and support structures through influencers & communities

Not just a campaign...a communications ecosystem that supports women across their SI journey.

DISC'S IMPACT TO DATE

DISC considers impact in three spaces:

1. Direct impact, which results from DISC-led and DISC partner-led interventions and activities that are routinely supported and monitored by DISC;
2. Catalytic impact, which results from intervention spill-over effects and the adoption of DISC interventions by others (mainly MoHs and other partners) and is captured at activity-level; and
3. National impact, which consists of both direct and catalytic impact, and which demonstrates observable growth in national SI markets.

DIRECT IMPACT

Interventions funded by DISC's budget – delivered through DISC or other partners.

CATALYTIC IMPACT

Adoption of DISC's interventions (esp. MoT) by other partners or MoH – funded outside of DISC.

NATIONAL LEVEL IMPACT

Impact of DISC's total intervention package on the total SI market in each country achieved through DIRECT and CATALYTIC impact.

IMPACT NUMBERS

DISC Direct Self-Inject Visits Achieved

TOTAL
Project-wide
333,390

98,208 UGANDA

196,543 NIGERIA

38,639 MALAWI

Reach Through Demand Generation Ecosystem

2,620,658
Engaged users (not unique across channels)

285,062,983
Impressions across digital media

Total # of Scale up Partners **10**

Self-Inject as % of DMPA-SC: National Markets

	Before DISC (Q1 '21)	Q1 '23
UGANDA	14%	37%
NIGERIA	13%	31%
MALAWI	(Q1 '22) 16%	21%

of Providers Trained by DISC

TOTAL
Project-wide
3,736

878 UGANDA

1,830 NIGERIA

1,028 MALAWI

1. DEEP DIVE INTO DISC INTERVENTIONS

The project designed demand generation and empathy training activities to actively address the barriers for women and providers — all geared towards increasing women's adoption of self-inject in an informed choice context. These are supported by foundational investments to strengthen the health system for data reporting and supply management of DMPA-SC.

DEMAND GENERATION

Awareness and acceptance of self-injection starts very low. Dedicated communications for self-injection are required to move awareness closer to that of other contraceptive methods and towards a 'tipping point' where the innovation is sufficiently established in communities. DISC's communications focus on:

- Reaching women with information about self-inject – avoiding the provider being the sole gatekeeper.
- Proactively addressing concerns over the fear of needle and lack of self-efficacy.
- Creating relevance for SI (and contraceptives broadly).
- Tapping into peer advocacy for word of mouth.

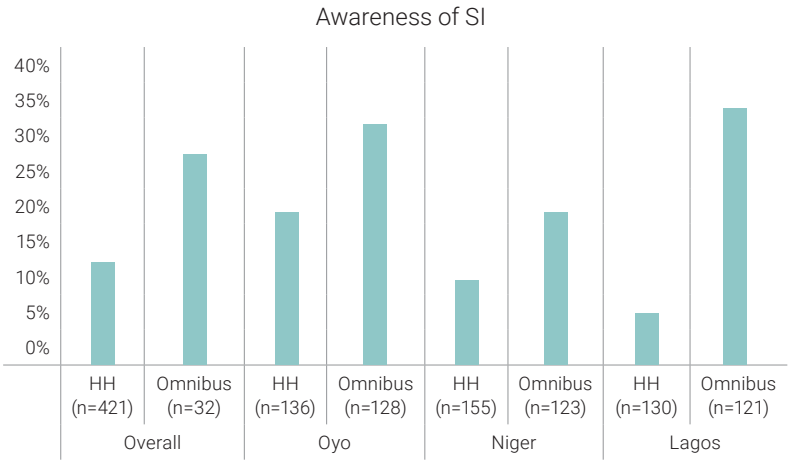
DISC's demand creation campaign reaches women directly with informative and supportive messaging and information under the banner Discover Your Power, which speaks to the potential for DMPA-SC self-inject (and self-care more broadly) to place greater power, control, and agency directly in her hands.

Our marketing messages feature a clear call-to-action (CTA), such as prompting women to learn more on DISC's website, locate a clinic nearby, and consider receiving training on self-inject (SI).

Our demand generation work stream has contributed to a national-level increase in women's awareness of self-inject (see below), as well has an uptick in the proportion of DMPA-SC that is self-injected (as opposed to provider-administered).

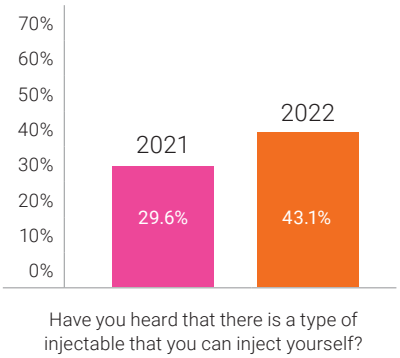
AWARENESS– NIGERIA

(2021 Household Study vs 2022 Omnibus)



AWARENESS– UGANDA

(PMA)



We've also moved the needle in terms of women's engagement, participation, and ultimately, decision to receive self-inject training. Key highlights from our Demand Generation:

274m Digital impressions about SI resulting in 4m clicks to our digital SI assets significantly outperforming industry benchmarks for click through rates

50k Radio spots leading to 1.8m interactions with our Viamo Interactive Voice Recognition SI content

Over 5k in person events held reaching over 216k people with SI information

381 Active IPC agents reaching 379k people with SI information

885k initiated Chatbot users and 31k registered Chatbot users

2. EMPATHY-BASED PROVIDER TRAINING

Early evidence from DISC and partners' insight research found that fear of the needle and/or pain was deterring women from deciding to self-inject, yet providers lacked sufficient training to help women overcome their anxiety. This created a major 'drop-off' point in the SI user journey right after women received training, with a small proportion of women trained in SI actually injecting themselves.

Low SI voluntary adoption rate following SI training.

4 out of 5 non-adopters (after SI training) identify fear of needle as their reason for declining.

SYSTEM INEFFICIENCIES
A significant 'leaky bucket' for investment in demand generation and provider training.

REDUCED VALUE PROPOSITION FOR THE PROVIDER
As self-inject training can be time intensive

DETRACTS POTENTIAL FOR INDIVIDUALS
Reduced potential for women to experience power and agency in her SRH care

The low SI voluntary adoption rate, stemming from insufficient training, was hindering health systems from operating more efficiently, as well as holding women back from experiencing the power and control that contraceptive self-care can offer. Moreover, DISC gathered qualitative data from providers which showed that FP counseling sessions were often constrained by providers' preconceived notions and biases about self-inject and who could use it.

Lack of confidence to support women to overcome fear to self-inject

"I heard about DMPA-SC in June 2018 and was trained, but I don't allow women to self-inject because I didn't know it will be generally accepted"
– Lagos FP Provider, Nigeria

Lack of personal conviction about SI

"My first impression of self-injection is that the client may not have the capacity to self-inject. I would not even consider offering the client the option of self-injection nor giving the client commodities to take home".
– Oyo FP Provider, Nigeria

Provider bias precluding women from making informed decision about contraception and SI

"Non-educated people are not equipped to self-inject because of the nature of their work. They may also not be able to calculate re-injection dates as easily and may even forget to return on their due date. As a result, I think less or non-educated women should have DMPA-SC provider administered"
– Oyo Provider, Nigeria

In response, DISC developed an empathy-based training and follow-up supportive supervision module focused on increasing providers' confidence and capacity to effectively coach women to overcome their fears of pain and lack of self-efficacy, to successfully initiate self-injection.

Critical components of the training curriculum include: positioning self-inject first when counseling on Injectables to avoid being an after-thought; discussion of common client anxieties and key messages to assuage them; role-plays to simulate provider-client interactions and receive peer feedback; job aids that providers can take back to the clinic to refer to during FP counseling sessions.

Within the first few months of this pilot initiative, Innovation Sites had already substantially outperformed global benchmarks for SI conversion rates in both the public and private sectors. Following this, the DISC team used an Adaptive Implementation approach to refine the curriculum. Based on feedback from trainers and trainees, the training elements and materials were strengthened.

COMPONENTS OF DISC'S SI EMPATHY TRAINING

CLIENT FEARS
Understand the barriers and provider's role to overcome

MESSAGES TO OVERCOME BARRIERS
Learn messages to reassure clients and FAQs

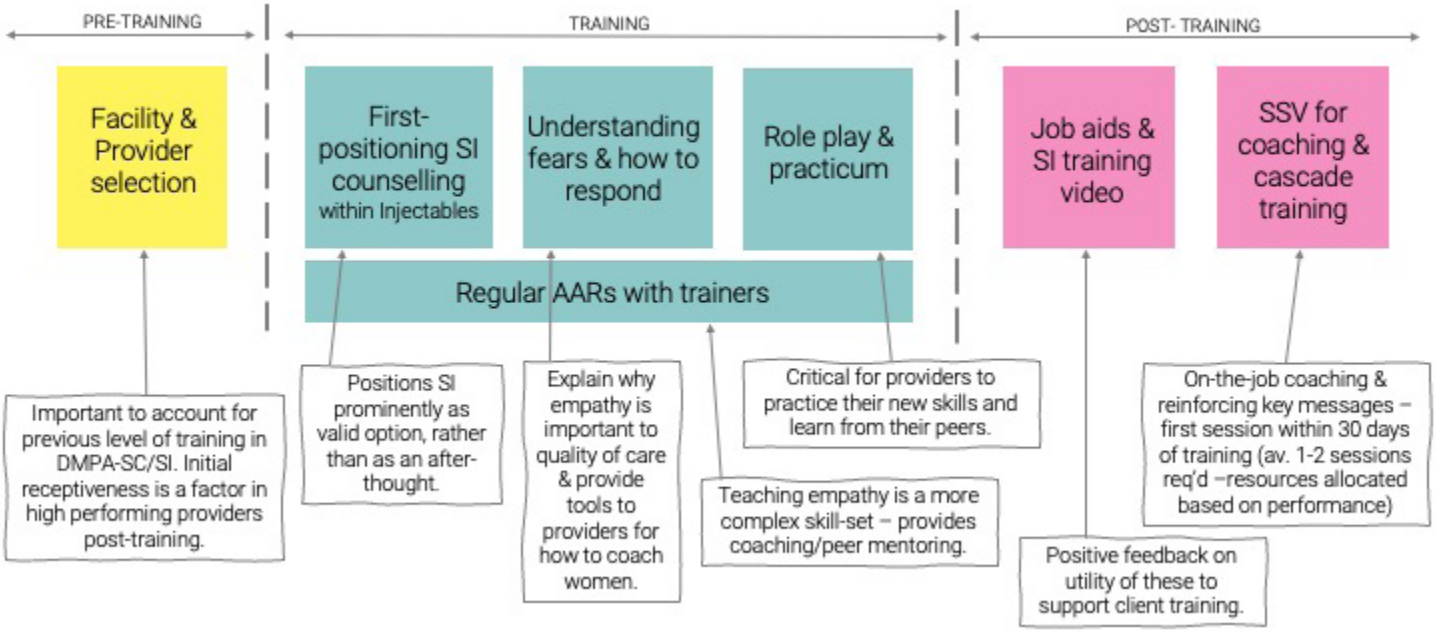
FIRST POSITION SI COUNSELING
Lead with self-inject within injectables counseling

ROLE PLAY
Try it out and learn from peers

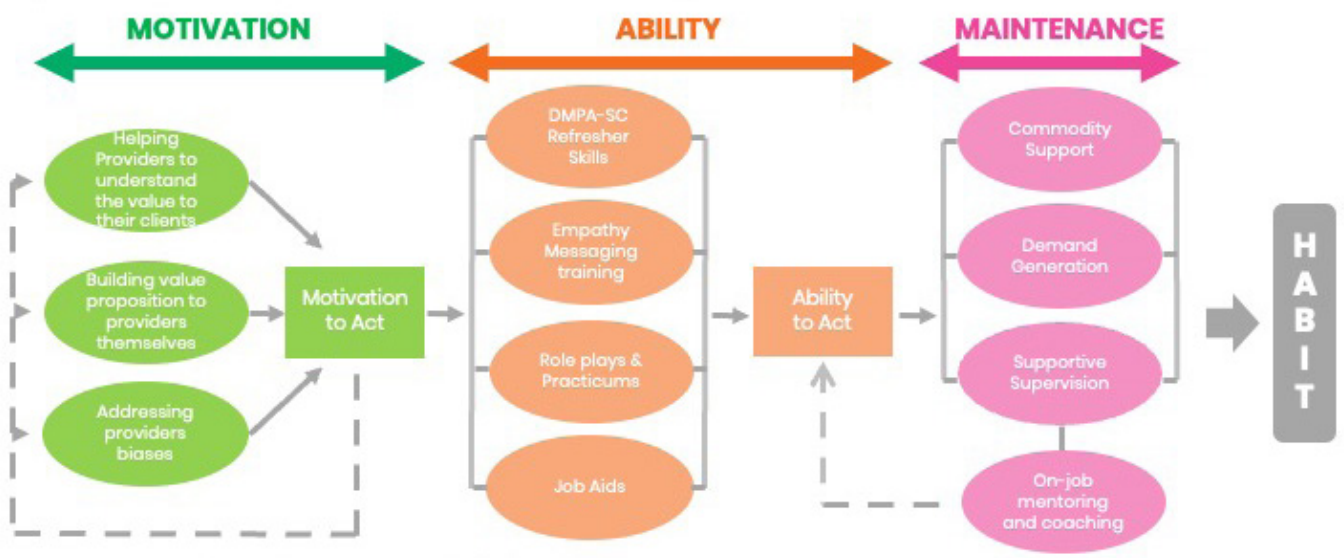
JOB AIDS
Take tools back to the clinic to guide client interaction

PRACTICUM
Practice with real clients to experience the impact

THROUGH ADAPTIVE IMPLEMENTATION & PARTNER ROLL-OUT, DISC HAS OPTIMIZED THE MOT MODEL TO THE CRITICAL COMPONENTS



UTILISING RECOGNIZED PRACTICE TO EMBED PROVIDER BEHAVIOUR CHANGE

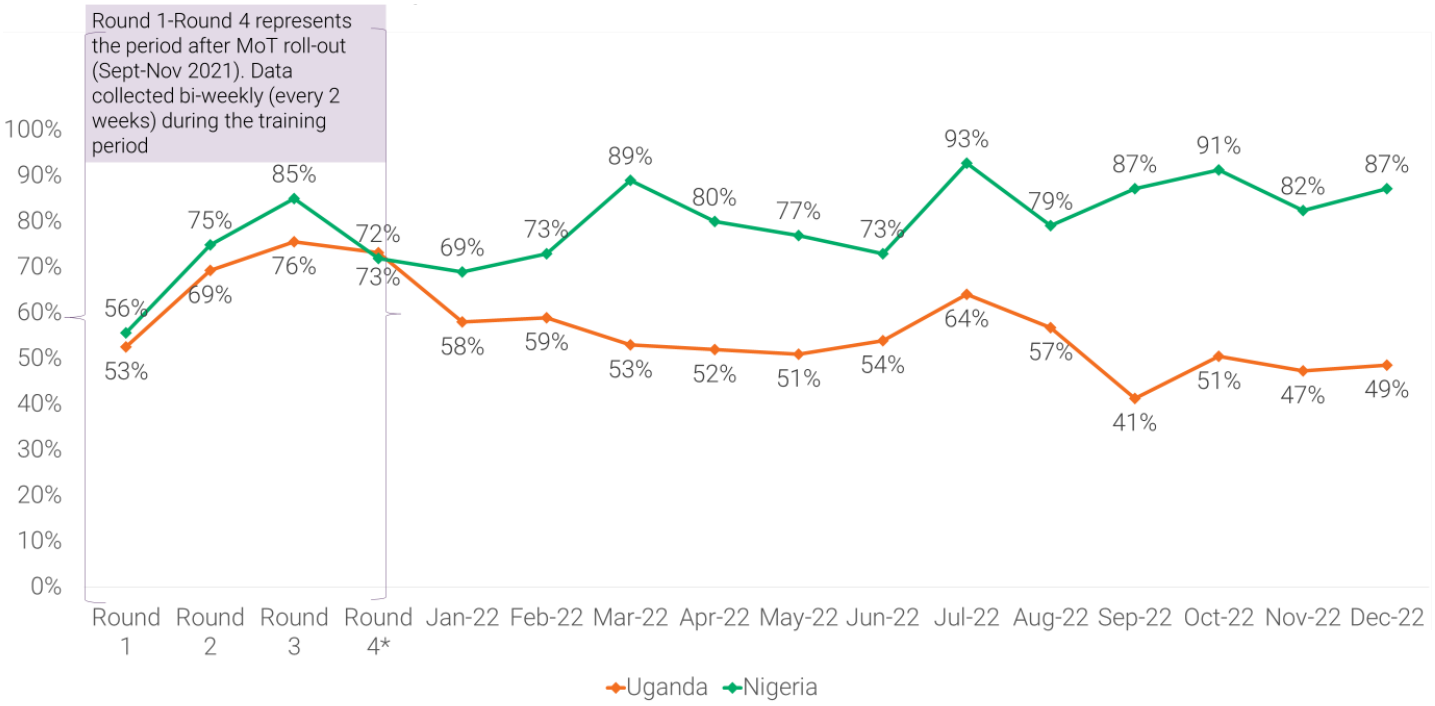


DISC MOT- Applying The Process Model of Behaviour Change

Our training approach leverages best practices to support provider behavior change (see conceptual framework above). The results of this empathy-based training module are strong and sustained. Data from the initial innovation sites demonstrates that a high proportion of women voluntarily choosing SI after training is maintained in the long term.

TRACKING MOT PERFORMANCE POST-PILOT

High conversion rates (% of women trained who choose SI) were maintained for one year after the roll-out across 20 pilot sites



Based on this success, the Ministries of Health in Uganda, Nigeria and Malawi are integrating this into the health system.

In Uganda, the SI empathy-based module was integrated into the National SI curriculum and into the national FP curriculum, which will support future partners to integrate SI into their FP services.

In Nigeria, state MoHs are integrating this into their costed implementation plans and rolling out trainings to FP coordinators. Discussions in progress to integrate into the National FP & SI curriculums.

In Malawi, the MOH have played a collaborative role in executing our plans to deliver SI empathy training across public, private and CHW cadres.

3. DATA REPORTING

The SRH self-care space presents an interesting conundrum for monitoring and measurement: the very nature and appeal of self-care—the unique user journey—is what also makes it difficult to capture in traditional reporting systems. With provider-administered FP methods, the provider is responsible for reporting on uptake and the frequency of engagement with a client is generally equivalent to the frequency of administration of the method. Self-injection defies this norm by giving women the choice to administer her method herself, at a time and place of her choosing and convenience.

The introduction of DMPA-SC SI has required countries to rethink HMIS data capture processes and data collected on source documents like the FP register—amendments have to be made to distinguish between the provider-administered visit and the self-injection visit. It has also required a shift in provider and health system reporting behavior as the mode of administration (provider/self) and the units dispensed become critical reporting elements for routine monitoring, program management, as well as management of commodity supply. Like any behavior change, the shift in provider reporting behavior also takes time, during which, the reporting system is likely to have more representative data of provider administered visits (normal reporting behavior) than self-injected visits and additional doses dispensed for take home use. It is during this transition period that we typically see a growing gap between the number of self injection visits reported and the actual number of women who are self injecting.

HOW IS DISC SUPPORTING SI DATA REPORTING?

In close partnership with Ministries of Health, the Access Collaborative, and other key stakeholders, DISC has elevated the importance of SI reporting in several concrete ways. The key actions we've taken include:

- Supported the updating of HMIS reporting forms to capture SI data, with a keen focus on including doses dispensed.
- Advocated to roll out official, standardized SI reporting procedures / guidelines for providers
- Articulated the 'value proposition' of SI reporting to providers via our empathy-based training curriculum.
- Improved provider reporting capacity via inclusion of reporting as a key component of empathy-based training curriculum and reinforced SI reporting skills during the end-of-training practicum and routine supportive supervision visits.
- Focused stakeholder attention on the necessity of accurate SI reporting for a functional health supply chain
- Coordinated with partners such as Access Collaborative to strengthen providers' data analysis capacity, with commodity data for day-to-day health facility management functions
- Implemented focused Data Quality Assessments aimed at adoption of best practices for SI re-porting and refocused support as needed
- Enlisted support from key health system actors such as District Health Teams (Uganda) and LGA Coordinators (Nigeria) to ensure the inclusion of SI within routine data validation processes to ensure health system data quality and reporting sustainability
- Advocated for the need for dedicated resources within national and subnational budgets to sup-port routine data validation processes.
- Developed dashboards that highlight the gaps in SI reporting within DISC geographies and used data to improve reporting, as well as advocate for more nuanced approaches to forecasting for DMPA-SC supply.

4. SUPPLY CHAIN MANAGEMENT

Although DISC's interventions have primarily focused on demand generation and service delivery strengthening, we do not operate in isolation of the wider health system context. Our success depends on a well-functioning health supply chain system, and we continually coordinate across key stakeholder groups to maintain the timely flow of data and FP commodities. Stockouts and unpredictable flux in commodity availability represent one of the main barriers that can deter clients from using a particular method.

To the extent feasible within our current scope, we have coordinated last-mile distribution efforts and averted stockouts in our geographies using program data.

As we increasingly expand into geographies with less robust commodity forecasting capabilities, we are seeking new ways to strengthen supply chain management (SCM). Specific examples of SCM actions that we've undertaken or are currently planning include:

- Integrate SCM as an essential element of supportive supervision visits (SSV) – to both detect commodity shortages and reinforce commodity data reporting at the facility level
- Advocate for top-down forecasting approach to complement bottom-up – incorporating consumption trends
- Advocate to increase frequency of quantification reviews
- Support the establishment of supply chain committees to regularly review distribution lists and stocks at facility level and report to regional supply chain officers
- Improve commodity management at facility level (e.g. via spot checks and strengthening reverse logistics)

PARTNERSHIPS

CONSORTIUM MEMBERS

- Population Services International
- Society for Family Health Nigeria
- Marie Stopes International
- Family Health Services Malawi
- Banja LA MTSOGOLO

PARTNERING AGENCIES

- Blu Flamingo
- Viamo
- Impact for Health International
- RAHU
- Pivot Collective
- AIFluence
- Meta

KEY COLLABORATORS

- Malawi Reproductive Health Division (RHD)
- Ugandan Ministry of Health
- Federal Ministry of Health (FMoH), Nigeria
- Nigeria State Ministries of Health (SMoH)
- Nigeria State Primary HealthCare Development Agencies / Board (SPHCDA/ SPHCDB)
- Access Collaborative
- CHAI

SCALEUP PARTNERS

- Marie Stopes International of Nigeria (MSION)
- Association for Reproductive and Family Health (ARFH)
- MyMedicines
- USAID-FPA – Pathfinder
- USAID-RHITES Lango – JSI
- USAID – Maternal, Child Health and Nutrition (MCHN) Activity – FHI360
- Bergstrom Foundation
- GIWAC
- PATH
- AMREF – Heroes Project
- Adolescents 360
- IntegratE
- Reach a Hand Uganda (RAHU)

COLLABORATE WITH US!

Are you interested in scaling up Self-Inject in your country or program? We can help!

- Share resources, tools and materials for adaptation.
- Work with you to identify how these interventions could be adapted for different country contexts.
- Recommendations for allocation of resources within a project or costed implementation plan.
- Best practices for balancing investment in self-inject, while ensuring informed choice.

Reach out to us at **DISC.Info@psi.org**, and visit our website here: **https://www.psi.org/project/disc/about-us-disc/**