

INTEGRATION OF DMPA-SC INTO THE METHOD MIX CONTRIBUTES TO INCREASED UPTAKE OF ALL METHODS OF FAMILY PLANNING



Lessons learned from Reproductive Health Uganda's experience introducing DMPA-SC in four districts of Uganda.

BACKGROUND

Injectable contraceptives are an increasingly popular method of family planning. They are safe, discrete, highly effective, and generally last for several months. Sayana® Press, also known as subcutaneous depot medroxyprogesterone (DMPA-SC), is a lower-dose formula version of the already popular injectable Depo-Provera. DMPA-SC combines the drug and needle in a single-use unit, which makes it easy to transport and simple to use with little training. DMPA-SC can be administered by community health workers (CHWs) and women themselves – potentially making injectable contraceptives available to women who can't easily travel to clinics.

INTRODUCING DMPA-SC AT COMMUNITY LEVEL

Building on PATH's work in Uganda, local organization and IPPF Member Association, Reproductive Health Uganda (RHU) implemented a short project to increase learning on provision of DMPA-SC at facility and community-level in four districts of Uganda – Mbale, Mbarara, Kabarole, and Kabale.

The project:

- Provided comprehensive training on all family planning methods (including DMPA-SC) to 42 clinic-based service providers from 26 public health facilities.
- Introduced DMPA-SC within four of RHU's own clinics in project focal districts.

- Strengthened general family planning capacity in public facilities by ensuring commodity availability and by providing clinical support supervision.
- Trained and supported 40 community health workers (known as Village Health Teams, or VHTs) to offer general family planning counselling; provide short acting methods (including DMPA-SC); and make referrals for long acting reversible contraceptives to women in their communities.
- Conducted mobile outreach visits to remote sites in the four focal districts.
- Increased access to information about the benefits of family planning through community based outreach, and mass-media campaigns.

METHODS

The Population Council conducted a retrospective evaluation of the project using qualitative data from 39 key informant interviews, and extracted RHU's family planning service statistics from static clinics, VHTs and mobile outreach units in the four focal districts.

Qualitative data was coded to identify common themes based on the interview guides. Service statistics were analyzed to compare data from six months prior to project implementation, with data during the first 12 months of project implementation. Analysis involved descriptive statistics mainly simple frequencies and percentages as well as significance tests of proportions.



RESULTS

- **There was an increase in the average number of voluntary family planning services provided** by VHTS, mobile outreach teams, and at RHU clinics per month during the first year of implementation (6,854 services per month), compared with the six months prior to implementation (3,570 services per month).
- **There were significant increases in the uptake of all methods** including injectables, condoms, oral contraceptives, intra uterine devices (IUD), and permanent methods during the project period ($p < 0.001$ for all methods).
- **The increase in uptake of injectables was far greater than for any other method.** As a result, injectables represented a significantly larger proportion of the method mix during project implementation (40%) than before implementation (20%) ($p < 0.001$).
- **Nearly half (43%) of DMPA-SC clients were 25 year old or younger** – young people made up a significantly higher

proportion of DMPA-SC clients, than oral contraceptive clients (38%), implant clients (22%), IUD clients (17%) or intramuscular DMPA clients (37%) ($p < 0.001$).

From qualitative interviews, we identified several factors that enabled integrated introduction of DMPA-SC at community level including the provision of comprehensive family planning training to service providers; consistent availability of contraceptive commodities; strong referral links (between public and NGO providers, and from VHTs to static facilities); an existing familiarity with injectable contraception within communities; and the use of early community engagement meetings to introduce DMPA-SC.

Interviews also identified several inhibiting factors. Transport allowances given to VHTs were deemed insufficient to enable community workers to reach all households. In addition, some providers were concerned that DMPA-SC is still not well known by many potential users – limiting demand.

CONCLUSIONS

Efforts to introduce DMPA-SC at community-level as part of a comprehensive approach to family planning service delivery, resulted in a significant increase in the uptake of all contraceptive methods. The project focused heavily on community distribution through community health volunteers, and this appears to have been an effective strategy for increasing service delivery and reaching young people.

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