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Understanding Systemic Barriers (and Opportunities) to Increasing Uptake of Subcutaneous Medroxy Progesterone Acetate Self-Injection in Health Facilities in Nigeria

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Abstract : Background: The DISC project collaborated with partners to implement demand creation and service delivery interventions, including the MoT (Moment of Truth) innovation, in over 500 health facilities across 15 states. This has increased the voluntary conversion rate to self-injection among women who opt for injectable contraception. While some facilities recorded an increasing trend in key performance indicators, few others persistently performed sub-optimally due to provider and system-related barriers. Methodology: Twenty-two facilities performing sub-optimally were selected purposively from three Nigerian states. Low productivity was appraised using low reporting rates and poor SI conversion rates as indicators. Interviews were conducted with health providers across these health facilities using a rapid diagnosis tool. The project also conducted a data quality assessment that evaluated the veracity of data elements reported across the three major sources of family planning data in the facility. Findings: The inability and sometimes refusal of providers to support clients to self-inject effectively was associated with the misunderstanding of its value to their work experience. It was also observed that providers still held a strong influence over clients' method choices. Furthermore, providers held biases and misconceptions about DMPA-SC that restricted the access of obese clients and new acceptors to services – a clear departure from the recommendations of the national guidelines. Additionally, quality of care standards was compromised because job aids were not used to inform service delivery. Facilities performing sub-optimally often under-reported DMPA-SC utilization data, and there were multiple uncoordinated responsibilities for recording and reporting. Additionally, data validation meetings were not regularly convened, and these meetings were ineffective in authenticating data received from health facilities. Other reasons for sub-optimal performance included poor documentation and tracking of stock inventory resulting in commodity stockouts, low client flow because of poor positioning of health facilities, and ineffective messaging. Some facilities lacked adequate human and material resources to provide services effectively and received very few supportive supervision visits. Supportive supervision visits and Data Quality Audits have been useful to address the aforementioned performance barriers. The project has deployed digital DMPA-SC self-injection checklists that have been aligned with nationally approved templates. During visits, each provider and community mobilizer is accorded special attention by the supervisor until he/she can perform procedures in line with best practice (protocol). Conclusion: This narrative provides a summary of a range of factors that identify health facilities performing sub-optimally in their provision of DMPA-SC services. Findings from this assessment will be useful during project design to inform effective strategies. As the project enters its final stages of implementation, it is transitioning high-impact activities to state institutions in the quest to sustain the quality of service beyond the tenure of the project. The project has flagged activities, as well as created protocols and tools aimed at placing state-level stakeholders at the forefront of improving productivity in health facilities.

Keywords : family planning, contraception, DMPA-SC, self-care, self-injection, barriers, opportunities, performance
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