Understanding systemic barriers (and opportunities) to increasing uptake of DMPA-SC self-injection in health facilities in Nigeria.

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Several health facilities record an increasing trend on key performance indicators following state and partner led health interventions whereas others persistently perform sub-optimally. Insights indicate that this disparity is attributable to provider knowledge, attitude and skill, availability of commodity as well as other systemic issues.

The Delivering Innovations in Self Care (DISC) collaborated with partners to implement interventions in over 500 health facilities across 15 states. Project strategy evolved with time, beginning with demand creation, and later iterating to include service delivery interventions. A key component of the project intervention is the Moment of Truth' innovation which is a proven training model focused on the improving consumer/provider interaction that leads to an increase in the voluntary conversion rate to self-injection among women who opt for injectable contraception.

Tracking performance trends after a period of at least three-months of project implementation through routine monitoring of indicators from program and DHIS sources indicated suboptimal productivity in some health facilities. Low productivity means that there is poor SI conversion rates and poor reporting of DMPA-SC service utilization. A rapid performance diagnosis identified the following insights as reasons for low productivity in these health facilities:

Provider capacity: the inability and sometimes refusal of providers to support clients to self-inject effectively because they did not fully understand its value to their work experience was evident. Insights indicate that providers still hold a strong influence on a client's method choice. In many instances, providers were prescriptive and didn't elicit informed choice, voluntarism, and eligibility. Furthermore, providers held biases and misconception that implied DMPA-SC was not appropriate for obese clients and that self-injection could not be used during first visit event if the client showed interest – a clear departure from the recommendations of the national guidelines. Additionally, the absence of job aids for counseling, SI training, conducting empathy and eliciting eligibility – MEC wheel meant standards of practice were compromised. Even where job aids existed, they were not adhered in poor performing health facilities.

SI recording and reporting: Facilities performing sub-optimally often under-reported DMPA-SC utilization data. In many cases, DMPA-SC data were recorded in wrong columns and didn't clearly assign data into the months they were collected. There was also confusion about how to record the number of doses taken home. Multiple uncoordinated responsibilities for recording and reporting data were also observed. Service provision data was often recorded by providers immediately after service had been offered into the family planning register (FP register), however a record officer had the responsibility for summing all data collected within the month and transferring them to a month summary form (MSF). Record officers were often not beneficiaries of state or partner led training and so do not have a good

understanding of FP indicators, and therefore introduce significant variances between data recorded in the FP register and that on the MSF. Additionally, data validation meetings are not convened regularly by the Local Government Areas M&E Officer (LGA MEO) and these meetings were not constructed to effectively authenticate data received from health facilities.

Commodity Security: An important reason for sub-optimal performance was commodity stock outs. This is often associated with poor documentation and tracking of stock inventory and inability to use commodity utilization rate data to inform redistribution as well as state and federal level requisition. Furthermore, Local Government Family Planning coordinators own the discretion to redistribute commodities amongst health facilities within their jurisdiction, many are however reluctant to do so because of poor engagement of their offices and absence of operational funds to support last mile distribution.

Client flow: Facilities with low client flow or found in locations that are hard to reach because of terrain, natural disaster (like flooding) and insecurity often perform sub-optimally. Even when facilities are located within a well populated catchment area, poor demand creation events account for low patronage. Poor patronage occurs when demand generation is sub optimal due to inadequate number of community mobilizers and poor coverage of health facilities because of their spread. It is also hampered by ineffective messaging – content, frequency, and skill.

Health System Issues: Some facilities are not able to support SI conversion as they do have adequate human resources and systems to provide services effectively. This is characterized by heavy workload created when a single or few provider(s) are entrusted with multiple functions and more clients than they can effectively attend to. It is noted that these affected facilities receive a few supportive supervision visits.

Supportive supervision visits and Data Quality Audits have been useful to address afore-mentioned performance barriers. The project has deployed digital DMPA-SC self-injection checklists that have been aligned with nationally approved templates. During the 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). As the project enters into its final stages of implementation, it is transitioning high impact activities to state institutions in the quest for sustainability. The project has flagged of activities, as well as created protocol and tools aimed at placing state level stakeholders at the forefront of service and demand creation activities.

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.