A novel user-centered design approach that saves implementers’ time and effort: Lessons from the Uganda contraceptive self-injection best practices program

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Background

Self-injection of the injectable contraceptive subcutaneous DMPA* (DMPA-SC, marketed as Sayana® Press) is transforming women’s contraceptive access and autonomy by putting a popular method directly into their hands.

Recent studies in Uganda have found that self-injection is feasible, acceptable, and helps women to continue using the method longer than injections from providers. Moving beyond research, there is a clear need to develop approaches to self-injection delivery that are scalable, sustainable, and accessible to all women.

Program intervention

PATH’s Self-Injection Best Practices project aims to generate evidence and guidance that family planning decision-makers can use to introduce and scale up self-injection programs. The team applied user-centered design (UCD) approaches to shape self-injection program models being implemented and evaluated from 2018 through 2019.

UCD is an iterative problem-solving process that focuses on users’ needs, behaviors, constraints, and contexts. Crucial to UCD is observing what users do and listening to what they say. UCD focuses on users—not necessarily what designers, researchers, or others think users need.

UCD process diagram: Designing a self-injection program

- Facilitated interactive feedback workshops using the journey maps and semi-structured interview guides to solicit input from stakeholder groups: clients, facility-based providers, community health workers, district and ministry of health leadership, and implementing partners.
- Applied input to revise the program designs and implement a three-month “rapid pilot”; gathered insights through intensive monitoring and interviews with providers and clients to finalize the program components.
- The rapid pilot, implemented in four clinics, enabled us to test and refine the proposed approach. Currently, we are implementing self-injection programs in the public sector (3 districts), adolescent channel (1 district), and private sector (3 districts) of Uganda.

Key findings

- Group training may be more feasible than one-on-one training in busy clinic settings, though guidelines regarding group size (e.g., <10 women) may be needed to ensure quality.
- Women appreciate having a two-page visual job aid for independent self-injection.
- Some women felt they could learn to self-inject without practicing.
- Women prefer to initiate seeking follow-up support themselves (e.g., through a hotline or health worker visit), rather than receiving visits or calls.
- Although many health workers may be trained on self-injection, not all actively participate in training women due to being transferred between health facilities, interest levels in the program, and competing priorities.

Illustrative journey map of public-sector program

Where self-injection clients received services

- More than 5,000 women began self-injecting through this program in Uganda from October 2017 to August 2018.
- Self-injection may attract a high number of new users of family planning:
  - 35% of self-injection clients during this period were new to modern family planning.
  - 41% were new to injectables.
- Self-injection may be an attractive option to young women:
  - 59% of self-injection clients were under 25 years old.
- Education level:
  - 80% of clients oriented to or trained in self-injection had attended some level of school.
  - 89% of self-injection clients had attended school.

Program implications

A UCD process can save implementers’ time and effort in the long run. Early UCD work helped clarify feasible approaches to self-injection training and follow-up in the context of the Ugandan health system for robust implementation and evaluation.

Insights to date from this UCD approach can help inform ministries of health and implementers designing self-injection programs. In Uganda, self-injection of DMPA-SC (Sayana® Press) was approved by the National Drug Authority in 2017. Self-injection program variations are now being implemented and evaluated in the public sector (including community-based distribution), adolescent channels, and the private sector, and will continue through 2019.

Methodology

- Reviewed relevant literature and results from the research studies to design “best guess” models; including program components likely to impact clients’ ability to self-inject correctly.
- To illustrate these models, developed “journey maps,” UCD frameworks that help program designers understand client and provider perspectives through every step of a program.

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