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# Lagos Implementation Research

Preliminary Results from Mystery Client Visits

March 2021











#### **Overview of Lagos Implementation Research**

To inform national scale-up for self-injection (SI) in Nigeria within the total market approach, assess how programs delivering DMPA-SC for SI are meeting women's needs:

- IntegratE (prime SFH): private sector pharmacies and PPMVs (implemented by SFH)
- RASuDiN (prime ARFH): public sector primary health centers (PHCs) and community-based distributors (CBDs)

Aims:

- 1. Rapidly assess to what extent DMPA-SC for SI is helping women overcome barriers and optimize facilitators to contraceptive decision-making and use
- 2. Assess quality of contraceptive counselling across different service delivery points
- 3. Understand support for SI across different service delivery points
- 4. Understand factors influencing providers' ability to support women's SI use across service delivery points
- 5. Describe the quality of training women on SI (including tools, provider satisfaction, support, etc.)
- 6. Present results back to implementing partners directly to inform their program adaptation
- 7. Monitor program adaptations.



#### Actor Training: Nov 16-20, 2020, refresher on Nov 25



Actors reported ODK training and role play were particularly useful exercises

Analysis of training evaluation data is in



#### Mystery Client Actors: 12 candidates trained, 8 selected

#### Bola

18-20 years old, dropped out of school and lives with her parents. Not married, but sexually active.

#### Mama Jane

31 years old, married with 3 children, housewife, living with husband.







#### N=117 Interactions completed (59 Bola; 58 Mama Jane)

	Public	Private
Facilities dropped	0	1
Facilities replaced	2	9
Interactions completed	60	58

1 Mama Jane interaction was not completed because the provider required a pregnancy test before counseling



Type of provider seen



#### Primary Outcome: Willingness to Provide Self-Injection

*"My friend told me about Depo with small needle. Do you have it?"* 

95.5% (n=107) of providers knew about DMPA-SC for SI [Among n=112 (the number of actors who said the provider had heard of DMPA-SC)]

*"My friend told me that I can inject it myself. Can I get this today to inject myself?"* 

Providers agreed to give SI in 23.4% (n=25) interactions [Among n=107 (the number of actors who said the provider had heard of DMPA-SC for SI)]

Providers willing to give DMPA-SC for SI





#### **Actor-Provider Discussion**

More unmarried profiles were asked their age, marital status and number of children





#### **Perceived Stigma**

More unmarried profiles reported feeling they were treated differently because of their age and marital status



#### Side Effects of DMPA-SC mentioned by 29.5% (n=33) providers

Changes in bleeding was most often mentioned (72.7%) among all side effects





### Self-Injection Counseling – By Sector

Did the provider...?





## Self-Injection Counseling – By Profile

Did the provider...?

Many providers are not discussing the recommended topics per MOH training guidelines

- 46.4% of providers did not mention any of the topics to the never married profile
- 35.3%% of providers did not mention any of the topics to the married profile
- 0% of providers mentioned all 11 topics



Never Married Married with Children



## Update

- Analyzed transcripts from ODK audio narrative section
  - Main themes identified: provider willingness to give SI; privacy/comfort for clients; counseling; SI supply; provider role in decision-making
  - Presented and discussed research results with IPs (IntegratE and RASuDiN) and obtained feedback.
- Provider IDIs
  - Late January: utilized findings from MC data to finalize provider IDI guides
  - Followed up with Providers on SI user registers
  - February: Provider IDI interviews completed in Lagos
  - March: Transcription ongoing.

