Implementation Research on Introducing and Scaling Up Self-administered Subcutaneous Depo-Medroxyprogesterone acetate within Health Systems

Current Project Brief

Objectives and Background

In recent years, evidence from pilot projects has demonstrated that self-injection of subcutaneous Depo-Medroxyprogesterone Acetate (DMPA-SC) is safe, feasible, acceptable, leads to optimal method continuation rates and expands contraceptive accessibility to groups otherwise inconvenienced by services that require recourse to healthcare facilities and trained healthcare workers. Recently issued WHO guidelines recommend that DMPA-SC self-injection as part of wider strategies to reduce unmet need, achieve universal access to sexual and reproductive health and promote advance human rights to contraceptive information and services.

WHO/RHR developed a global protocol that describes the strategic directions, objectives, research questions, implementation research methods and management considerations that can be adapted in order guide the successful, and evidence-based, expansion of self-injectable DMPA-SC programs in their health systems, respectively.

The strategic directions of the global protocol are:

1. Apply strategies that make WHO guidelines on self-administered DMPA-SC adaptable and appropriate for country use.
2. Implement approaches and methods for generating knowledge on the multi-level factors that affect the feasibility and effectiveness of scaling up DMPA-SC and maximizing its impact at scale.
3. Utilize knowledge to build capacity in policy, management and service delivery contexts.
4. Disseminate and strengthen partnerships for carrying out this process to scale up access to self-administered DMPA-SC within and across countries where it is permitted by policy.

Geographic location

Kenya, Burkina Faso, and Ghana

Main deliverables

Documented implementation strategies to maximize the scale up of self-administered DMPA-SC, Journal articles.

Sources of funding

HRP, UNFPA

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