Thank you for joining us!
We will begin shortly.
Catalytic Opportunity Fund – DMPA-SC Scale-Up
Learning from high-impact, short-term funding opportunities

May 2021
Webinar logistics

• All participants will remain muted during the webinar.

• If you have technology issues during the webinar, please send a chat message to “All panelists”.

• We have designated time to answer questions after all presentations are finished:
  o At any time, submit your questions through the Q&A button, identifying who the question is for.
  o If you have questions about the COF that do not get addressed during the Q&A, contact COF@clintonhealthaccess.org.

• If you have questions about the Access Collaborative’s Learning and Action Network (LAN) or technical support, contact DMPA-SC-LAN@path.org.
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Background

**Context**

- 214 million women and girls have an unmet need for contraception
- In 2017, a consortium of donors, including BMGF, CIFF, FCDO and USAID, built on existing efforts to expand access to DMPA-SC globally including undertaking a global market-shaping initiative and supporting product introduction and scale-up across a number of countries
- Funding was required to support introduction and scale-up activities of DMPA SC including training of master trainers and providers, supportive supervision, demand generation, advocacy for scale-up and supply chain strengthening.

**The Opportunity**

- The Catalytic Opportunity Fund (COF) was designed to be a rapid financing mechanism to support introduction and scale-up activities for DMPA-SC
- The COF was to complement funded scale-up efforts in priority countries in a cost-effective and efficient way and unlock additional resources at the country level
Since the DMPA-SC Scale Up COF’s inception in 2019, we have made improvements and further refined the COF’s processes according to key principles.

<table>
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<th>Principles of the DMPA-SC Scale Up COF</th>
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<td><strong>Catalytic Opportunities</strong></td>
</tr>
<tr>
<td>• High impact and short-term programmatic activities, for which there is currently no funding,</td>
</tr>
<tr>
<td>• Must unlock or generate additional resources such as additional donor investments</td>
</tr>
<tr>
<td>• Must focus on self-injection</td>
</tr>
<tr>
<td>• Not intended for evidence generation</td>
</tr>
</tbody>
</table>
Key DMPA-SC COF Stakeholders and Process

The Bill and Melinda Gates Foundation
- Provide funding
- Sets key requirements for eligible opportunities

Clinton Health Access Initiative
- Designs and manages fund processes
- Administers and contracts funding
- Conducts monitoring and evaluation of subgrantees

DMPA-SC Partners Group
- NGOs providing technical assistance on DMPA-SC in select countries
- Identify catalytic opportunities aligned to introduction strategy in focus countries
- Review and recommend submitted applications for funding

DMPA-SC Operations Group
- Donors funding global DMPA-SC introduction strategy and rollout
- Approve recommended COF applications
Key COF Stats

- 14 Countries received grants
- 19 Projects contracted
- 17 Projects completed
- $3.4M disbursed funds
- $186K average grant size
- 6 months contracted duration for all projects
- 9.5 months median grant duration after no cost extensions due to COVID
Illustrative examples of DMPA-SC Scale Up COF-funded activities

**Training of Master Trainers**
MSI Kenya trained MoH master trainers who would cascade training to counties and ultimately to facilities.

**Training of Public Providers**
PATH Zambia trained 1540 public health workers in 770 health facilities across 7 provinces on self-injection.

**Training of Private Providers**
FHI360 Uganda trained 370 drug store providers on self-injection of DMPA-SC.

**Demand Generation**
CHAI Ghana translated DMPA-SC promotional material activities into local languages and radio broadcasting to promote uptake of DMPA-SC self-injection.

**Supportive Supervision**
Jhpiego Burkina Faso worked with district management teams to conduct follow-up visits in district facilities to ensure proper implementation of project activities, identify bottlenecks, and propose solutions.

**Results Dissemination and Advocacy**
Jhpiego Guinea shared results on DMPA-SC integration in the public and private sector and pre-service education with diverse stakeholders including MoH and SMOs.

**Supply Chain Strengthening**
JSI Madagascar collaborated with the Family Planning Logistics Subcommittee to strengthen its governance, capacity and systems to identify and prevent central level stockouts of DMPA-SC before they occur.
Initial Look at DMPA-SC Scale Up COF Impact

**Qualitative impact**

- Establishing best practices for other product introduction
  - Creation of 3 other COF funding streams
    - DMPA-SC Regulatory Advocacy
    - Hormonal IUS Scale Up
    - MA Combipack Scale Up

- Unlocking additional resources for DMPA-SC Scale-Up
  - Donor investments to train public providers in other regions
  - Government investments to scale-up DMPA-SC in additional regions.
  - Enabled private sector resources to be leveraged to scale-up DMPA SC

- Increased cost efficiency of introduction activities
  - Focus on training master trainers enables smaller cohorts of trainings and minimizes number of days required for training
  - Remote trainings reduced costs

**Quantitative impact**

- 300+ Master Trainers Trained on Self Injection
- 10K+ Public Providers Trained on Self Injection
- 2K+ Private Providers trained on Self Injection
- 9K+ Clients Self Administering DMPA-SC
## Agenda

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Catalytic Opportunity Funds for DMPA-SC

Bibiche Izale
Pathfinder International DRC

May 19, 2021
Presentation Plan

1. Country and Project Context
2. Cost of activities
3. Approach/Methodology
4. Results
5. Lessons Learned
6. Challenges
7. Resources
Country and Project Context (1)

- High maternal mortality rate: 846 deaths per 100,000 live births (DHS 2014).
- Rapid population growth: 3.5% per year (PRB 2020).
- Total Fertility Rate (TFR): 6.2 (PRB 2020).
- Adolescent fertility rate: 109/1000 (MICS 2018)
- mCPR: 18.0% (MICS 2018).
- FP unmet need: 28.7% (MICS 2018).
  - Target MCPR set at 19.0% (from 6.5%, 2013).
  - Key strategy: Community-based provision of FP services.

A woman learns how to use DMPA-SC, an injectable contraceptive that puts women in charge of their reproductive health. Photo: Tagaza Djibo
Country and Project Context (2)

Status of DMPA SC in DRC (before the COF project):
- 2014: Approval for the use of DMPA-SC.
- 2016: Two studies conducted on acceptability and feasibility of community-based distribution of DMPA-SC.
- Lack of trained and skilled providers who could safely offer DMPA-SC self-injection orientations.

COF contributed to build the capacity of trainer of trainers that could be leveraged by other partner programs such as DKT, ABEF ND, and MSI for scale-up of self-injection.
Cost of activities

The total cost of COF activities was approximately two hundred and fifty thousand US dollars.
Approach/Methodology (1)

• Development of Self Injection Implementation Guide.
• Training sessions for a pool of national trainers and cascade trainings at provincial and zonal levels.
• Integration of self-injection orientation in clinical mentoring in 12 health zones.
• Monitoring and supervision of orientation roll-out.

Photos: Tagaza Djibo
Approach/Methodology (2)
Revision of Self Injection Implementation Guide

- Under the leadership of experts from the Programme National de la Santé de la Reproduction (PNSR)

- Aiming having all participants capture the essential requirements of SI, to develop the draft guidelines and obtain consensus from all key stakeholders.

- Gathering experts from PNSR, Division de la Santé, Famille et Groupes spécifiques, Secretariat Général à la Santé and representatives from family planning (FP) implementing partners

- Resulting in consensual adoption by all participants.
Approach/Methodology (3)

Training sessions for a pool of national trainers and cascade at provincial and zonal levels

National level (February 2020):
- Conducted by the trainers of the trainers.
- With the participation of experts from other FP implementation partners.

Provincial level (May-August 2020):
- Training carried out in 13 provinces.
- By a joint Department of Health and Pathfinder team.
- Mixed approaches: Online and Presentia.
- Seizing the opportunity of a meeting at the provincial level bringing together the DPS executives and the Zonal Chief Doctors.
- Adding an extra day to the conventional meeting to cover DMPA-SC.
- DMPA-SC self-injection training.

Health Zone Level (July-September 2020):
- Training conducted during monthly data validation meetings.
- Adding an extra day to the conventional meeting to cover DMPA-SC.
- DMPA-SC self-injection training.

All levels:
- Adapted format due to COVID-19 related restrictions.
Integration of self-injection orientation in clinical mentoring in 12 health zones

- September 2020.
- Under the leadership of experts from the Programme National de la Santé de la Reproduction (PNSR).
- With the support of UNICEF.
Approach/Methodology (5)

Monitoring and supervision of orientation roll-out

- From September to October 2020.
- Conducted in 47 Health Zones.
- Led by PNSR.
- Joint supportive supervision visits.
- Trainees Knowledge and skills assessed.
Results (1)

- 25 National trainers trained (Feb. 2020)
- 115 Provincial trainers trained (from 13 target provinces, May-August 2020)
- 1,298 HZ staff trained (245/518 HZ, July-September 2020)
- 4,212 Provider trained
- 47 HZ visited for post-orientation follow up (September-October 2020)
Results (2)

Catalytic aspects

• Accompaniment for quality scaled roll out of method.
• Supply managed by UNFPA and local Family Planning implementation partners.
• Training of community-based distributors.
• Self-injection expansion in DKT, ABEF ND and MSI programs.

Sustainability

• Ownership and leadership of Ministry of Health and PNSR.
• Multi-stakeholder buy-in achieved for streamlining self-injection into relevant partners' interventions and support.
• Project relayed with other funding:
• Examples: Installation of sentinel sites to collect self-injection data in 58 health facilities in 9 health zones in Kinshasa Province.
Challenges

• Challenges related to implementing planned activities as designed due to COVID-19. This included delays in activity execution and limited availability of certain stakeholders. Mobility in Kinshasa and between regions was also greatly restricted for the majority of life of project.

• Massive stock-out of DMPA-SC at Zonal and facility levels was a serious limitation for the practical training of providers.
Lessons Learned

- The **modification of training methodology**, incorporating technological solutions that may not have been perceived as workable before the COVID-19 pandemic, greatly facilitated the achievement of results under this investment. Pathfinder successfully utilized online training formats to deliver this training.

- Stockouts of DMPA-SC were a challenge. The **availability of DMPA-SC** is essential for providing effective training on self-injection and stock management must remain a priority going forward.

- The **integration of information on self-injection of DMPA-SC in the harmonized PNSR supervision tool** represents an opportunity as it allows the PNSR Central, the provincial coordination, and the HZs to better understand and assess the evolution of this approach. It reinforces the integration of this new method into the range of methods available to clients in the DRC.
THANK YOU

Photo: Tagaza Djibo
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Catalytic Opportunity Fund for DMPA-SC Scale Up in Nigeria
Country Context

- In Nigeria, DMPA-SC is approved for provider and self-injection.

- An advisory and visioning meeting held in February 2017 by Nigeria’s Federal Ministry of Health (FMoH) emphasized the need for a systematic plan by the Government of Nigeria (GoN) to use DMPA-SC as an opportunity to accelerate its target of 36% contraceptive prevalence rate (CPR).

- This gave birth to the development of a National DMPA-SC Accelerated Introduction and Scale-Up Plan (2018-2022) which aims to introduce and scale-up DMPA-SC into Nigeria’s contraceptive service mix with emphasis on SI.

- In the DMPA-SC strategic plan, the FMoH committed to scaling-up access to and provision of DMPA-SC across all 36 Nigerian states and the Federal Capital Territory (FCT) by 2021. According to the plan, by 2021:
  - All eligible providers across public and private sectors will be trained on DMPA-SC service provision, including counselling women on self-injection.

- In September 2018, Nigeria’s Essential Medicines List committee approved the inclusion of DMPA-SC to the list.

- In 2019, to further guide this accelerated introduction and scale up of DMPA-SC, the FMoH released The National Guidelines for the Introduction and Scale-Up of the DMPA-SC Self-Injection.
MSION implemented the Catalytic Opportunity Fund for DMPA-SC Scale Up (DMPA Scale Up Project) to support the FMoH effort.

Project Span: July – December 2020 [6 Months], implemented in 20 states as below (though earlier planned for Jan to June 2021) with total fund used at USD164,410.

- Yobe
- Borno
- Taraba
- Gombe
- Bauchi
- Adamawa
- Zamfara
- Jigawa
- Kano
- Kebbi
- Sokoto
- Katsina
- Benue
- Kogi
- Imo
- Ebonyi
- Edo
- Bayelsa
- Ekiti
- Osun
Develop training plan for DMPA-SC in collaboration with the Nigerian Federal Ministry of Health

Train 52 Master trainers on DMPA-SC using ToT

Train 1,300 public health care facilities on DMPA-SC usage

Post Training Supportive Supervision and Quality Technical Support

Upload of trained providers on the National FP Dashboard

Cascading national guidelines to 20 states
Impact

- MSION trained 52 Nurses & Midwives (32 from the states and 20 from the implementing IP – MSION) using the ToT Approach:
  - Leaving a cohort of government trainers across the 20 project states.
- 1,300 Government Facilities were selected for the intervention by the state and MSION.
- 1300 Healthcare providers (1 per facility) were trained on voluntary FP and competency on the delivery of DMPA-SC and self injection using a cluster approach of 10 providers per training by 2 MTs (1:5 training ratio).
- Cascaded the National guideline to 20 states of project intervention.

Number of clients accessing DMPA-SC through provider administration - Aggregated in our MIS
Challenges

- Late take-off of some project activities (especially trainings) due to delays caused by the COVID-19 pandemic.

- Upload of trained service providers unto the National FP Dashboard was very slow as the state took a long time in completing the forms. Only the state has access to the dashboard for upload.

- Limited Community Mobilization.

- Incessant strike by medical and health workers’ union in the public health sector including transfer of trained providers to non-service provision department.

- It took a long time for some providers to meet certification requirements due to low uptake of DMPA-SC in some states.
Lessons learned

- The involvement of FMoH and SMoH in the project implementation promoted ownership and is envisaged to ensure sustainability beyond the project life cycle.

- Cluster training approach improves both clinical skills and documentation practices of service providers in terms of their data collection, experience sharing and re-training:
  - *This increased cost savings, promoting cost efficiency and ownership.*

- Government and stakeholder commitments at all levels – FMoH, SMoH etc. is a critical success factor in scaling up voluntary DMPA-SC services through the project.

- The discrete demand creation activities which integrated FP into other health interventions enhanced clients’ reach.
Sustainability

- Further dissemination of the National Guidelines for the Introduction and Scale-Up of the DMPA-SC Self-Injection by the states through existing platforms.

- The trained Master Trainers (MT) and the state Family Planning Coordinators have capacity to support the state in training additional providers in other facilities to meet state FP needs.

- The MT’s and State FP Coordinator have capacity to provide support, supervise, monitor and mentor the existing and additional providers even after the project to support the accelerated scale up.

- Male involvement and awareness creation is key in increasing uptake of voluntary FP services in Nigeria.

- Use of culturally sensitive IEC materials will sustain improved demand creation.
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Catalytic Opportunity Fund for DMPA-SC
Scale Up in Kenya

Photo: PATH/Gabe Bienczycki
Country Context

- Costed implementation and scale-up plan for DMPA-SC developed and rolled out by the Ministry of Health (MoH).


- No self-injection options – only DMPA-IM was available.

- Slow DMPA-SC uptake in the country due to lack of awareness among women.

- Majority of Service providers did not have the capacity to administer DMPA-SC.

- DMPA-SC not integrated in the NHIS
Project Context

**Project Period:** March – December 2020 with a budget of $220,000.

**Project Goal:**

- Increase uptake and expand access of DMPA-SC by building the capacity of health care providers in providing and administering DMPA-SC through different service delivery points with a focus on public sector.

- Project deliverables were to:
  - Train 2,000 health care providers in both public and private sector.
  - Train 30 master trainers.
  - Create awareness and demand for DMPA-SC.

- The catalytic opportunity was to train master trainers and service providers to help maintain the momentum in DMPA SC scale-up after the national roll-out of the costed implementation and scale up plan by MoH.
Impact

- Trained 1,435 health care providers; 800 from public sector, 600 private sector and 35 ToTs accounted for 15% of total HCPs trained nationally.

- County coverage; 35 counties for ToTs and 40 counties for HCPS.

In collaboration with the MoH, MSK;

- Supported the adaptation and rollout of DMPA-SC specific curriculum for training health care providers.

- Participated in the DMPA-SC implementation Research IDI-the IR will inform the development of self-injection guidelines.

- Supported the review and printing of IEC materials and job aids.

- Conducted training pre and post evaluation survey: 15% improvement in knowledge acquisition among trained providers.
Challenges

- Covid-19 outbreak slowed down implementation due to imposed ban on public gathering and travel restrictions. MSK maximized on on-line training and small group meetings.

- Delayed release of guidelines on self-injection - currently being rolled out through implementation research.

- Commodity stock outs - partners collaboration in advocating for DMPA-SC integration in the national commodity forecasting, quantification and procurement processing by the MoH.

- Competition from DMPA-IM - supported IEC materials development to create DMPA-SC awareness at the community level.

- CHV curriculum approval by MoH - advocacy being done through partners (PSK, JSI).
Lessons Learned

- Effective use of e-learning to scale up HCPs capacity building amidst the pandemic.
- Close collaboration and communication with partners to avoid duplication of efforts and ensure effective use of resources.
- MoH involvement – ensured alignment with the DMPA-SC national costed implementation and scale up plan, acceptability among HCPs.

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SCOPING OF COMMUNITY PHARMACISTS AND PATENT AND PROPRIETARY MEDICINES VENDORS IN NINE STATES IN NIGERIA TO SCALE UP DMPA-SC INTERVENTION

Presented By Pharm Emeka Okafor
Project Director IntegratE project
Outline

✓ SITUATION ANALYSIS
✓ SOME GAPS THAT EXISTS WITH PPMV ENGAGEMENT AND RATIONALE FOR COF FUNDS
✓ OBJECTIVES OF THE PROJECT
✓ SOME OF THE KEY FINDINGS
✓ OPPORTUNITIES TO SCALE UP DMPA-SC AND PLANS FOR SUSTAINABILITY
✓ KEY CHALLENGES AND ADAPTATION
✓ LESSONS LEARNED
Nigeria has an estimated population of 201 million with 48.84% living in rural areas - World Bank (2019).

Health sector is fragmented including HRH for Health.

There about 21,892 pharmacists from inception and over 200,000 PPMVs.

PPMVs operate legally in Nigeria and are defined as “a person without formal training in pharmacy who sells orthodox pharmaceutical products on a retail basis for profit.

PPMVs are an important source of care for the poor, they are located close to communities and are often the first source of care for hygiene and FP products and treatment of child illnesses.

Private sector accounts for 86% of outlets stocking contraceptives or providing FP services. Out of which 72% PPMV and 4% CPs (2015 FP Watch study).

Modern Contraceptive prevalence mCPR 12% (NDHS, 2018)
SOME GAPS THAT EXISTS WITH PPMV ENGAGEMENT.

✓ PPMVs are heterogeneous and found mainly in rural communities with a significant number of owners acquiring prior health qualifications.

✓ Need to identify and estimate the number of PPMVs with prior health qualification and engage for training to scale PHC services including DMPA-SC self injection.

✓ Need to understand the stocking habits for other PHC services.

RATIONALE FOR THE COF FUNDING

✓ The catalytic opportunity was to lay the foundations for the inclusion of PPMVs and CPs in the national DMPA-SC role out in advance of future investments in PPMV trainings.

✓ Originally supposed to be 6 month but extended by 5 months (11 months) due to COVID-19 restrictions.

✓ Funding envelop - $242,874.39
OBJECTIVES OF THE PROJECT

✓ Document the size, location and distribution of all community pharmacies and PPMVs in Anambra, Delta, Kwara, Enugu, Niger, Ogun, Oyo, Plateau and Rivers States.

✓ Develop a comprehensive directory of all community pharmacists and PPMVs in the above states capturing their educational qualifications, sex and other vital information required for SCALING UP training on PHC services including DMPA-SC Self-injection.

✓ Assess the range of health products stocked by the PPMVs for primary health care services
Some of the key findings

Size, distribution and density of PPMV shops

- A total of **40,728** PPMVs and **2,082** CPs were mapped in the nine states.

- Average density of PPMVs are about **73.3** per 100,000 population and CPs are **3.7** per 100,000 population.

<table>
<thead>
<tr>
<th>State</th>
<th>No of Community Pharmacies</th>
<th>Number of PPMVs shops</th>
<th>*Population</th>
<th>PPMV shops per 100,000 population</th>
<th>CP shops per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anambra</td>
<td>230</td>
<td>4656 (11.4%)</td>
<td>6,182,900</td>
<td>75.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Delta</td>
<td>256</td>
<td>4413 (10.8%)</td>
<td>6,436,700</td>
<td>68.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Enugu</td>
<td>220</td>
<td>2864 (7.0%)</td>
<td>4,973,500</td>
<td>57.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Kwara</td>
<td>124</td>
<td>3792 (9.3%)</td>
<td>3,600,000</td>
<td>105.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Niger</td>
<td>127</td>
<td>2961 (7.3%)</td>
<td>6,365,700</td>
<td>46.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Ogun</td>
<td>363</td>
<td>5756 (14.1%)</td>
<td>5,954,000</td>
<td>96.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Oyo</td>
<td>163</td>
<td>9180 (22.5%)</td>
<td>8,983,100</td>
<td>102.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Plateau</td>
<td>219</td>
<td>2165 (5.3%)</td>
<td>4,679,500</td>
<td>46.3</td>
<td>4.7</td>
</tr>
<tr>
<td>Rivers</td>
<td>380</td>
<td>4941 (12.1%)</td>
<td>8,368,000</td>
<td>59.0</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2082</strong></td>
<td><strong>40,728</strong></td>
<td><strong>55,543,400</strong></td>
<td><strong>73.3</strong></td>
<td><strong>3.7</strong></td>
</tr>
</tbody>
</table>

*Note: Population data were retrieved from the 2006 census and adjusted for population growth by state to 2020.*
Qualification of PPMVs for Tiered classification

<table>
<thead>
<tr>
<th>State</th>
<th>PPMV Tier 1</th>
<th>PPMV Tier 2</th>
<th>PPMV Tier 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anambra</td>
<td>81.2 (3,781)</td>
<td>18.4 (857)</td>
<td>0.3 (18)</td>
<td>4,656</td>
</tr>
<tr>
<td>Delta</td>
<td>78.5 (3464)</td>
<td>21.1 (931)</td>
<td>0.3 (18)</td>
<td>4,413</td>
</tr>
<tr>
<td>Enugu</td>
<td>83.2 (2,383)</td>
<td>15.8 (453)</td>
<td>0.9 (28)</td>
<td>2,864</td>
</tr>
<tr>
<td>Kwara</td>
<td>88.6 (3,360)</td>
<td>11.0 (417)</td>
<td>0.3 (15)</td>
<td>3,792</td>
</tr>
<tr>
<td>Niger</td>
<td>84.1 (2,490)</td>
<td>15.3 (453)</td>
<td>0.5 (18)</td>
<td>2,961</td>
</tr>
<tr>
<td>Ogun</td>
<td>90.9 (5,232)</td>
<td>8.4 (484)</td>
<td>0.7 (40)</td>
<td>5,756</td>
</tr>
<tr>
<td>Oyo</td>
<td>94.7 (8,693)</td>
<td>5.0 (459)</td>
<td>0.2 (28)</td>
<td>9,180</td>
</tr>
<tr>
<td>Plateau</td>
<td>65.0 (1,407)</td>
<td>34.1 (738)</td>
<td>0.9 (20)</td>
<td>2,165</td>
</tr>
<tr>
<td>Rivers</td>
<td>82.5 (4,076)</td>
<td>17.1 (845)</td>
<td>0.3 (20)</td>
<td>4,941</td>
</tr>
<tr>
<td>Overall</td>
<td><strong>85.7(34,886)</strong></td>
<td><strong>13.9 (5,637)</strong></td>
<td><strong>0.4 (205)</strong></td>
<td><strong>40,728</strong></td>
</tr>
</tbody>
</table>

Eligibility

- (PPMVs lacking health qualifications and any training/First degree in other discipline)
- (Health Qualified -Advanced Diploma in Health Technology. Could be Nurses, CHEWs, JCHEWs, CHO) (Must possess a certificate of Pharmacy Tech/ Must be a Pharmacy tech.)

A significant proportion (14.3%) about 5,842 PPMVs in the nine states have health qualification. **Plateau has the highest with 38% of PPMVs being health trained.**
• **Open market still remains a dominant source of procuring health commodities amongst the PPMVs from 47% to up to 89% in some states.**

<table>
<thead>
<tr>
<th>State</th>
<th>Open market</th>
<th>Manufacturers</th>
<th>Medical/sales representatives</th>
<th>Local distributor/s/wholesaler/s</th>
<th>Others</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anambra</td>
<td>89.7</td>
<td>3.8</td>
<td>14.5</td>
<td>10.8</td>
<td>0.3</td>
<td>5544</td>
</tr>
<tr>
<td>Delta</td>
<td>58.3</td>
<td>1.9</td>
<td>21.5</td>
<td>52.4</td>
<td>0.2</td>
<td>5929</td>
</tr>
<tr>
<td>Enugu</td>
<td>75.4</td>
<td>4.5</td>
<td>32.4</td>
<td>22.1</td>
<td>0.1</td>
<td>3849</td>
</tr>
<tr>
<td>Kwara</td>
<td>3.2</td>
<td>6.8</td>
<td>11.2</td>
<td>92.9</td>
<td>0.1</td>
<td>4330</td>
</tr>
<tr>
<td>Niger</td>
<td>28.2</td>
<td>7.4</td>
<td>31.2</td>
<td>66.4</td>
<td>0.7</td>
<td>3962</td>
</tr>
<tr>
<td>Ogun</td>
<td>32.2</td>
<td>5.1</td>
<td>24.0</td>
<td>65.1</td>
<td>0.0</td>
<td>7275</td>
</tr>
<tr>
<td>Oyo</td>
<td>52.5</td>
<td>6.2</td>
<td>17.0</td>
<td>64.7</td>
<td>0.1</td>
<td>12906</td>
</tr>
<tr>
<td>Plateau</td>
<td>12.3</td>
<td>2.0</td>
<td>20.4</td>
<td>81.6</td>
<td>0.2</td>
<td>2522</td>
</tr>
<tr>
<td>Rivers</td>
<td>51.3</td>
<td>2.0</td>
<td>36.5</td>
<td>43.3</td>
<td>0.2</td>
<td>6590</td>
</tr>
<tr>
<td>Total</td>
<td><strong>47.5</strong></td>
<td><strong>4.6</strong></td>
<td><strong>22.3</strong></td>
<td><strong>55.3</strong></td>
<td><strong>0.2</strong></td>
<td><strong>52907</strong></td>
</tr>
</tbody>
</table>
Tiered Accreditation System of PPMVs
✓ The Pharmacists Council of Nigeria (PCN) will leverage the information from the GIS Mapping to stratify PPMVs into three tiers for the Tiered accreditation of PPMVs.
✓ The Tiered accreditation training will priorities Tier 2 and Tier 3 PPMVs (Health trained PPMVs) about 5,842 PPMVs who can be trained for expanded FP services including DMPA-SC and self injection in the nine states.

Data Reporting and Supervision
✓ The trained CPs, Tier 2 and Tier 3 PPMVs (Health trained PPMVs) will report data into the DHIS including data on DMPA-SC self injection and provider administration.
✓ Opportunities for more visibility of private sector data into the NHMIS.
✓ Integrated Supportive Supervision for quality service delivery will be led by PCN and SMOH to ensure sustainability.

Proper sourcing of commodities
✓ Trained PPMVs will be linked to organizations social marketing contraceptives including DMPA-SC to avoid exposure to adulterated drugs via the open market
KEY CHALLENGES AND ADAPTATIONS

✓ The Lockdown and eventual restriction in movement affected the commencement of field studies.
✓ Some of the LGAs and communities were flooded during the data collection exercise making them almost impossible to access.

Adaptations
✓ Lockdown period was used for Data collectors, supervisors and Tour guide training. Training were virtually conducted
✓ Tour guide resident in difficult and flooded communities were trained as adhoc data collectors and used to capture providers in those locations
LESSON LEARNED

✓ Engagement of PPMVs as tour guides and adhoc data collectors reduced time the data collectors would have spent identifying providers as they reside in those communities and understand the terrain.

✓ Continuous advocacy and engagement of professional associations of PPMVs and Community Pharmacists and the regulators (PCN) throughout the exercise helped reduce pushbacks and created ownership.
Thanks
(Questions and Comments)

PPMVs being interviewed during the GIS Mapping in Ogun (Left) and Kwara (Right)
Catalyzing Access to DMPA-SC in Burkina Faso, Guinea, Mali and Togo

DMPA SC LAN COF webinar
19 May 2021
Burkina Faso

Célestin COMPAORE, Project Director, Accelerating Access to DMPA
Country and Project context

Burkina Faso, with a population of 20,127,872 people, in 2017, faces:

- high population growth
- low prevalence of contraception of 30.7% in 2018
- high 23% unmet need for contraception methods.

- DMPA–SC was introduced in 2013-2014; scale up started in 2016-2017; self-injection was introduced in 7/70 districts in 2018-2019

Catalytic funds were needed to accelerate scale up of self-injection from 7 districts to 30, including 4 regional/university teaching hospitals in accordance with the national plan to scale up task-shifting in family planning.

Period: Jan-Nov 2020
Budget: $250,000
### Impact

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TARGET</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Trainers Trained</td>
<td>74</td>
<td>83</td>
<td>112.2</td>
</tr>
<tr>
<td>Number of Providers Trained</td>
<td>3,504</td>
<td>4,936</td>
<td>140.9</td>
</tr>
<tr>
<td>Number of DMPA-SC self-injection users recruited during the project in the 26 districts/02CHR/04 CHU of the 05 Health Regions</td>
<td>10,000</td>
<td>10,829</td>
<td>108.3</td>
</tr>
</tbody>
</table>

- Catalytic impact: Despite pandemic delays, all sites targeted in the 26 districts were reached
- Strong ownership from MOH was demonstrated through joint planning, development of monitoring and evaluation plan, and joint supervisions which were conducted
- Result were presented and reviewed during a joint workshop at the end of activity and used for ongoing advocacy to support further scale up
Current expansion of DMPA-SC self-injection nationally
Sustainability

➢ Each health region has a pool of trainers to ensure the continuity of training and supervision for new providers.

➢ The 4,939 trained providers recruited more than 10,000 self-injection clients. They will continue to offer these services, even if they are sent to another health post, and will also be able to train their new colleagues.

✓ MOH was the leader of COF project and Jhpiego provided technical support
✓ Training of trainers was conducted by the MOH
✓ Post training supervision in the health facilities was led by the districts
✓ MOH led the joint supervision at the central level (MOH; Jhpiego and other partners) of DMPA-SC self-injection in 23 health districts/01 CHR/04 CHU.
✓ Project review’s workshop has been held under the leadership of the General Director of Public Health Department of MOH.
Lessons learned and resources

➢ Main challenge: implementation of activities in the context of the ongoing COVID-19 pandemic (significant extension required)

➢ Main lesson learned: an on-site training approach, conducted within the health facilities, has the advantage of training all FP providers at the same time with the ability to practice with clients.

➢ The project team learned that the provision of a minimum of two ampoules of DMPA-SC is fundamental for the clients’ training to acquire the skill of DMPA-SC self-injection on anatomical models, as there is no placebo for learning.

➢ Availability of a validated national monitoring and evaluation plan for DMPA-SC self-injection is important to be able to monitor whether acceleration is occurring

➢ Lessons were shared via a francophone webinar and newsletter
Guinea
Tsigue Pleah, Technical Director, Jhpiego
Guinea
Country and project context

- Contraceptive prevalence still low nationally at 11% (*married women or in common law partnerships*)
- 22% women experience an unmet need for contraception
- TFR: 4.8
- At the end of 2019, DMPA-SC scale up was underway but had not taken off in the urban and peri-urban areas around Conakry.

**Catalytic funds were needed to accelerate** DMPA SC including SI in Conakry region to:
  - Developing providers from public facilities and private clinics/NGOs in FP service delivery including DMPA-SC and self-injection
  - Developing, adapting DMPA-SC self-injection tools and job aides
  - Integrating of DMPA-SC SI data in HMIS
  - Introducing DMPA-SC and self-injection in the midwifery schools’ training curriculum

**Period of performance:** Feb-Dec 2020

**Total budget:** $180,000
Impact

As a result of this opportunity, all facilities in Conakry are providing DMPA SC including SI:

✓ 27 master trainers were trained in DMPA-SC including SI,
✓ 394 providers from 77 health facilities (28 public and 49 private) trained on the provision of DMPA-SC
✓ 37,200 clients accessed DMPA-SC through provider administration, 1214 clients started self-injection.
✓ Through this funding 10% of all providers were trained; and 5% of all facilities reached
✓ Opportunity to demonstrated feasibility and acceptability of SI
✓ Provided lessons for further national scale up.
Sustainability

• National and regional trainers available
• Guidelines (protocols, job aides for providers and clients) for SI.
• Midwifery FP curriculum includes DMPA-SC/ SI
• DMPA-SC/SI indicators in HMIS
• Jhpiego worked in close collaboration with MOH in all the activities (all documents were elaborated with MOH and validated by them)
Lessons learned

- To maintain services, need to ensure the availability of contraceptive products to avoid stock outs.
- Ensure continuity of services while encouraging on-site skills transfer by trained healthcare providers and supportive supervisions.
- Support the Ministry of Health to improve the coordination of activities with all stakeholders (e.g., DKT and UNFPA).
- Because of COVID-19 pandemic, alternative approach for training and supervision using digital technology (ZOOM, WhatsApp) is feasible.
Additional lessons learned

- Client adherence to SI largely depends on the information received during counseling and support from providers.
- Monthly data collection and analysis through HMIS is important for measuring progress and for making decisions.
- The effective involvement of health facility managers facilitates the services provision of DMPA-SC including Self injection.
- Linking private clinics and District Health Management Teams is an important step to facilitate ongoing data reporting and Procurement of contraceptives.
Mali
Célestin COMPAORE, Project Director, Accelerating Access to DMPA
Country and Project context

- National DMPA-SC scale up plan developed in 2019.
- The catalytic funds made it possible to fill the financing gap for the District of Bamako to increase capacity building of providers on DMPA-SC in the public/private sector and among community health workers (CHWs).
- The activities targeted the high unmet needs for contraception in densely populated urban and peri-urban areas in the district of Bamako.
- Activities contributed to the dual objective of increasing contraceptive prevalence and reducing unmet FP needs

Period: Nov 2019- Oct 2020
Budget: $108,687
Impact

- 19 master trainers trained
- 859 providers trained
- 14,467 clients accessing DMPA-SC through provider administration and
- 1,305 clients self-administering/injecting DMPA-SC
- Contributed 10.45% of total HCWs trained (COF-trained providers compared to total number of HCWs trained nationally)
- Contributed 16.7% of facilities reached with a trained provider (COF-funded facilities compared to total number of facilities in a country)

Catalytic impact:

✓ Increase from zero (0) doses of DMPA-SC consumed in November 2019 to 4,185 doses of DMPA-SC consumed in August 2020 in the District of Bamako. This amount represents 53% of the total amount of DMPA-SC consumed in Mali
✓ Develop materials for SI; disseminate lessons learned around SI roll out to inform further scale up in other regions
Sustainability

- Strengthened coordination of FP stakeholders in Bamako (DGSHP, DRS, ASDAP, MSM, PSI, DKT, OSC, AMPPF, PSM, CNIEC, HP +, Youth project, etc.)

- Revision and provision of DMPA-SC training tools (reference and trainers manual and visual aids) including self-injection at all health facilities

- The involvement of the Regional Director of Health and the six chief doctors in the post-training follow-up of providers

- Organization of a sharing and planning workshop between the executives of the District of Bamako and members of the DMPA-SC sub-group extended to other actors to coordinate the gradual scaling up of DMPA-SC
Lessons learned and resources

• Challenges: national supply chain challenges and periodic shortages of DMPA-SC at health facilities; weak recording of DMPA-SC data at health facilities creating challenges for tracking stock levels and usage.

• Adaptations:
  › Intensive quarterly monitoring of public and private health facilities was enacted
  › Quarterly meetings between the central pharmacy and decentralized structures to review supply chain issues
  › Advocacy to have DMPA-SC indicators included in DHIS2 so progress could be tracked

• Key lessons: the activities demonstrated the importance strong collaboration between public and private health establishments, among cadres of personnel and with the professional associations of physicians, pharmacists and midwives.
Togo

Alisha Smith-Arthur, Senior Program Manager
(on behalf of Yaba Essien, Jhpiego Togo Country Program Manager)
Country and Project context

- Total estimated population in 2021: 7,911,000
  - 51.1% of the population is under 19 years old
  - 60% are under 24 years old.
- Estimated contraceptive prevalence rate: 21.3%.
- Unmet need for contraception: 33%
- National DMPA-SC scale-up up plan adopted and SI authorized in 2019

Project objectives: catalyze introduction of SI nationally
Period: Nov 2019 to Sept 2020
Budget: $103,658
## Impact

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of master trainers trained</td>
<td>42 training officers in 31 districts</td>
</tr>
<tr>
<td>Number of providers trained</td>
<td>1325 providers (midwives, nurses, senior health technicians)</td>
</tr>
<tr>
<td>Number of clients accessing DMPA-SC through provider administration</td>
<td>10,356 additional users</td>
</tr>
<tr>
<td>Number of new self-injection users</td>
<td>4,767</td>
</tr>
<tr>
<td>% of facilities reached with a trained provider (COF-funded facilities compared to total number of facilities in a country)</td>
<td>725/785 in 638/668 (public) and 87/117 (private)</td>
</tr>
</tbody>
</table>

Catalytic impact: Scale up of self-injection nationally was achieved using a remote orientation model. District-level trainers were trained to provide initial and ongoing support to providers.
Sustainability

- DMSE-led from the start: development of initial plan, directed organization and facilitation at all stages. Advocated/enabled district adoption
- Self-injection now rolled out in all health districts nationally
- Supervision and support to providers continues
- Materials and resources exist online and will be continuously available to providers
- District WhatsApp groups remain active and could be a platform for future interventions
## Lessons learned and resources

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delays due to Covid19</td>
<td>Shift to remote and online orientations</td>
</tr>
<tr>
<td>Stock-outs at site/district as well as national level</td>
<td>Support for the redeployment of DMPA-SC stock by location; advocacy with UNFPA for an emergency order</td>
</tr>
<tr>
<td>Clients hesitation about self-injection due to fear/misconceptions</td>
<td>Significant focus on improving provider counseling and client awareness</td>
</tr>
</tbody>
</table>

### Key lessons learned:

- Reinforcing provider and client awareness is essential
- The importance of close, consistent follow-up to build provider confidence in safety
- Self-injection is easy and well accepted when proper support to clients is available
Audience Q&A
The Catalytic Opportunity Fund is a rapid funding mechanism administered by CHAI to support the introduction and scale-up of RH products. There are two funding streams for DMPA SC. Applications are reviewed by the DMPA SC Partners Group and approved by the DMPA SC Operations group. For more information please visit the [COF website](#).

### DMPA-SC Scale-up

- **Scope**
  - Catalytic and short term activities for which there is currently no funding that **unlocks or generates additional resources or investments**; emphasis is on opportunities that promote SI; not intended for evidence generation

- **Fund Parameters**
  - Project duration max. 6 months
  - Project budget max. USD $250 K

- **Eligible Countries**
  - Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, Cote d’Ivoire, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Guinea, Kenya, Haiti, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, South Sudan, Togo, Uganda, Zambia, Zimbabwe

  Countries must demonstrate they have or will have sufficient stock to support their proposals

### DMPA-SC Regulatory Advocacy

- **Scope**
  - Catalytic and short term advocacy activities for which there is currently no funding that addresses policy & regulatory barriers to enabling DMPA SC as a self-injecting product
  - Pilots for high potential DMPA SC distribution models to unlock a channel

- **Fund Parameters**
  - Project duration max. 6 months
  - Project budget max. USD $150 K for advocacy opportunities and max. USD $250 K for distribution model pilots

- **Eligible Countries**
  - Countries that have made significant progress on SI including: Burkina Faso, Cote D’Ivoire, DRC, Ghana, Kenya, Madagascar, Malawi, Mali, Nigeria, Senegal, Uganda, Zambia
Le Fond d’opportunité catalytique est un mécanisme de financement rapide administré par CHAI et destiné à soutenir l’introduction et la mise à l’échelle des produits de SR. Il existe deux mécanismes de financement pour le DMPA SC. Les candidatures sont examinées par le groupe de partenaires du DMPA SC et approuvées par le groupe opérationnel du DMPA SC. Pour plus d’informations, veuillez vous diriger vers le site [Web du COF](#).

## Mécanisme de financement

### Mise à l’échelle du DMPA SC

- Activités catalytiques et à court terme pour lesquelles il n’y a actuellement aucun financement permettant de débloquer des investissements supplémentaires; l’accent est mis sur les opportunités qui favorisent l’auto-injection; non destinées aux études pilotes

### Fond pour le plaidoyer pour le DMPA SC

- Activités de plaidoyer catalytique et à court terme s’attaquant aux obstacles politiques et réglementaires pour activer le DMPA SC comme produit auto-injectable, et pour lesquelles il n’y a actuellement pas de financement
- Études pilotes pour de nouveaux modèles de distribution du DMPA SC pour débloquer un canal de distribution

### Cadre

- Durée du projet max. 6 mois
- Budget maximum de projet 250K USD

### Paramètres de financement

- Durée du projet max. 6 mois
- Budget maximum de projet 250K USD

### Pays éligibles

- Pays qui ont fait des progrès significatifs en matière d’auto-injection, notamment: Burkina Faso, Côte d’Ivoire, RDC, Ghana, Kenya, Madagascar, Malawi, Mali, Nigéria, Sénégal, Ouganda, Zambie

Les pays doivent démontrer qu’ils ont ou auront un stock suffisant pour soutenir leurs propositions.
Now live at www.FPoptions.org

- DMPA-SC evidence, country introduction experiences, service delivery and advocacy tools, and more.
- Webinar recordings and slides
- Making Self-injection Count workshop recordings and slides now available!

En direct sur www.FPoptions.org/fr/

- Des données probantes de la DMPA-SC, les expériences d'introduction par pays, la prestation de services et les outils de plaidoyer et plus encore.
- Enregistrements et diapositives de webinaires
- Les enregistrements et diapositives de l'atelier Faire compter l'auto-injection sont maintenant disponibles!
Thank you for joining us!

For more information…

The CHAI Catalytic Opportunity Fund
COF@clintonhealthaccess.org
www.clintonhealthaccess.org

The DMPA-SC Access Collaborative Learning and Action Network (LAN) and technical support
DMPA-SC-LAN@path.org
www.fpoptions.org/topics/ac-lan