Increasing DMPA-SC self-injection access through retail outlets and last-mile service delivery

Scaling up through the Catalytic Opportunity Fund

July 7, 2022

Photo: PATH/Gabe Bienczycki

Accroître l'accès à l'auto-injection de DMPA-SC dans les points de vente au détail et la prestation de services du dernier kilomètre

Mise à l'échelle grâce au Fonds d'Opportunité Catalytique

7 juillet 2022

Thank you for joining us!

Interpretation

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Merci de nous avoir rejoint !

Interprétation

Pour sélectionner votre langue, cliquez sur le bouton « Interprétation » dans la barre de menu Zoom, et sélectionnez votre langue. Vous entendrez l'audio traduit ainsi que l'audio d'origine à un volume réduit.

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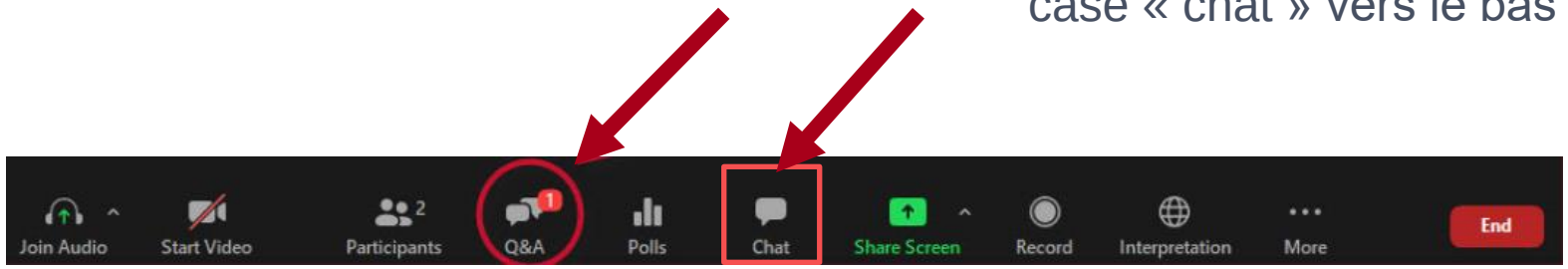
Webinar logistics

- All participants will remain muted during the webinar.
- We have designated some time to answer questions live.
  - Please submit your questions through the Q&A or Chat feature, identifying who the question is for.
- If you have any technology issues during the webinar, please send a chat message to “All panelists” via the chat feature.

Points d’Ordre Administratif

- Les micros de tous les participants sont coupés.
- Nous réservons du temps pour des questions et réponses après que toute la présentation soit terminée.
  - Veuillez soumettre toutes vos questions au cours de la présentation dans la case « Q&R » vers le bas de l’écran, en identifiant à qui la question est adressée.
- En cas de difficultés techniques, veuillez soumettre les problèmes rencontrés dans la case « chat » vers le bas de l’écran.



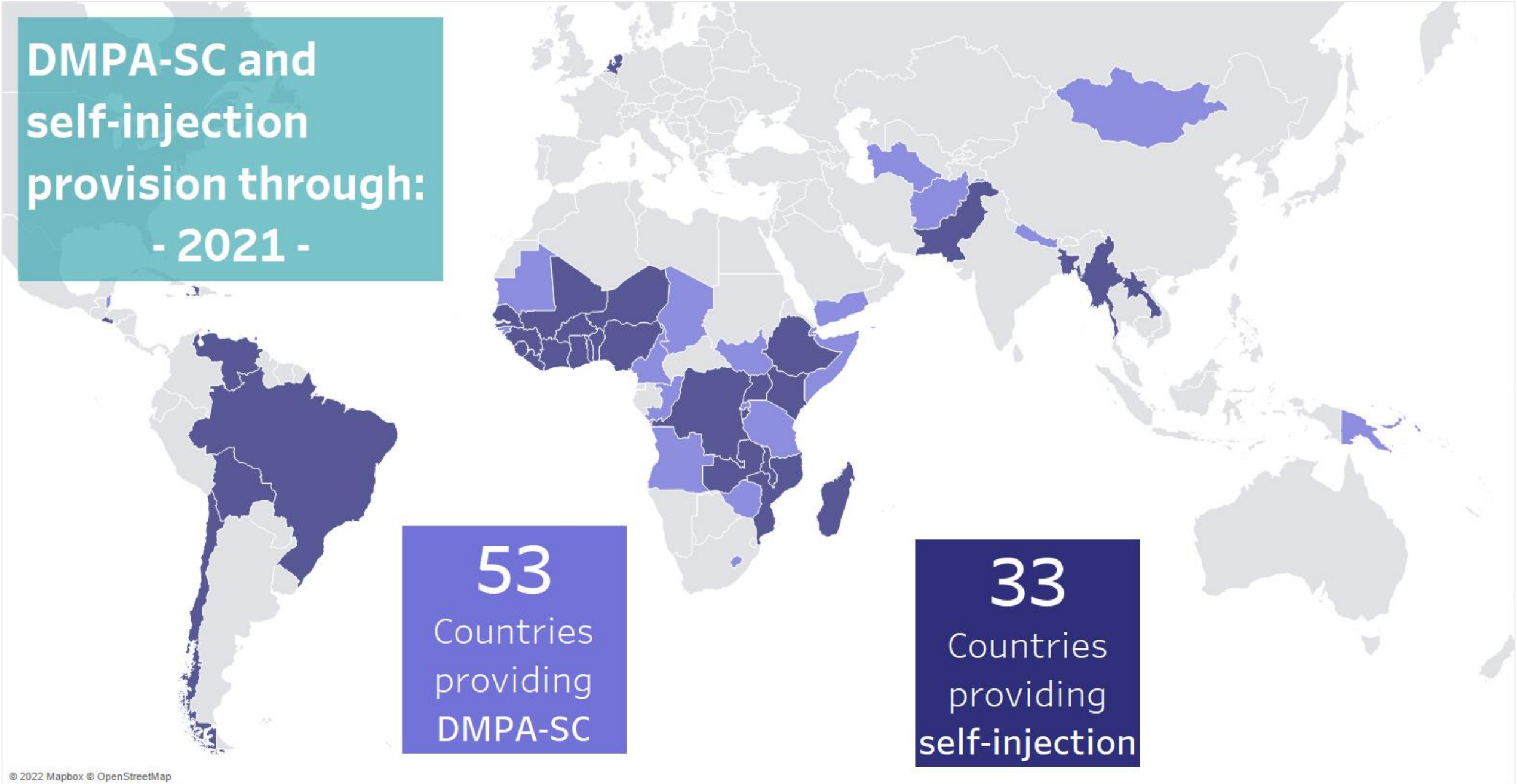
Alain Kabore

Regional Technical Advisor, Francophone region, DMPA-SC Access Collaborative, PATH

Today’s agenda

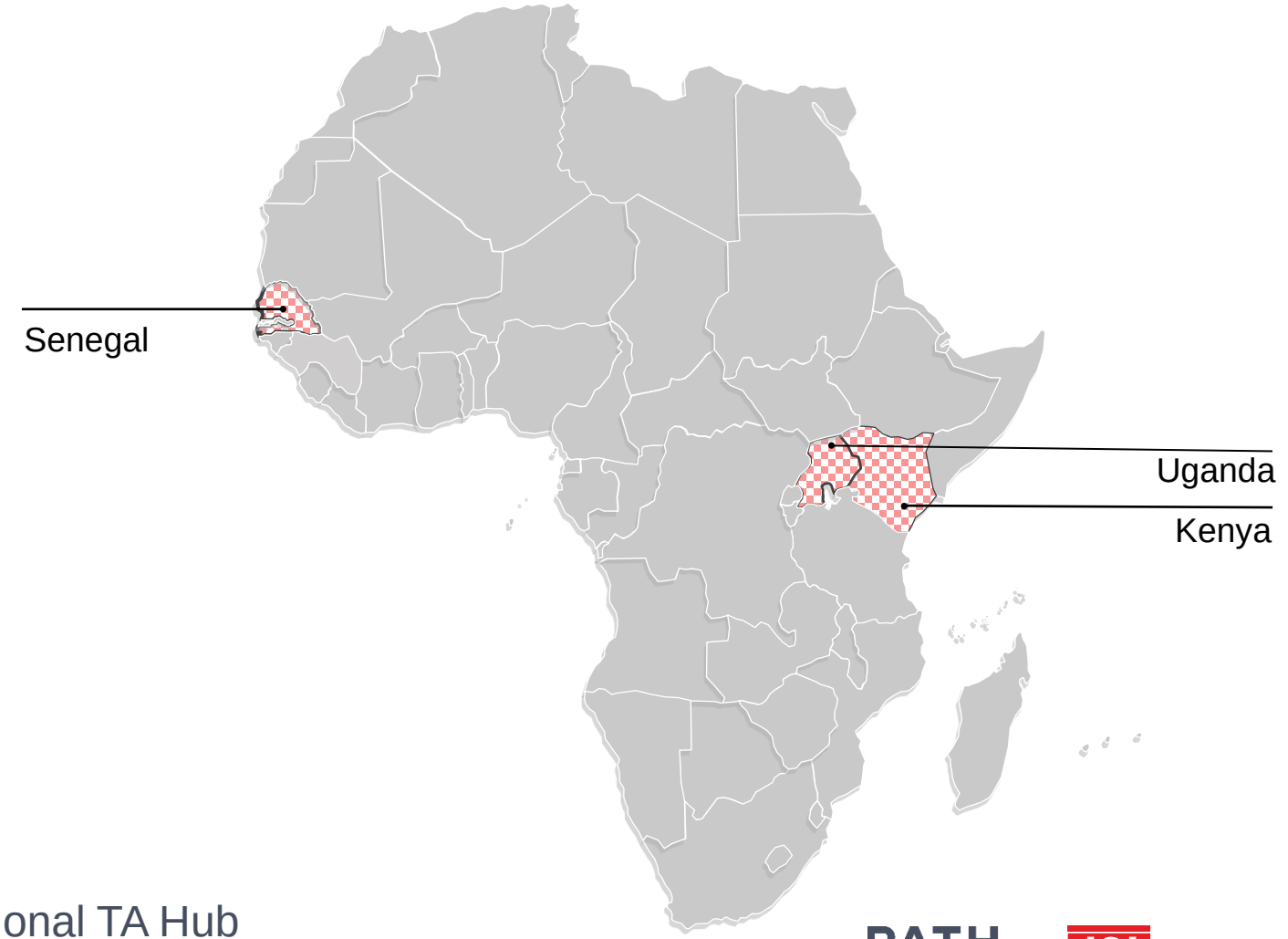
1. Overview
2. Kenya and Rwanda – Kasha
3. Zambia – AC Zambia
4. Democratic Republic of the Congo – Tulane University
5. Democratic Republic of the Congo - Pathfinder
6. Q&A

DMPA-SC and self-injection provision through:
- 2021 -



1. Data drawn from non-confidential Pfizer and Coordinated Supply Planning group (CSP) documents. Countries with only confidential orders in the data were excluded.
2. Provision of DMPA-SC defined as having at least one non-confidential DMPA-SC order documented in the Coordinated Supply Planning group (CSP) spreadsheet. Four countries were excluded due to only having confidential DMPA-SC orders.
3. Provision of SI defined as having at least one non-confidential order documented in the Coordinated Supply Planning group (CSP) spreadsheet AND reported SI approval in either the CSP or Pfizer registration spreadsheets.

The DMPA-SC Access Collaborative provides technical assistance through regional hubs

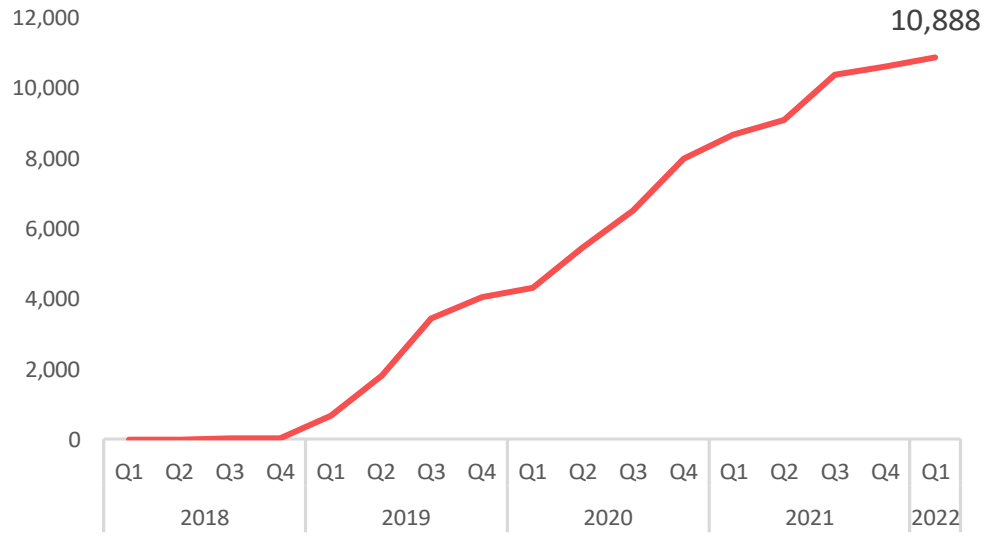


Regional TA Hub

DMPA-SC Self-injection: Global Private Sector Overview & COF

Private Sector Data Global Overview

Private Sector Provider SI Training across 11 Countries



Benin
DRC
Ghana
Guinea
Kenya
Madagascar
Mali
Nigeria
Togo
Uganda
Zambia

Self-Injection Policy Environment

	Regulatory approval exists for SI label			Policy authorizing SI			Policy authorizing initiation of SI Pharmacists			Policy authorizing initiation of SI Drug Shop Staff		
	Dec 2019	Dec 2020	Dec 2021	Dec 2019	Dec 2020	Dec 2021	Dec 2019	Dec 2020	Dec 2021	Dec 2019	Dec 2020	Dec 2021
Kenya							N/A	N/A		N/A	N/A	
Madagascar							N/A	N/A		N/A	N/A	
Nigeria							N/A	N/A		N/A	N/A	
Zambia							No	No	No	N/A	N/A	

Completed | In Process | No | No Data

PATH

JSI

CHAI Catalytic Opportunity Fund

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**

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

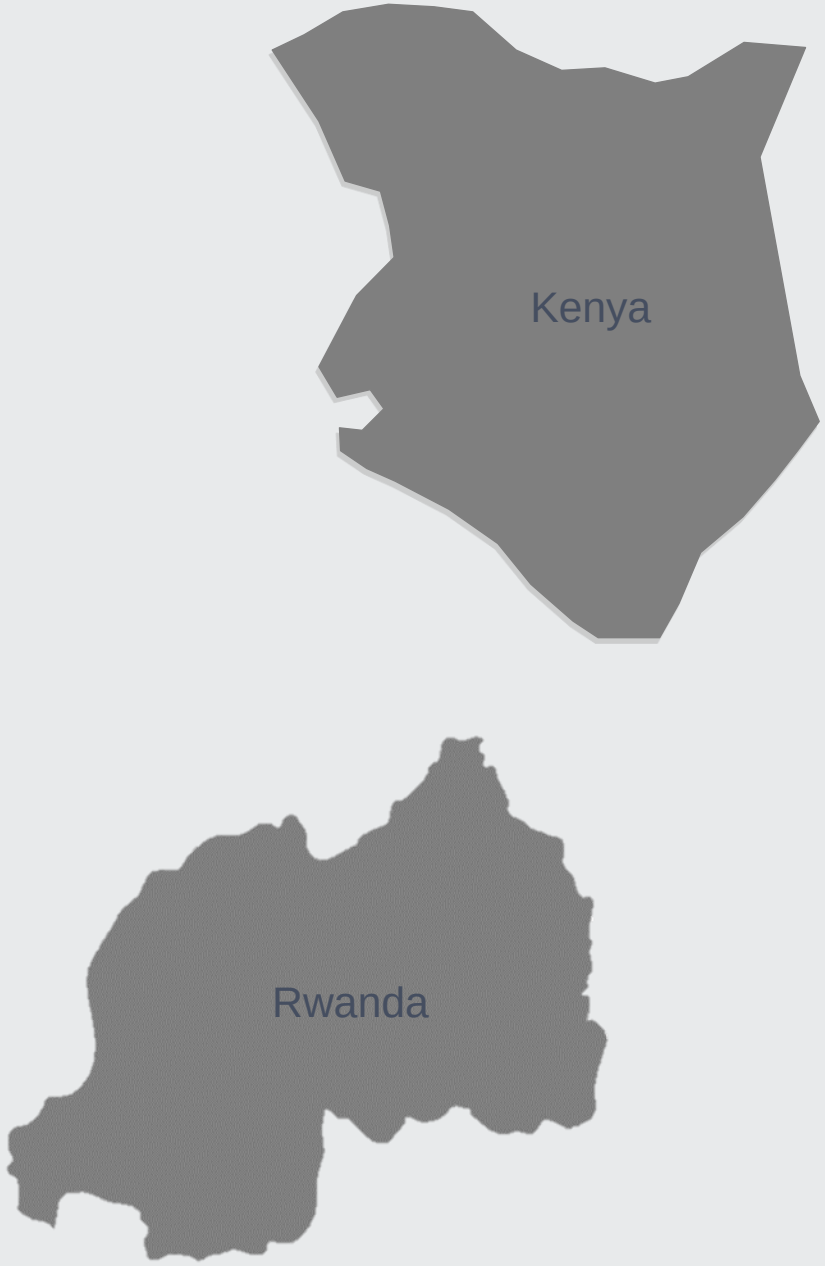
Jhpiego Guinea shared results on DMPA-SC integration in the public and private sector and pre-service education with diverse stakeholders including MoH and SMOs.

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.

Edna Anab

Kenya Health Lead, Kasha



Catalytic Opportunity Fund (COF)
Rwanda & Kenya

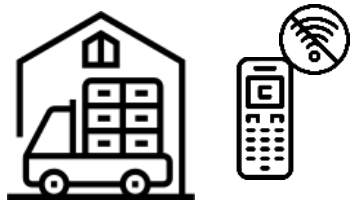
Update: June 2022

Funding Period:
April 2022- September 2022- KE
February 2022- July 2022- RW

Kasha is a Widely Accessible Femtech Platform for Product Order & Last Mile Distribution

Currently operating in Kenya & Rwanda with expansion in progress to Uganda and Tanzania. Kasha offers digital, discrete & confidential order & delivery via a purpose-driven, private sector, sustainable model. Kasha is built to reach traditionally offline and low income customers, beneficiaries and communities. Kasha partners with global health players to increase access to health and self-care products while providing data and insight services.

Digitized Ordering Platform for Bulk (Facilities) & Beneficiaries (B2C & B2B)



Fem Tech - Digital Services for Women's Health & Personal Care Products

Last Mile Delivery to Urban and Rural

Live Data Visibility & Consumer/Beneficiary Insights

Kasha

Key Activities of the COF RW & KE Project

1. Meeting with stakeholders and signing of MOU → to define the scope of work. Kenya (Marie stopes Kenya, Penda Health, Ministry of health, pharmaceutical society of Kenya) and Rwanda (ARBEF and Rwanda biomedical center).

1. Add DMPA-SC product on the platform, training Kasha pharmacists, Kasha nurses, and customer care agents → to create accessibility of the product and support the clients.

1. Training of Nurses and pharmacists within the private sector to administer DMPA-SC and support SI in Rwanda→ *working with MOH trainers of trainees to train private health providers (ARBEF, triggerise, MSK, Penda Health, and Njimia pharmaceuticals).*

1. Conduct training of Kasha agents and Kasha agents who are CHVs to raise on family planning and referral to Kasha platform/ Kasha nurse→ *through the distribution of IEC materials.*

1. Support potential DMPA-SC users via Kasha online and offline platform→ *incorporate IEC materials/ expand features of contraceptive selection tool to recommend DMPA-SC/ develop USSD platform to allow users to access provider-administered DMPA-SC.*

1. DMPA-SC demand generation → *start distributing DMPA-SC fliers/run surveys through influencers to gather data on knowledge and use/ conduct health education sessions*

1. Gather learnings and insights around DMPA-SC distribution → ***attend TWG's and DMPA-SC webinars.***

Kasha

Training private sector health providers to offer DMPA-SC

Achievements

- Kasha engaged the National MOH for technical assistance and MOH trainers of trainees.
- In Rwanda, 35 nurses and 7 pharmacists trained on self-administered while in Kenya, 96 nurses and 42 pharmacists on provider-administered.
- Reached health service providers within 15 counties and established cross-provider networks with 90 facilities to increase referrals for provider-administered DMPA-SC in Kenya
- In Rwanda, all the trained ARBEF and private clinics received DMPA-SC product and report consumption on HMIS.
- In Kenya, all 41 pharmacists received a KHIS account to facilitate reporting.
- Distributed DMPA-SC IEC materials, job aids, and Kasha branding materials for providers to refer users to the Kasha platform for information and services.
- More than 300 women have been initiated on DMPA-SC (Rwanda ~200 through ARBEF and Kenya ~100 during training of the agents at clinical practice).

Learnings

- Interest from the providers to offer the product
- Need for continuous stakeholders engagement with the private sector, and MOH at both National and County levels for sustainable impact.
- Health providers acknowledge the importance of a digital platform for updates and be supported to share information with their clients.

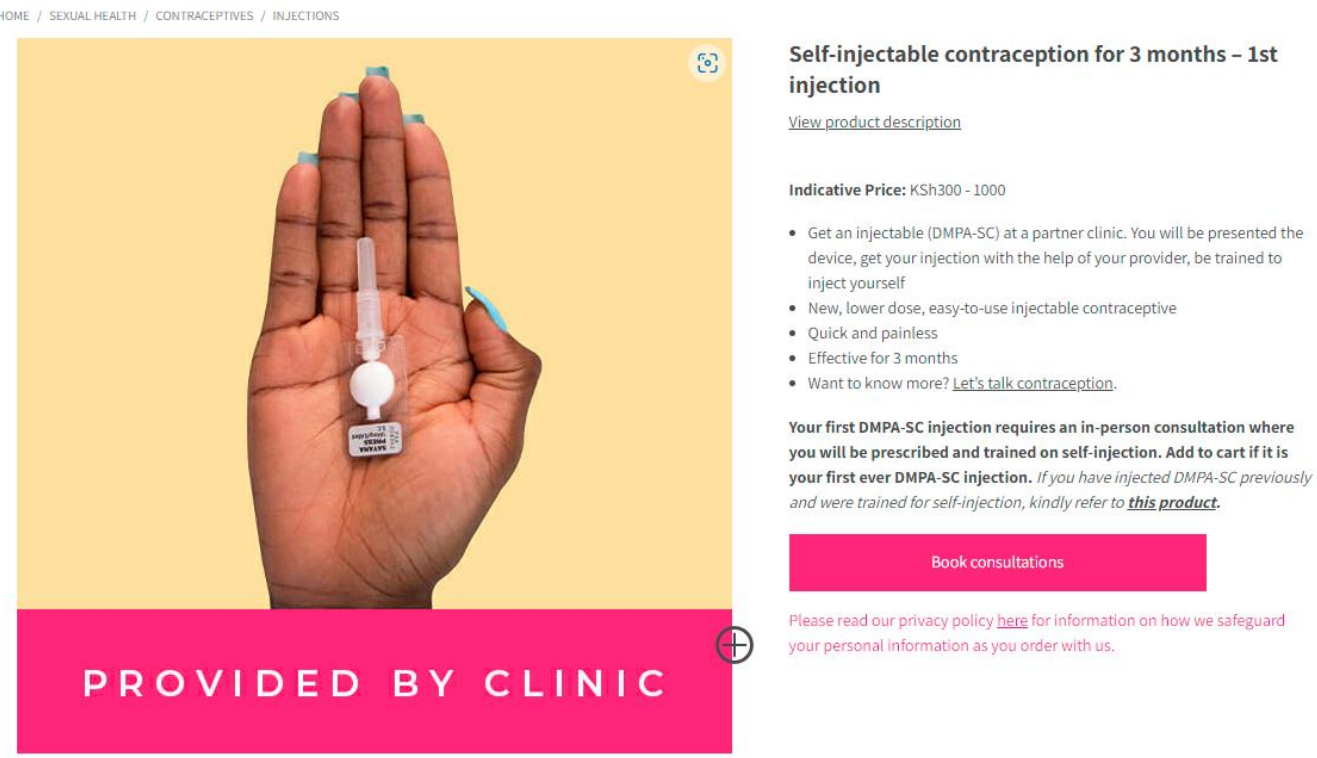
Challenges

- Lack of SI policy in Kenya
- Stock out and lack of allocation of commodities to the private sector in Kenya- MOH will avail DMPA-SC commodities to the trained private providers who report on KHIS.
- In Rwanda, most of the women who received the 1st dose of DMPA-SC prefer the second dose to be provider administered only a few were willing to self-inject- continued OJT of health providers to emphasize on SI

Kasha

Support potential DMPA-SC users via Kasha online and offline platform

DMPA-SC Kasha website landing page



Achievements

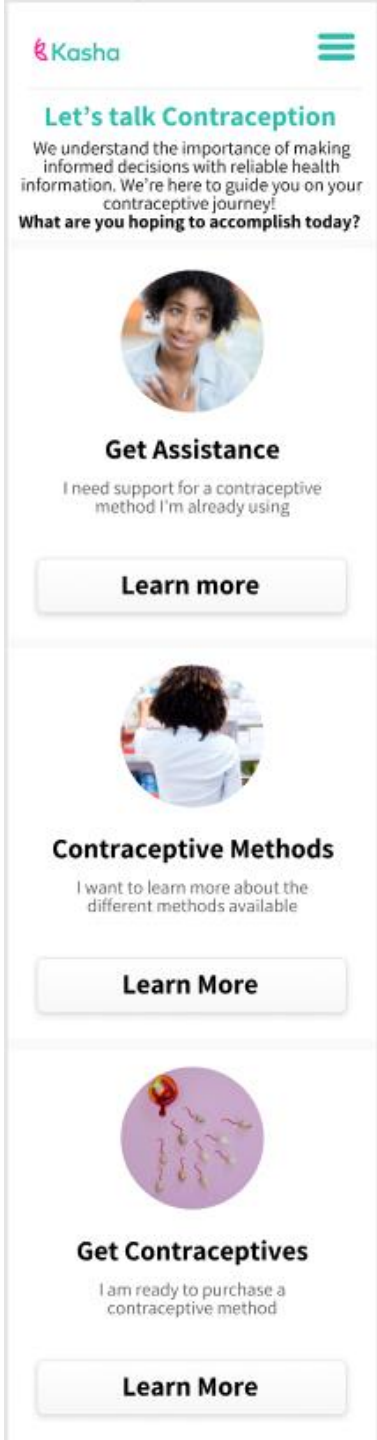
- Upgraded Kasha platform to add DMPA-SC and information.
- Expanded features of the contraceptive selection tool to DMPA-SC information.
- Distributed +5000 MOH-approved IEC materials to trained providers, SRH orders, offline health education sessions and ARBEF clinics.
- Reached +80,000 people on live Instagram and posts
- Trained +140 Kasha agents to support mass-market awareness and demand generation
- Sensitization on the USSD platform→ *308*5# directs users to Kasha nurse→ referred for provider administered method in Kenya.
- Distribution of needles to clients & clinics for SI and developing needle disposal handouts in Rwanda

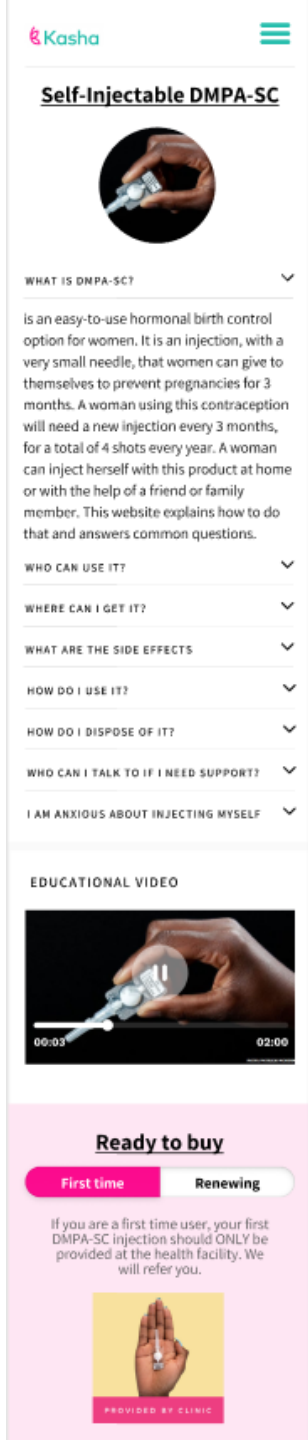
Learnings

- The conversion rate is higher during offline sessions translating to interaction with the Kasha platform and purchase of products.

Kasha

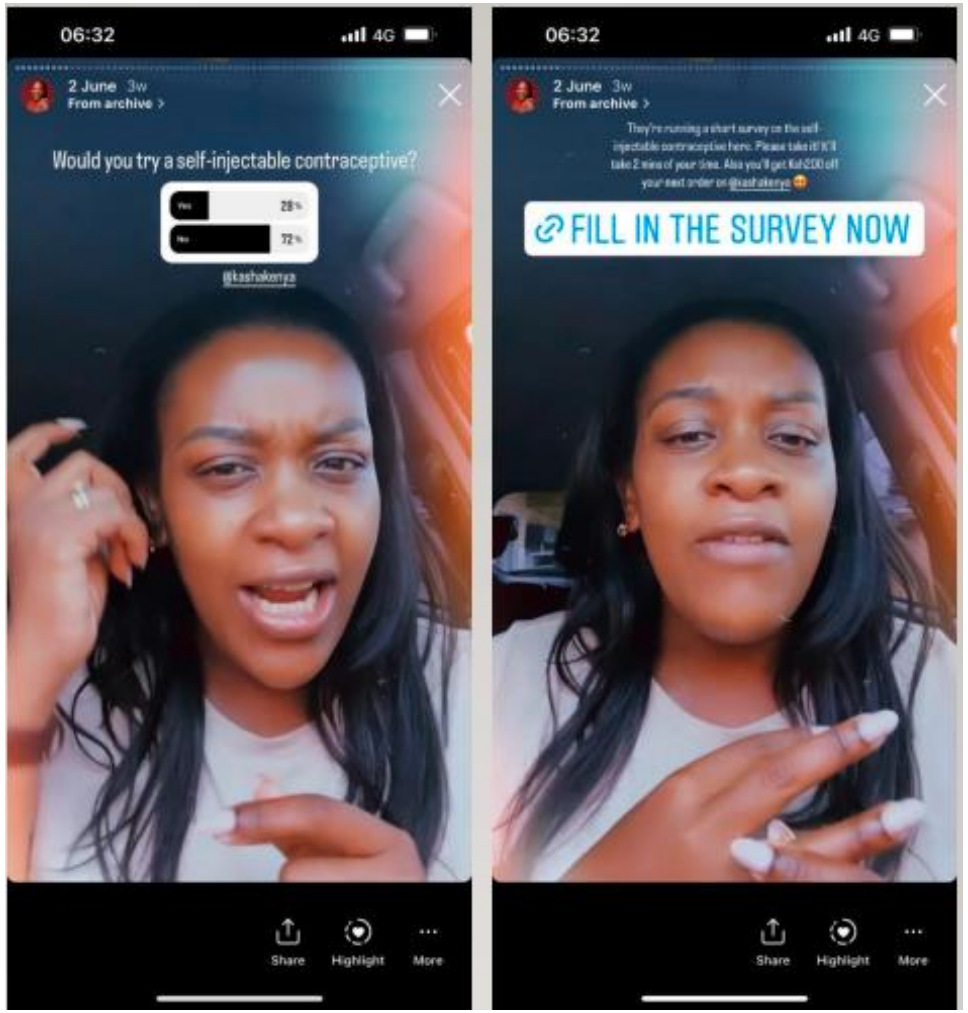
Contraceptive User Experience: What we're building?





Kasha

Survey results to gather data on contraception and DMPA-SC awareness (Kenya)



Engaged Murugi Munyi an influencer with passion on SRH

- Started running a survey on the Kasha platform and through mass-market agents to understand the knowledge of the customers on DMPA-SC
- 557 Individuals took a structured survey(SS); 10000+ Individuals participated in Instagram Stories Poll
- 93% of the respondents were not aware of a SI option method
- 77.6% of the respondents want to know more about the effectiveness
- 28% of Instagram posts are not comfortable to self inject
- 94.2% were more interested to get more information on DMPA-SC
- Most of the respondents prefer to get family planning methods from pharmacies.
- Most of the clients (68%) prefer to get information on FP through online platforms such as social media, WhatsApp, contraceptive app and 32% through an offline platform such as physical - training/counseling sessions and brochures

Kasha

Kasha
CARE FOR YOU

FAMILY PLANNING IS SELF CARE TOO!!

Kasha can support you in choosing the best FAMILY PLANNING for you

FOR ORDERS VISIT **KASHA.CO.KE** OR
DIAL ***308#** AND FOR CONSULTATIONS DIAL ***308*5#**

Monica Mutesa

Zambia Country Coordinator, DMPA-SC Access Collaborative, PATH

Background

Purpose:

The project aimed to build quality assurance and evaluation activities into the initial private pharmacy introduction to inform advocacy for future scale up.

Approach:

PATH worked with the MOH to:

1) Collect and analyze data on service delivery, client feedback on accessing DMPA-SC through pharmacies, and pharmacist feedback on supply and reporting;

2) Develop recommendations for improving service provision in the private sector; and

3) Use lessons learned to advocate for needed changes in approach to scale-up nationally.

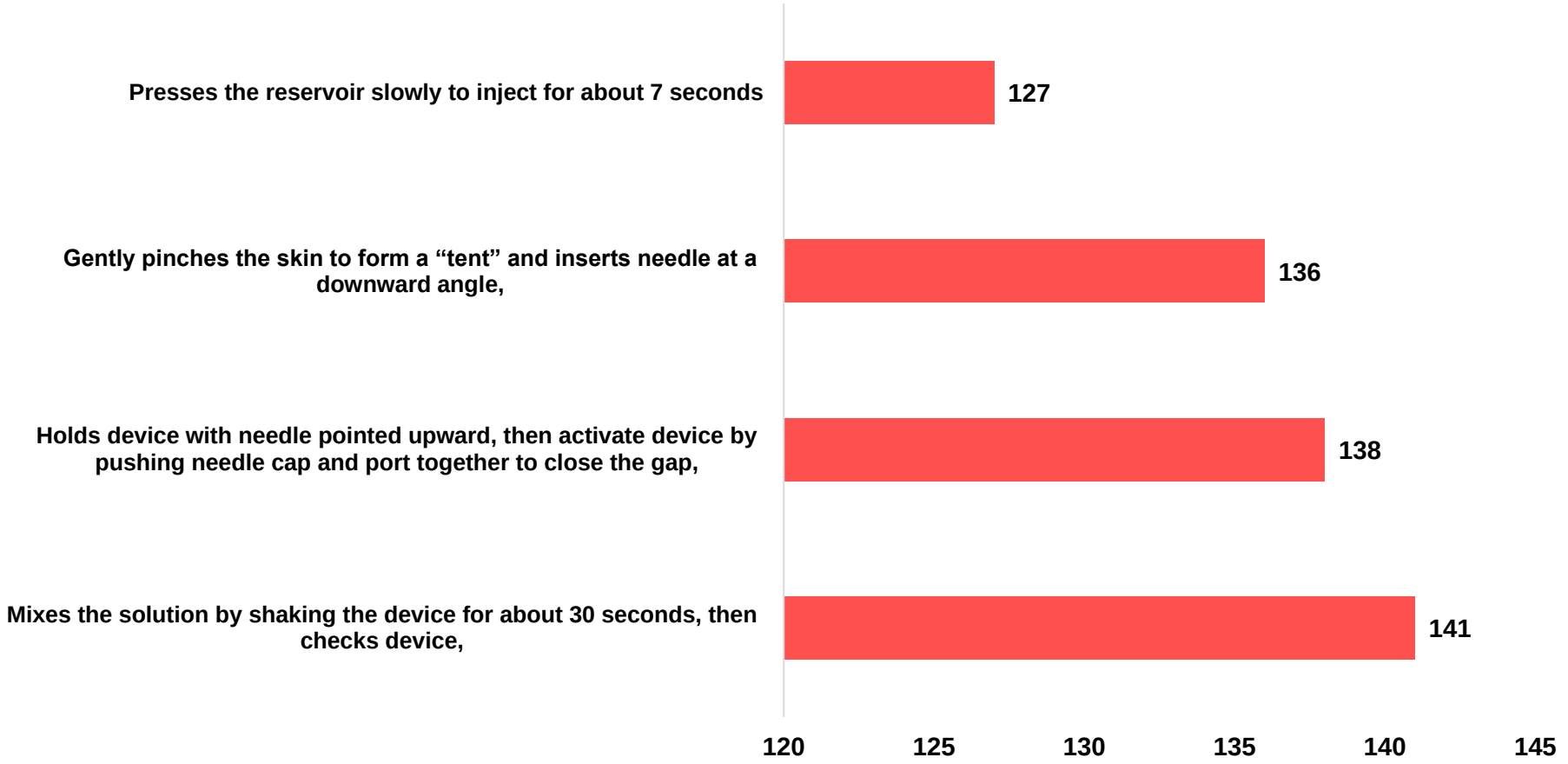
Project Approach and Collaboration with Partners

The Subcommittee of the FPTWG developed a roadmap for the progressive roll out of DMPA-SC self-injection in the private sector to four Provinces (Central, Southern Lusaka and Copperbelt).

PATH, ZAMHEALTH, PPAZ, and the Pharmaceutical Society of Zambia partnered to **train 136 pharmacies and 156 pharmacists** to provide DMPA-SC and to train women to self-inject.

Through the COF, PATH supported **two supervision and mentoring visits to 136 pharmacies**.

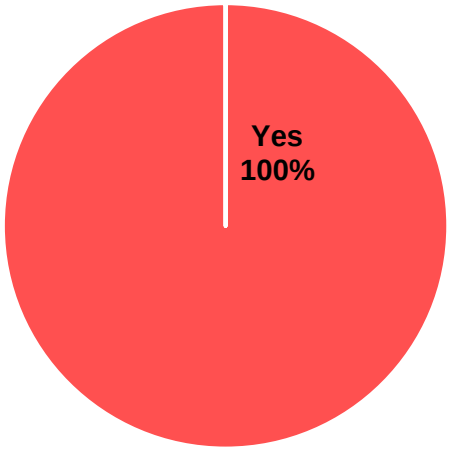
Number of Pharmacists who mentioned the 4 Critical Steps



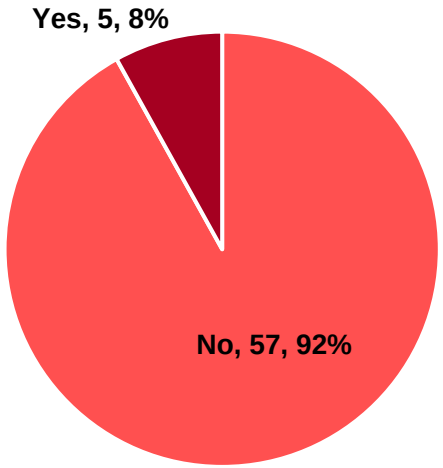
Summary of assessment findings

62 clients gave feedback on the services provided:

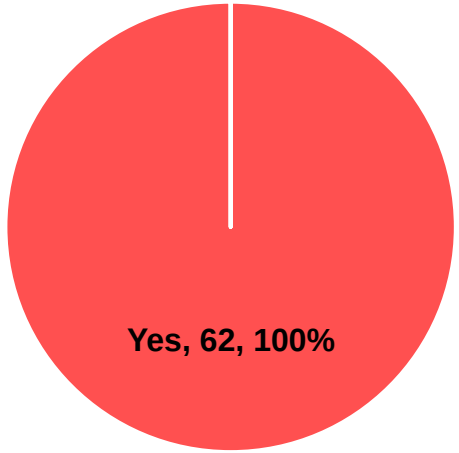
Client's service provision Satisfaction



Client faced problems accessing FP



Service provided in private manner



Key Challenges and Lessons Learnt

Challenge: Initiating first time FP users at the nearest public health facility for tests

Recommendation

Policy change to allow private pharmacies to initiate first time users

Challenge: Sustainable supply chain model for the public sector and supply chain bottlenecks

Recommendation

a) PPAZ and partners to discuss way forward and to agree on future model.

b) Inclusion of private sector at all levels i.e., national, provincial, and district level planning meetings and the FPTWG

c) Explore the UNFPA /private sector supply chain model

d) MOH informing Provincial and District Health Directors on moving products from public facilities to private pharmacies

Challenge: Mono supply source for private sector

Recommendation

Government to engage Local and Regional stakeholders to explore possibilities of generic drugs

Key Challenges and Lessons Learnt (cont.)

Challenge : Demand Generation

Recommendation

a) Improving awareness & branding of family planning

b) Demand creation and mobilization to use already existing platforms such as antenatal, malaria Day and World AIDs Day, etc.

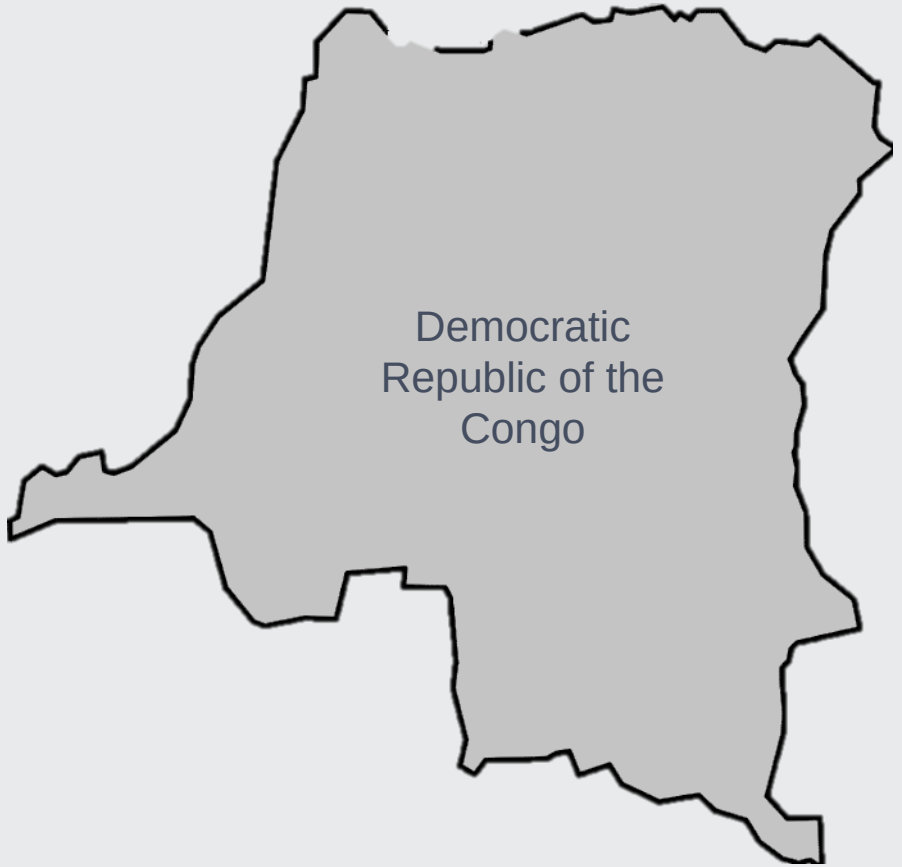
c) Collaboration with Public Health Facilities in the vicinity to inform patients that FP injectables are available in the pharmacy

Key achievements

- The progressive roll out of DMPA-SC provision through private pharmacies.
- Ministry and partners have undertaken to continue scale-up.
- Private pharmacies can upload data directly into the HMIS.
- The Pharmacists who move carry the skill and it will be used wherever the pharmacist works.

Dr. Julie Hernandez

Associate professor, Tulane University School of Public Health, and Tropical Medicine



TRAIN THEM AND THEY WILL COME?

STRENGTHENING DRUGSTORES' CAPACITY TO SUPPORT DMPA-SC USERS IN KINSHASA, DRC

CONFRONTING RESULTS FROM A MYSTERY CLIENT AND A COHORT STUDY

Julie Hernández, PhD – Associate Professor
Tesky Koba, MD, MPH – Study Country Director
Katherine H. LaNasa, MPH – Doctoral Candidate

Tulane
SCHOOL OF PUBLIC HEALTH
AND TROPICAL MEDICINE

FP TRENDS AND DMPA-SC USE IN DR CONGO

- Introduction of DMPA-SC in 2017 – Expansion of the method mix available at the community level

- **Packard research – High discontinuation rate (and resumption)after initiating at community-based campaign**
  - **68.0% of SI clients ever discontinued in the 6 months following initiation**
  - **25.9% of clients had discontinued at 3 months but resumed at 6, with the evidence pointing towards resupply issues**

Hyp (1) → If women are provided with accessible and knowledgeable opportunities to resupply, continuation rate will improve

Hyp (2) → Pharmacies and drugstores (P&DS) are an underused resource in the FP provider landscape in Kinshasa, despite being a favorite service delivery point (esp. for young women)

THE CHAOTIC LANDSCAPE OF PHARMACIES AND DRUGSTORES IN KINSHASA

- Extremely limited investments of national reproductive health programs in the private sector in DRC
- About 400 “registered” pharmacies
- The rest of the estimated 5,000+ outlets operating in Kinshasa are considered “informal” (No “chemist” status)
- A few FP partners do social marketing with these drugstores (DKT International)
- But otherwise, they’re largely dismissed
- Assumption of poor service, high turnaround, no control of prices and quality of counseling

- First “mystery client” study conducted in 2017 in 800+ drugstores, with young women posing as emergency contraception clients
- Results on EC availability and quality of service provided evidence to support greater integration of these outlets in FP programming.

Hernandez, J. H., Akilimalib, P., & Mbadu, M. F. (2020). Provision of Emergency Contraceptive Pills in Kinshasa's Informal Drug Shops: Results from a Mystery Client Study. *International perspectives on sexual and reproductive health*, 46, 89-97.

- Not much progress / programmatic gains since then

CLINTON HEALTH ACCESS INITIATIVE

The Catalytic Opportunity Fund for Scale-Up of DMPA-SC: Learning from high-impact, short-term funding opportunities

- **Objective #1:** establish **evidence supporting the feasibility and acceptability of using drug shop operators (P&DS)** as a safe, reliable and effective delivery channel for DMPA-SC clients (injection recipients and self-injectors)
- **Objective #2:** Contribute to **advocacy efforts** led in DRC by Pathfinder to obtain new guidelines for the MoH authorizing DMPA-SC administration and support for self-injection at P&DS

Our goal was to normalize the use of P&DS in FP programs and to encourage additional investments in these providers in order to stimulate a total market approach.

RESEARCH DESIGN

Community event

Initiation + Counseling on resupply

DMPA-SC Clients
(Self-)injection
Baseline Survey

Communit
y sources

Health
Facilities

Drugstores
/
Pharmacie

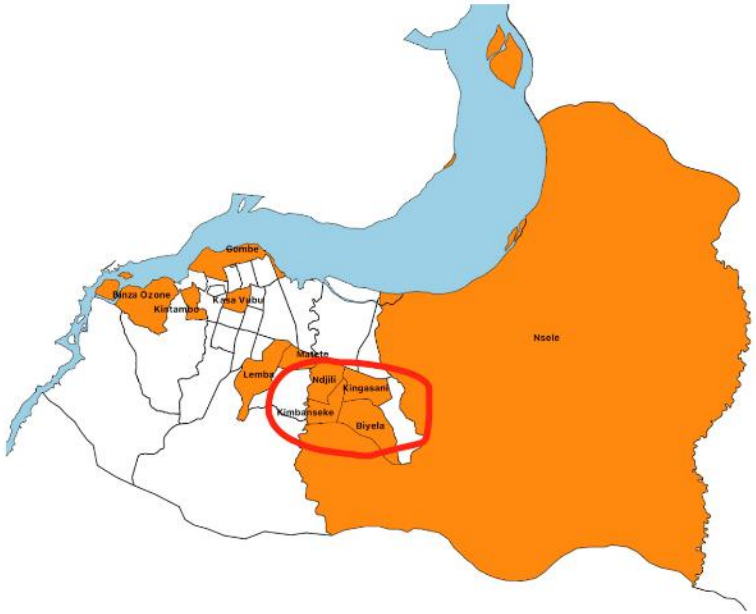
Interview P&DS Operators

DMPA-SC Clients
(Self-)injection
3-month follow-up survey

Mystery Client Study
(Self-injection only)

RECRUITMENT, TRAINING OF P&DS OPERATORS MYSTERY CLIENT STUDY

- 35 drugstores in 4 contiguous Health Zones
- 4 days training let by PNSA, Dir. Pharmacy, and local organization ASD
- 254 visits completed in February 2022 (≃7.3 visits par drugstore)
- Each visit lasted 10 to 30 minutes.



- *Scenario: Experienced self-injector of DMPA-SC (married or not, variation in age)*
  - *Seeking to resupply / Attempting to buy multiple doses*
  - *Seeking counseling on side-effects she's been experiencing*
  - *Wanting to dispose of her used dose.*

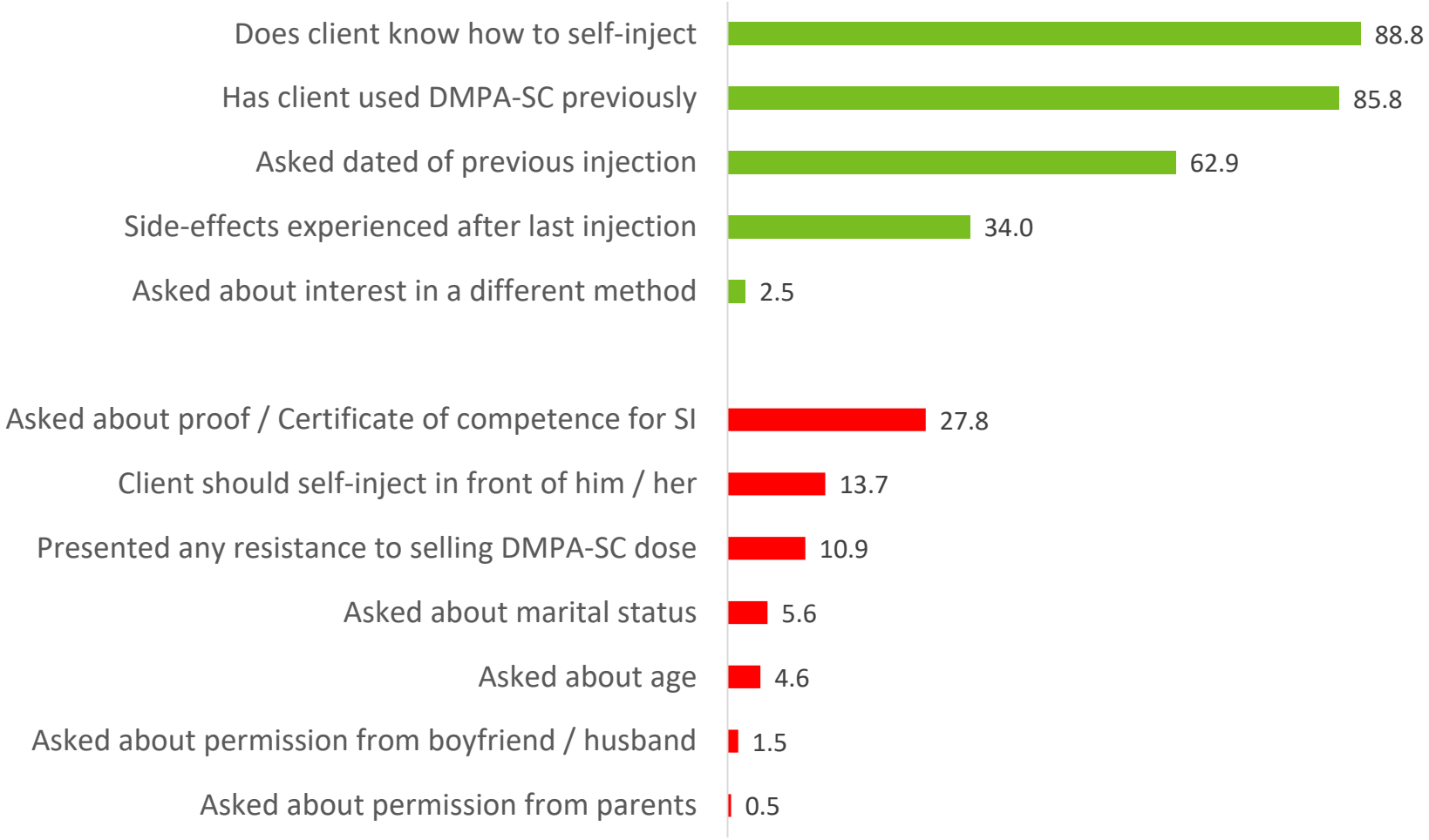
Outcomes of interest
Dose resupply
Counseling on side-effects
Waste management
Providers attitudes

MC KEY RESULTS

- 32 out of 35 P&DS still open after 3 months
- MC 7 to 8 visits at each outlets = 254 completed visits.
- **248 visits (97.6%) resulted in the client being able to obtain at least one additional dose of DMPA-SC for self-injection.**

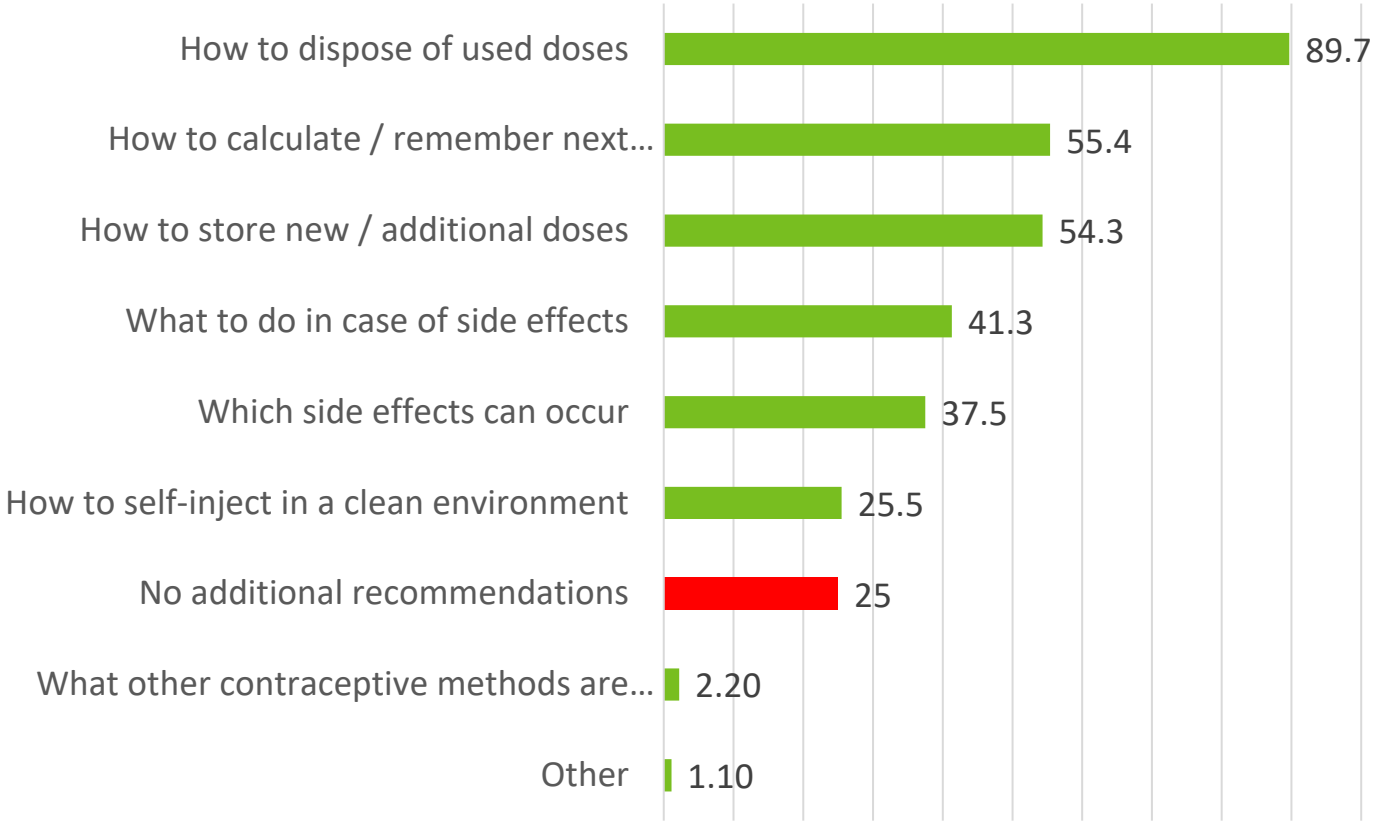
CLIENT – PROVIDER INTERACTION

Did the provider ask you about...



COUNSELING PROVIDED

Did the provider give you additional recommendations on…

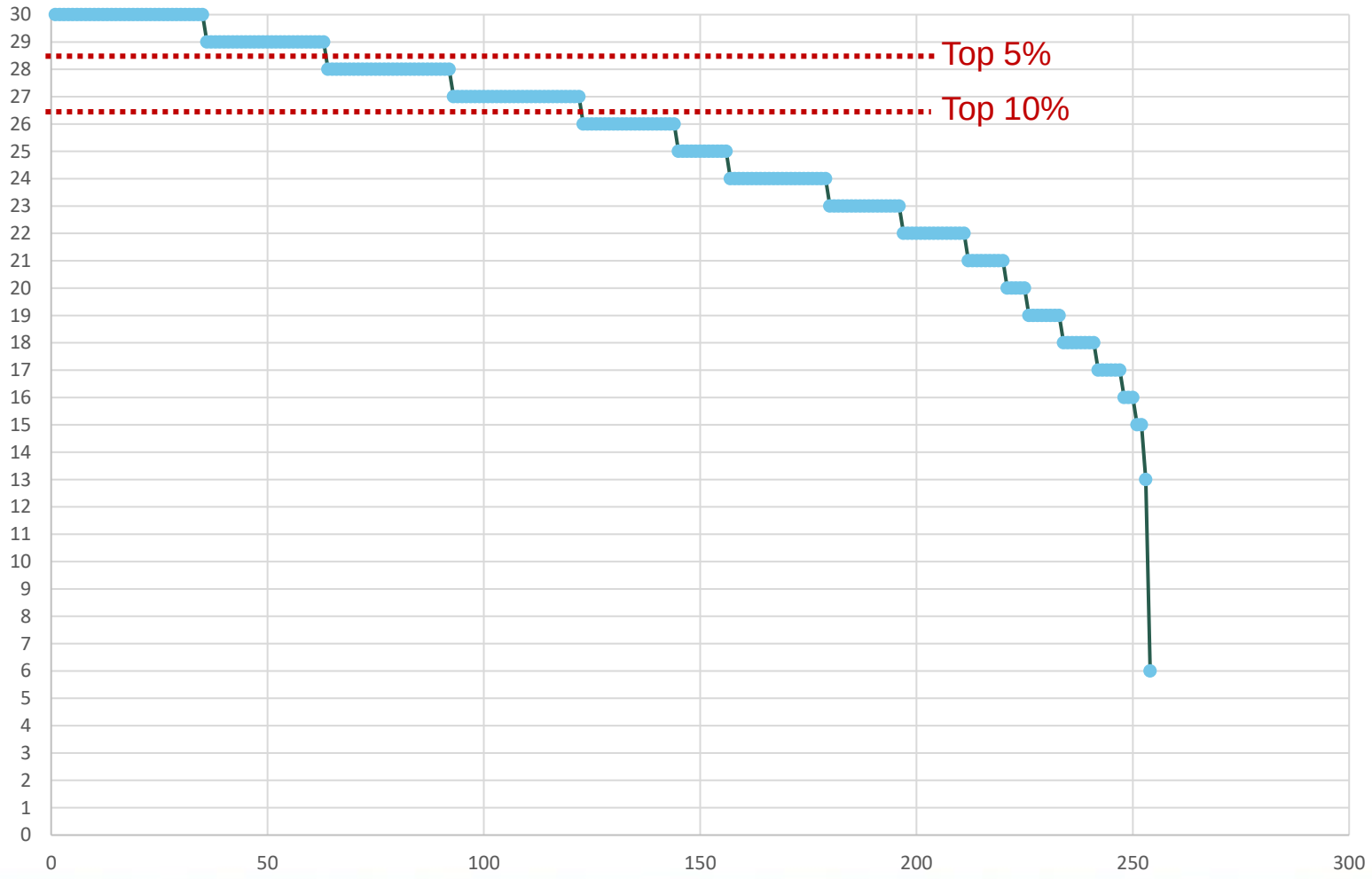


PROVIDER'S ATTITUDE

Scoring system out of 30 points measuring attitudes and behaviors during visits

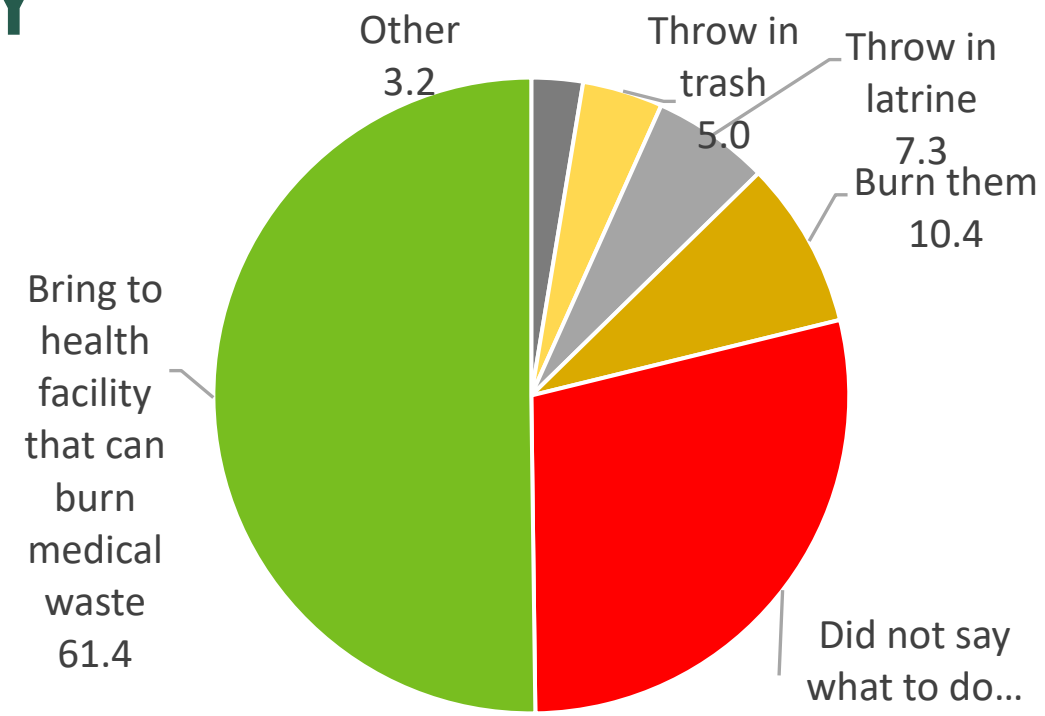
(Mix of objective and subjective assessments from MC)

- **24.8% of visits scored in top 5%**
- **48.0% scored in top 10%**
- **11.4% scored below 20 points**



EVIDENCE TO ADVOCACY

- Additional analysis indicate **clustering of poor scores around providers who refused to sell doses** (otherwise drug stores performed similarly)
- (Results similar to EC study) → **Overall positive performance but some concerns about bottom 10% of outlets**
- Waste management remains problematic → Overall health system issues
- Limitations: small sample, recently trained providers



ADVOCACY WIN!

- Research results presented (multiple times) to key stakeholders
- Resulted in one policy change (“*Note circulaire”*) and two technical documents (*Guideline for DMPA-SC provision*)
- Pharmacies included among community providers (in line with National Strategic Plan for FP)
- Dr. Rachel will tell you more!

Implanon NXT et DMPA-SC).

A cet effet, par la présente, j'autorise l'intégration des prestations communautaires de services de Planification Familiale, y compris le DMPA-SC et l'auto-injection dans les officines pharmaceutiques en phase Pilote, dans le respect des normes et directives du pays.

Je vous invite au strict respect de cette note.

Fait à Kinshasa, le 17 JUIN 2022

Pour le Secrétaire General ai en mission,

Dr MWAMBA KAZADI Dieudonné
Directeur Général de la DGLM

santé

Manuel d'opérationnalisation de la prestation des services de la Planification Familiale dans les officines pharmaceutiques

EN REPUBLIQUE DEMOCRATIQUE DU CONGO

AND YET… KEY RESULTS FROM THE COHORT STUDY

- 234 out of 260 SI recruited at baseline followed up 3 months later
- 61.4% had indicated that they would resupply at pharmacy (for convenience)
- **Only 31.2% (N = 73) resupplied and continued using DMPA-SC at 3 months.**
  - 75.4% resupplied at pharmacies (average cost XOF 1,985)
  - Vast majority reports positive interactions with P&DS operator
  - 17.8% resupplied at health facilities (average cost XOF 1,230)
  - 4 women resupplied with a CBD (average cost XOF 500)

- **Out of the 68.8% (N = 161) who discontinued SI after initiating at a community event**
  - Too expensive (19.9%)
  - “Waiting for the next campaign” = code for ”waiting for it to be free” (17.4%)
  - Did not have time (13.7%)
  - Waiting for their periods (11.2%), Concerns for health (9.3%)

NB: Women who had used injectables before (and women who had more children) were significantly more likely to resupply.

CONCLUSIONS

- While our study demonstrated that **P&DS can safely and effectively be integrated among FP providers** supporting DMPA-SC users in DRC…
- (And the twin Tulane / Pathfinder COF led to **strong policy changes**!)
- Additional work remains **to scale-up pilot efforts** and **engage with DMPA-SC users** in the community, particularly around **costing issues…**
- In order to fully realize the **potentialities of this underused section of the FP market** in DR Congo.

TO BE CONTINUED!
MERCI!

Dr. Rachel Yodi Ashema

DMPA-SC Project Manager,
Pathfinder, DRC

PATHFINDER

Plaidoyer pour l'intégration de l'offre des services de Planification Familiale _y compris l'administration de DMPA-SC et l'auto-injection dans les pharmacies en République Démocratique du Congo

Dr Rachel Yodi Ashema

07 juillet 2022

Bref aperçu du Projet

PATHFINDER

- **Source de financement :** Fonds d'Opportunité Catalytique, administré par CHAI.

- **Type de projet :** Projet de plaidoyer sur la Règlementation du DMPA-SC.

- **But :** Eliminer les obstacles politiques à l'offre de services de PF dans les pharmacies, y compris l'administration et l'initiation de l'auto-injection du DMPA-SC, en RDC.
  - → Aboutir à la signature d'une Note Circulaire autorisant formellement ce changement ainsi que l'élaboration des directives et d'outils validés par les principales parties prenantes pour son opérationnalisation.

- **Budget :** USD $150,000.

- **Période :** 01 janvier – 30 juin 2022.

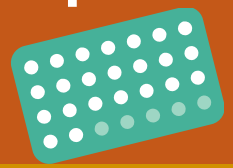
Contexte

- **Taux de fécondité élevé (6,2), faible taux de prévalence des contraceptifs modernes (17,6%) et besoin de contraception non satisfait élevé (28,7%).**

- **Les pharmacies constituent la source préférée d'approvisionnement en contraceptifs (45% d'utilisatrices).**

- **Points de prestation des services de planification familiale reconnus : Formations sanitaires, Services à base communautaire, Marketing social.**

- **Les pharmacies vendent les contraceptifs ; elles ne sont pas autorisées à administrer des méthodes contraceptives.**



INTERVENTIONS CLES

1/3

1 Prise de contact et information sur le projet avec les différentes parties prenantes (DGOGSS, DPM, DSFGS,PNSR, PNSA, PNLP, CNOP, TULANE et DKT).

Identification des influenceurs en vue d'engager des représentants de groupes sociaux et professionnels qui ont la capacité d'influencer la prise de décision sur le sujet

INTERVENTIONS CLES
2/3

PATHFINDER

2 **Six réunions avec les influenceurs**

=> Consensus sur la voie de plaidoyer à suivre et sur les considérations techniques nécessaires pour le changement de politique proposé (y compris les outils nécessaires pour son opérationnalisation).

3 **Douze séances de plaidoyer** (trousse de plaidoyer) avec des personnes influentes et des décideurs (Ministère de la santé, Partenaires).

=> Mobilisation d'un soutien politique et meilleure compréhension des effets possibles de la note circulaire proposée sur la prestation de services de PF.

INTERVENTIONS CLES

3/3

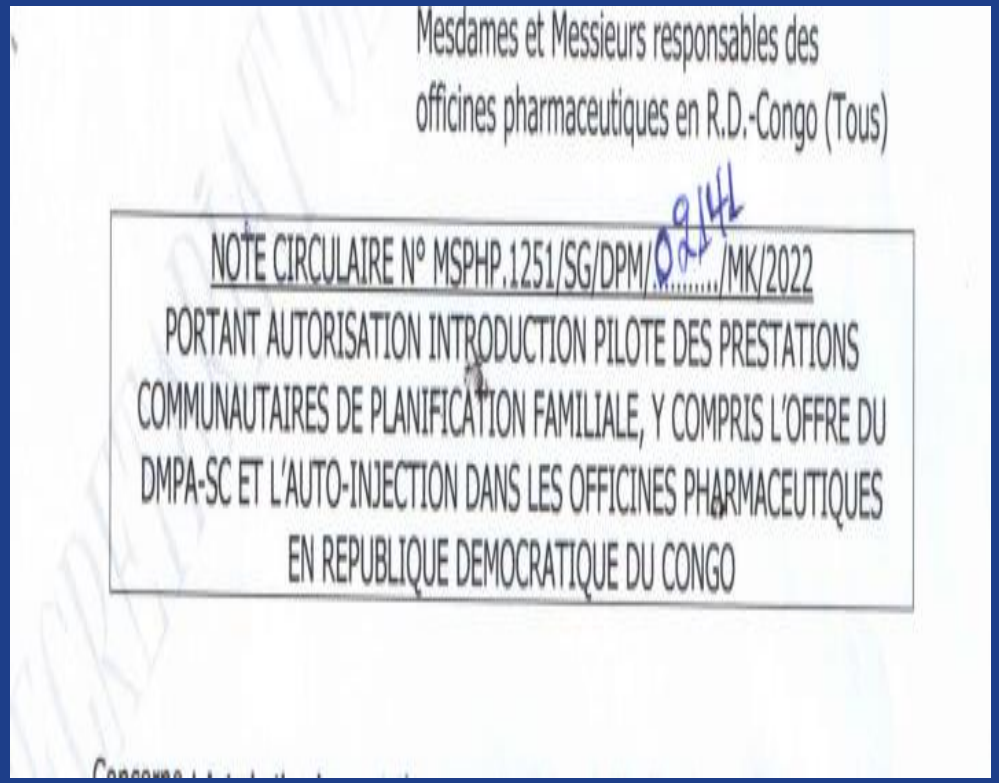
4 **Un groupe de travail technique mis en place (5 experts + 2 consultants)** chargés de concevoir et de proposer les drafts des documents et outils connexes pour l'opérationnalisation de l'intégration des services de PF dans les pharmacies, + atelier de consensus.

5 **Un atelier pour l'adoption du Manuel, des directives et des outils.**

6 **Consolidation et validation technique** des documents par la Plateforme SRMNEA-Nut.

7 **Signature d'une Note Circulaire** autorisant formellement ce changement.

8



Mesdames et Messieurs responsables des officines pharmaceutiques en R.D.-Congo (Tous)

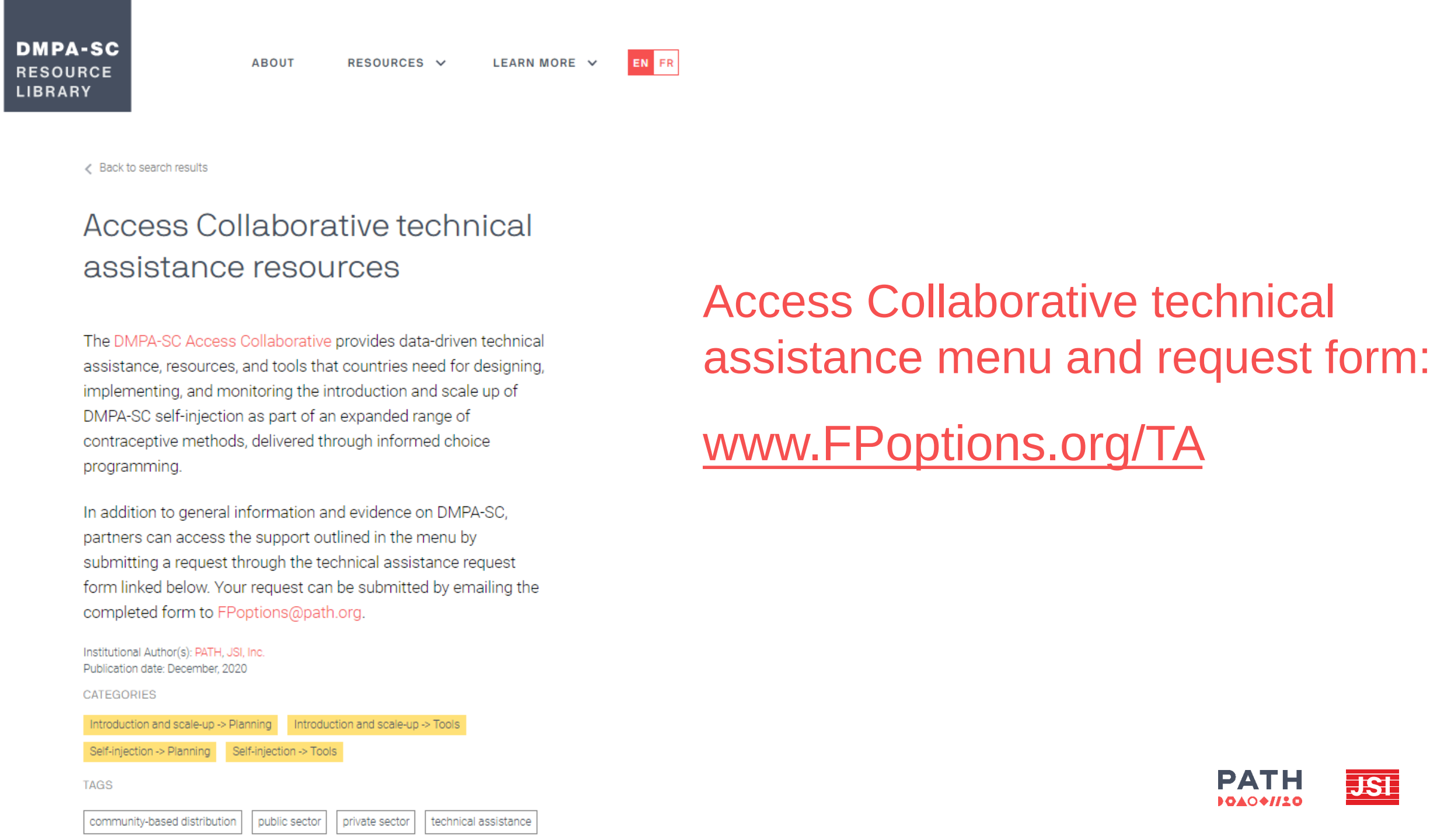
NOTE CIRCULAIRE N° MSPHP.1251/SG/DPM/0214/MK/2022

PORTANT AUTORISATION INTRODUCTION PILOTE DES PRESTATIONS COMMUNAUTAIRES DE PLANIFICATION FAMILIALE, Y COMPRIS L'OFFRE DU DMPA-SC ET L'AUTO-INJECTION DANS LES OFFICINES PHARMACEUTIQUES EN REPUBLIQUE DEMOCRATIQUE DU CONGO

Merci !

Audience Q&A

DMPA-SC Access Collaborative Technical Assistance Resources



Access Collaborative technical assistance menu and request form:

www.FPoptions.org/TA

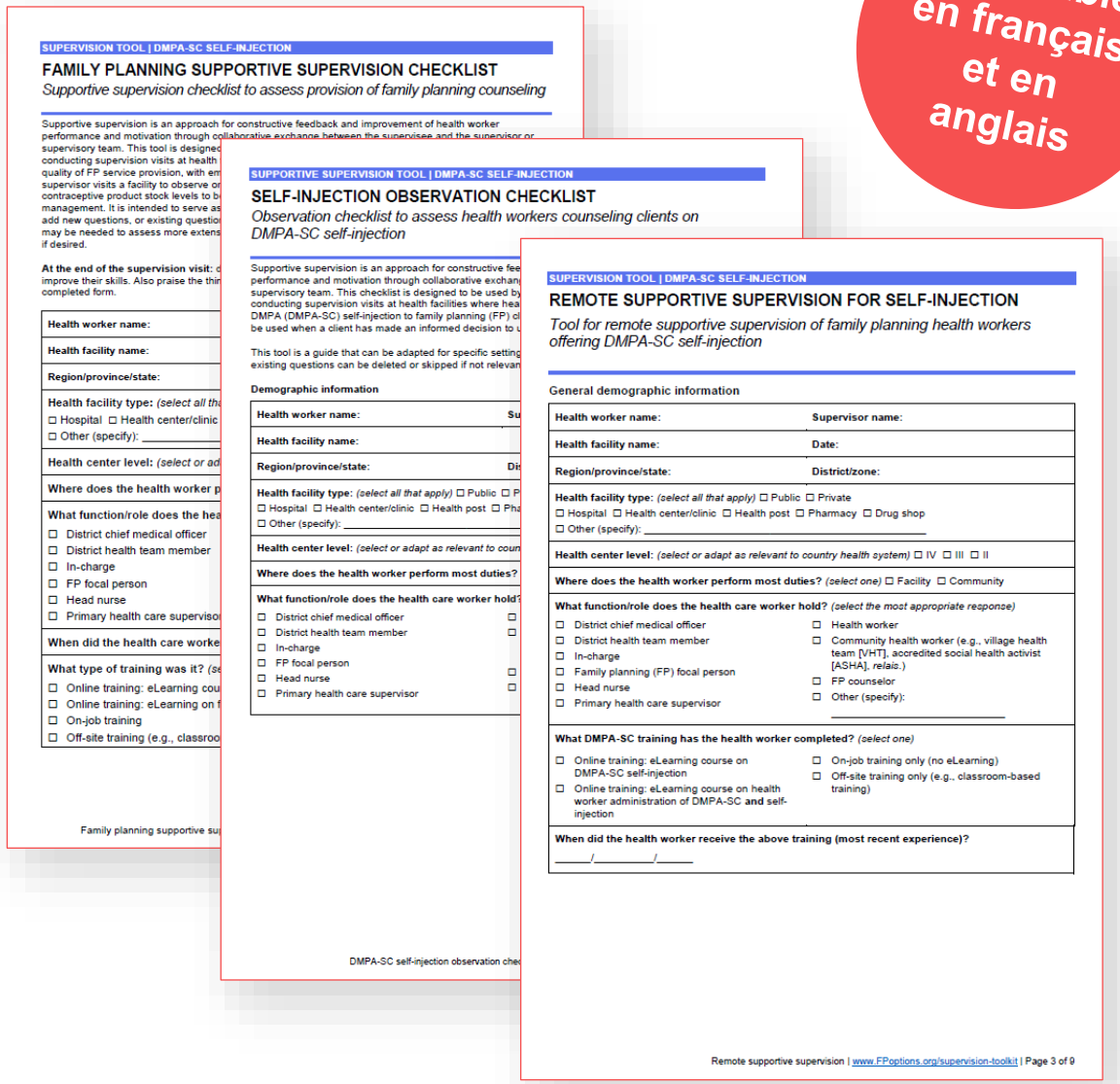
PATH JSI

Supportive supervision toolkit

- **Supportive supervision checklist to assess FP counseling**
- **Self-injection observation checklist**
- **Remote supervision tool**
- **Guidance for using supportive supervision tools**

Available at:
www.FPoptions.org/supervision-toolkit

For more information: FPoptions@path.org



Disponible en français et en anglais

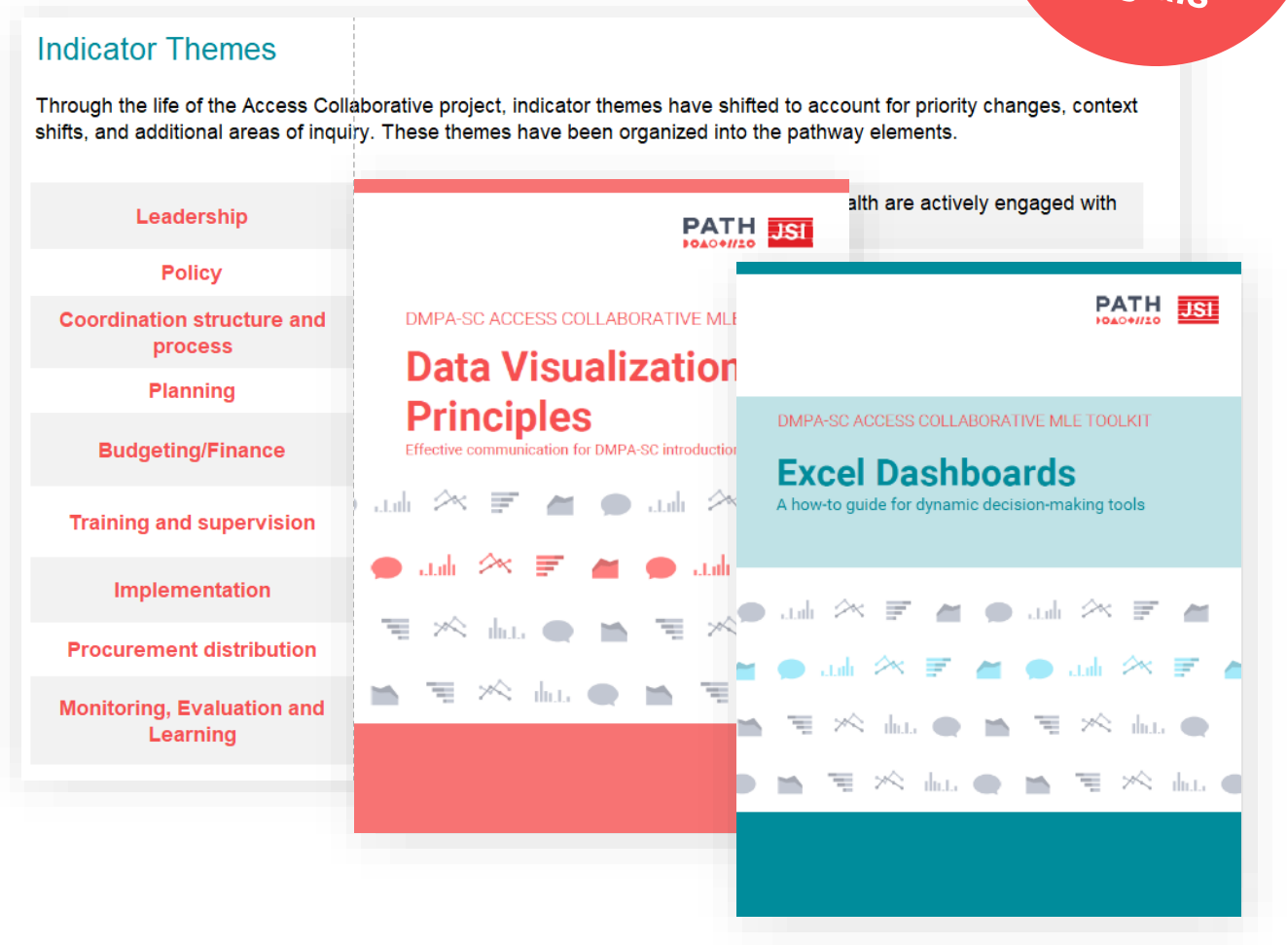
Toolkit for DMPA-SC monitoring, learning, & evaluation

Disponible en français et en anglais

- **Data use and indicators guide**
- **Data visualization principles guide**
- **Excel dashboard how-to guide**

Available at:
www.FPoptions.org/mle-toolkit

For more information:
FPoptions@path.org



Catalytic Opportunity Fund (COF) – DMPA SC Funding streams

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.

Funding Stream	DMPA-SC Scale-up	DMPA-SC Regulatory Advocacy
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	• 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 $250 K	• 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	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	Countries that have made significant progress on SI including: Burkina Faso, Cote D'Ivoire, DRC, Ghana, Kenya, Madagascar, Malawi, Mali, Nigeria, Senegal, Uganda, Zambia
Donor	BILL & MELINDA GATES foundation	CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

CLINTON HEALTH ACCESS INITIATIVE

Fond d’opportunité catalytique (FOC) – Mécanismes de financement pour DMPA SC

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'echelle du DMPA SC	Fond pour le plaidoyer pour le DMPA SC
Cadre	• 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	• 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 • Etudes pilotes pour de nouveaux modèles de distribution du DMPA SC pour débloquer un canal de distribution
Parametres de financement	• Durée du projet max. 6 mois • Budget maximum de projet 250K USD	• Durée du projet max. 6 mois • Budget maximum du projet max. 150 K USD pour les opportunités de plaidoyer et de 250 K USD pour les études pilotes de modèles de distribution
Pays eligibles	Afghanistan, Bangladesh, Bénin, Burkina Faso, Burundi, Cameroun, Côte d'Ivoire, République démocratique du Congo, Égypte, Éthiopie, Ghana, Guinée, Kenya, Haïti, Libéria, Madagascar, Malawi, Mali, Mauritanie, Mozambique, Myanmar, Népal, Niger, Nigéria, Pakistan, Rwanda, Sénégal, Sierra Leone, Soudan du Sud, Togo, Ouganda, Zambie, Zimbabwe Les pays doivent démontrer qu'ils ont ou auront un stock suffisant pour soutenir leurs propositions	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
Donaterus	BILL & MELINDA GATES foundation	CIFF CHILDREN’S INVESTMENT FUND FOUNDATION CLINTON HEALTH ACCESS INITIATIVE

Thank you for joining us!

For more information or support, please contact FPoptions@path.org