



Democratic Republic of the Congo's journey to DMPA-SC and self-injection scale-up

The Democratic Republic of the Congo's (DRC's) vast geography, rapid population growth, and decentralized health system create a sense of urgency—and unique challenges—for expanding family planning services. To help the country meet its ambitious family planning goals, the Ministry of Health (MOH) has implemented creative approaches to introducing subcutaneous DMPA (DMPA-SC) and self-injection. These innovations have accelerated uptake and offer valuable insight for other countries working to expand access in rural communities.

Pilot testing of various DMPA-SC delivery approaches began in 2015. One pilot led by Tulane University yielded positive results on provider administration of DMPA-SC through campaign days, house visits, and distribution at community sites. Another Tulane University pilot in 2016 leveraged medical and nursing students to train women on self-injection in the community. The evidence generated through these pilots led to MOH endorsement of using students as community-level distributors.

In 2018, building from these experiences, the DRC began to develop its *National Plan for Scale Up of DMPA-SC* (see DRC DMPA-SC and self-injection scale-up timeline on page 5). The plan set ambitious goals to achieve by the end of 2020, including:

- Integrate DMPA-SC into family planning services at health facilities in 350 health zones. (The DRC has 519 health zones, of which 493 offer family planning services.)
- Incorporate DMPA-SC into community-based distribution in the same 350 health zones.
- Offer self-injection support at facilities in at least 100 health zones.

The scale-up plan was validated and submitted for signature in August 2018. Before official approval, however, the MOH decided that indicators for monitoring progress should be included. Over the next four months, the MOH and partners went above and beyond, developing a monitoring and evaluation strategy and indicators, determining the cost of the

plan, gathering partner commitments, and integrating DMPA-SC into the national training curriculum.

In December 2018, the scale-up plan was officially approved and launched. It endorsed provider-administered DMPA-SC through the public sector, private sector, and community-based distributors. The plan also set targets for health zone coverage and health worker training. Notably, the plan did not initially include self-injection—but through the advocacy of key champions, such as Tulane University and the Access Collaborative, self-injection was incorporated in 2020. Specifically, Tulane University supported development of an operational study plan to inform future self-injection guidance.

By July 2021, DMPA-SC was available in 33 percent of public health facilities in 512 of the country's 519 health zones, with more than 12,000 providers trained to administer DMPA-SC (24 percent of the plan's target), and scale-up of self-injection is well underway. The MOH recognized the value of self-care



Contraception in DRC at-a-glance

- mCPR for all women ages 15–49: 16%
- mCPR for married women ages 15–49: 14%
- Unmet need for family planning among married women ages 15–49: 29%*
- Injectable share of the modern method mix: 12%

FP2020 goals:

- Increase the mCPR for married women to 19%
- Reach an additional 2.1 million modern contraceptive users

mCPR: modern contraceptive prevalence rate

mCPR and modern users source: *FP2020 Annual Report: The Arc of Progress 2019-2020*; unmet need and method mix source: *2018 Multiple Indicator Cluster Survey (MICS)*

*2018 MICS does not provide information on unmet need for family planning among all women ages 15–49

interventions such as self-injection in the face of the COVID-19 pandemic and accelerated scale-up while formal authorization for self-injection was still in process (see “DRC’s self-injection journey”). As of July 2021, more than 7,400 providers had been trained in self-injection (21 percent of the plan’s target), with cascade training conducted in 13 of the country’s 26 provinces (see Innovation Spotlight).

Overcoming challenges on the road to scale-up

Despite all the progress, the DRC has faced a number of challenges in scaling up DMPA-SC. As in many countries, turnover in key MOH positions required advocates to maintain consistent engagement with leadership to build awareness and sustain momentum for scale-up. From 2019 to 2021, there were also many pressing health issues and competing priorities, including Ebola and COVID-19, which caused delays and the need for close coordination among partners.

Any introduction and scale-up process requires buy-in of key decision-makers, ultimately resulting in government ownership. Although there was support for DMPA-SC prior to 2015, it took a few years for the shift from pilot projects to full government buy-in to occur. As the Access Collaborative and MOH worked together, a sense of MOH ownership emerged, along with a shared commitment by the MOH and partners to a vision of expanded access. A key element of the Access Collaborative’s approach was to provide opportunities for MOH leadership to see and learn about DMPA-SC programming in other countries. MOH staff attended two [Evidence to Practice meetings](#) in Kenya and Senegal. These were multi-country convenings where participants shared emerging evidence and scale-up experiences and developed country action plans. The MOH also participated in a self-injection study tour to Burkina Faso, which built enthusiasm for scale-up, empowered MOH leaders to become champions, and demonstrated the importance of government ownership.

“We were moved by this rich Burkinabè experience, given that it allowed us to understand the supply channels of DMPA-SC, the delegation of tasks to [community health workers] and community leaders in family planning, the leadership of the government which promotes the acceptance and ownership of all innovative strategies....the lessons learned during our visits and exchanges will allow us to adapt them to the context of our country in the near future.”

—Excerpt from the DRC National Family Planning Program, Ministry of Health report from the Burkina Faso study tour

Finally, many countries experience challenges in product introduction and scale-up because of overburdened health management information systems. These systems can create bottlenecks, with limited and poor-quality health data

hindering the ability of governments to gauge implementation progress, identify program gaps, and accurately forecast contraceptive supply needs. To overcome such barriers in the DRC, the Access Collaborative supported the MOH in regular procurement planning meetings as well as family planning data review meetings, and continues to seek ways to bolster MOH leadership in this area.

DRC’s self-injection journey

DRC’s self-injection journey began with Tulane University’s 2016 pilot that delivered self-injection at the community level through nursing and medical students. This built upon previous Tulane University pilots focused on DMPA-SC

Innovation spotlight



COVID-19 accelerates expansion of self-injection

In the DRC, restrictions posed by the COVID-19 pandemic have underscored the value of self-care and contraceptive self-injection. When stay-at-home orders threatened to limit women’s access to contraception through traditional channels, the Ministry of Health saw self-injection as an opportunity, and mandated that self-injection be offered through all health facilities. This included training community health workers nationwide to provide self-injection under an updated directive. This was a significant step forward, as self-injection had not yet been formally authorized.

To train providers in self-injection amid these unique restrictions, Pathfinder adapted and organized a series of cascade trainings in Kinshasa for small groups (fewer than ten people), adhering to social distancing and personal protective guidance. This was achieved with technical assistance from the Access Collaborative and through a Clinton Health Access Initiative Catalytic Opportunity Fund grant, which supports low-cost, short-term opportunities to accelerate DMPA-SC scale-up.

The 125 participants in these small-group trainings included national trainers, public and private health facility providers, community health workers (both medical and nonmedical), social marketing organization distributors, and Marie Stopes International’s MS Ladies (mobile providers). Pathfinder also supported implementing partners to institute distance learning (a combination of videoconference and online materials) for providers outside of Kinshasa. Provincial reproductive health coordinators from the Ministry of Health as well as local representatives of nongovernmental organization partners were trained in an initial wave and then called upon to lead a cascade of training to lower levels of the health system.

administration by nursing and medical students,¹ as well as a [Pathfinder International pilot](#) of DMPA-SC administration by nonmedical community health workers known as *relais communautaires*.²

Though these pilots yielded promising evidence, two additional activities were needed before the MOH could recommend widespread introduction of self-injection: completion of the Tulane University operational study and the study tour to Burkina Faso (see DRC DMPA-SC and self-injection scale-up timeline on page 5). Both activities—along with evidence shared at the Evidence to Practice meetings—formed aspects of the DRC’s self-injection program, and the MOH and partners developed guidelines for self-injection in early 2020. These guidelines explicitly state that self-injection can be offered in both public and private health facilities, as well as by community health workers.

Formal approval for self-injection came upon signature of a circulatory note in March 2021. But even before that, while the formal authorization was still pending, the MOH accelerated the launch of self-injection (see Innovation Spotlight) as a self-care approach to be prioritized during the COVID-19 pandemic.

Key lessons and factors for success

1. **Joint ownership of DMPA-SC scale-up by the MOH and family planning partners has been key to success and sustainability.** Visits to another country implementing self-injection during a study tour, for example, motivated MOH delegates to champion self-injection in the DRC. This commitment by the MOH was reflected in the National Family Planning Program’s assumption in 2019 of the convening and leadership role for the Multisectoral Family Planning Technical Committee, a role previously held by an implementing partner organization. The committee meets regularly to track implementation of family planning initiatives by partners and provides a forum for information sharing, troubleshooting, and amplifying success stories.
2. **Leveraging a well-placed partner to fill the coordination role can result in greater momentum for introduction and scale-up.** In the four years prior to transitioning to a light-touch technical support model in July 2021, in the DRC the Access Collaborative ensured a coordination role through a subagreement with Pathfinder, an organization with several active family planning projects in the DRC, making it well-placed to integrate DMPA-SC introduction into ongoing

Key policies for DMPA-SC and self-injection scale-up in DRC



- ✓ 2014: *National Multisectoral Family Planning Strategic Plan 2014–2020* signed.
- ✓ 2018: DMPA-SC included in the national Essential Medicines List, family planning training curricula, and technical and data reporting tools.
- ✓ 2018: *National Plan for Scale Up of DMPA-SC* adopted.
- ✓ 2020: National family planning policies updated to include specific directives for self-injection.
- ✓ 2020: National self-injection guidelines developed.
- ✓ 2021: Ministry of Health issues circular officially authorizing self-injection.

workstreams and activities. The Access Collaborative provided technical backstopping to Pathfinder and shared resources and lessons learned from other countries as well as information about the global context.

3. **Interest in self-injection is growing—and can be further amplified through broad communication and demand-generation efforts for family planning.** As self-injection expands, so can the number of women whose contraceptive needs are met. During the first trainings of health care providers on self-injection in early 2020, many providers reported that clients had already requested support for self-injection. Thus far, demand has been generated through community outreach efforts, mass and electronic media, and training of outreach workers and counselors in health centers. DMPA-SC has also been integrated into broader family planning materials and messages, which has increased interest in self-injection among stakeholders.

The way forward in DRC

Scale-up of DMPA-SC and self-injection will continue to move forward in the DRC, while pilots of innovative approaches—key sources of feasibility data and operational evidence—will also continue. Of particular interest is an upcoming evaluation led by Tulane University that will provide evidence on offering self-injection through pharmacies and drug shops, a channel that could reduce geographic barriers for women who want to access those services.

¹ Binanga A, Bertrand JT. Pilot research as advocacy: the case of Sayana Press in Kinshasa, Democratic Republic of the Congo. *Global Health: Science and Practice*. 2016;4(4):542–551. <http://dx.doi.org/10.9745/GHSP-D-16-00236>.

² Mwembo A, Emel R, Koba T, et al. Acceptability of the distribution of DMPA-SC by community health workers among acceptors in the rural province of Lualaba in the Democratic Republic of the Congo: a pilot study. *Contraception*. 2018;98(5):454–459. <https://doi.org/10.1016/j.contraception.2018.08.004>.

Additionally, the MOH will continue to improve data and reporting capacity nationwide, including strengthening the quality of data in the country's health and logistics management information systems. These efforts will improve the MOH's visibility into accurate consumption information and last-mile stock availability, enabling better commodity forecasting and quantification. Continued advocacy for self-

injection and self-care will be important for an enabling policy environment and ongoing uptake. Although women have practiced self-care for millennia, recognizing the full potential of self-care requires re-centering health systems around clients and supporting women to manage their own health and well-being. By embracing DMPA-SC and self-injection, the DRC has taken a bold step toward this goal.

About the DMPA-SC Access Collaborative

The PATH-JSI DMPA-SC Access Collaborative provides data-driven technical assistance, coordination, resources, and tools to ensure that women have increased access to DMPA-SC self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming.

About PATH

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world's most pressing health challenges. Learn more at www.path.org.

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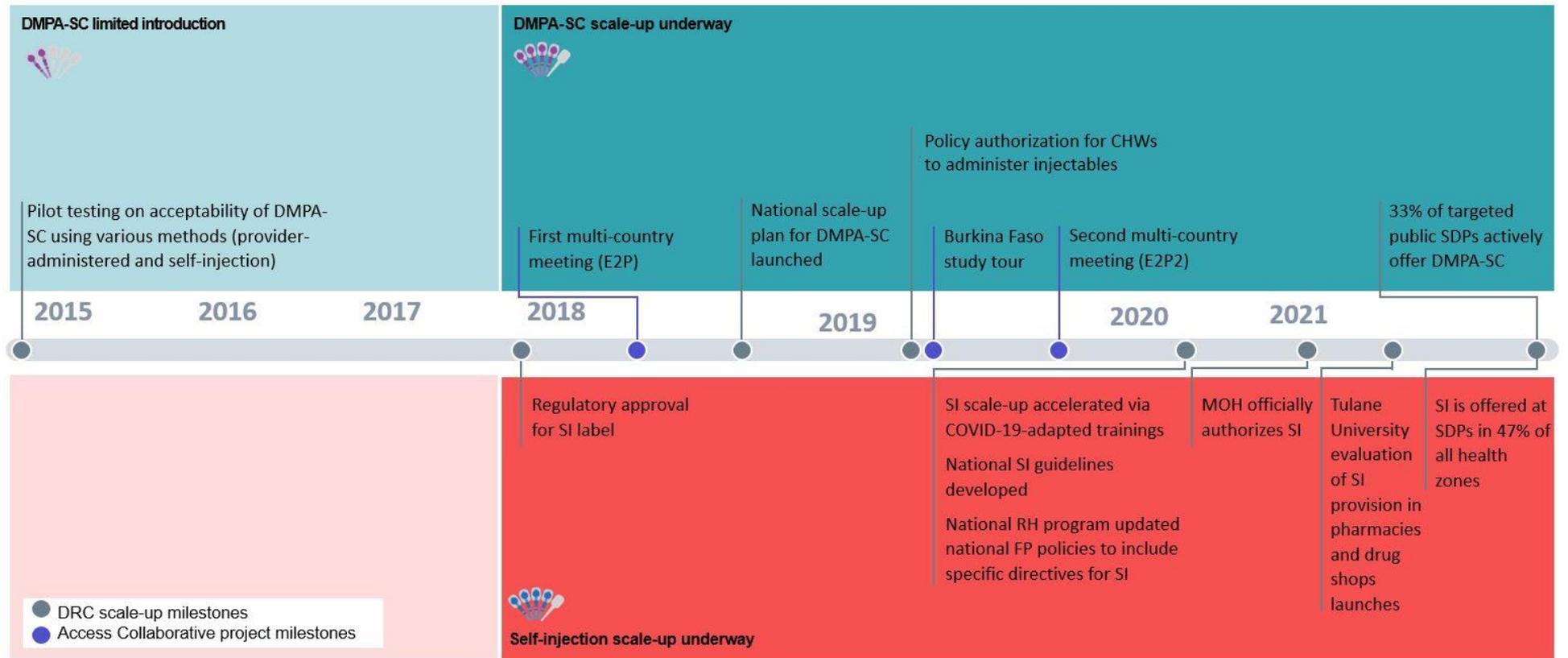
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Democratic Republic of the Congo's DMPA-SC and self-injection scale-up timeline



Abbreviations: CHWs: community health workers; E2P: Evidence to Practice; FP: family planning; MOH: ministry of health; RH: reproductive health; SDP: service delivery point; SI: self-injection

Introduction status definitions:

-  *DMPA-SC limited introduction: DMPA-SC has been introduced into the market for use on a limited scale, typically as a standalone project (e.g., research study or introduction at limited geographic scale in specific channels or regions).*
-  *DMPA-SC scale-up underway: DMPA-SC has been introduced into the market for wider use with the intention to scale the product country-wide. Governments are using a targeted, co-positioning, or transition strategy, or some combination of these strategies, and training consistent with the introduction/scale-up plan has been initiated.*
-  *Self-injection scale-up underway: SI has been introduced for wider use with the intention to scale up country-wide, and training consistent with the SI introduction/scale-up plan has been initiated.*