

Kenya's journey to DMPA-SC and self-injection scale-up

In 2019, Kenya's Ministry of Health (MOH) released its *National DMPA-SC Implementation and Scale-Up Plan* to the enthusiasm of family planning (FP) users and advocates. Kenya's plan was the result of three years of effort by the MOH and its partners to put in place supportive policies and health care provider training curricula in order to create a solid foundation for subcutaneous DMPA (DMPA-SC) and self-injection.

The plan recognized the value of DMPA-SC in expanding choices for women in the country and increasing the contraceptive prevalence rate. It also set ambitious goals in line with Kenya's FP2020 targets—including full integration of DMPA-SC into the national FP training and supply chains and availability of DMPA-SC self-injection and community-based distribution.

Notably, the plan articulated a vision beyond the public sector: that women should be able to access DMPA-SC at every public and private service delivery point in Kenya. Achieving this goal would require a multisectoral approach, with the MOH leading the public-sector introduction, while private-sector stakeholders worked closely and quickly to expand DMPA-SC to the private market. This prioritization set Kenya apart as a leader in private-sector engagement.

The DMPA-SC implementation and scale-up plan was officially launched in January 2020 (see Kenya DMPA-SC and self-injection scale-up timeline on page 5). The meeting was officiated by the MOH's acting director-general for Health, the head of the Family Health division, and the head of the Reproductive and Maternal Health division. One hundred eighty key officials attended from 46 of the 47 counties, as well as MOH staff and reproductive health stakeholders. During the meeting, the MOH disseminated the *2018 National Family Planning Guidelines*, the *National DMPA-SC Implementation and Scale-up Plan*, and a DMPA-SC policy brief and fact sheet to the attendees.

By July 2021, 3,557 (11 percent) of the targeted 32,000 public-sector, facility-based providers had been trained to

administer DMPA-SC in an initial 12 counties¹ with implementing partner support, along with 7,445 private-sector providers and pharmacists. Also, a new family planning curriculum had just been signed to catalyze additional trainings.

Much has been accomplished, but much remains to be done for DMPA-SC to be available to all women across Kenya—especially through self-injection, which is currently available on only a limited basis through an implementation research activity.

Behind the scenes

Release of the *National DMPA-SC Implementation and Scale-Up Plan* marked years of progress by advocates, donors, and FP allies of the MOH. The first major step occurred in 2016, when DMPA-SC registration was approved in Kenya and the product added to the country's Essential Medicines List. The following year, it was included in the *National Family Planning Costed Implementation Plan (2017–2020)*.

Contraception in Kenya at-a-glance



- mCPR for all women ages 15–49: 43%
- mCPR for married women ages 15–49: 58%
- Injectable use among modern contraceptive users: 48%

FP2020 goals:

- Increase the mCPR for married women to 66%
- Increase the mCPR for adolescent women to 50%
- Reduce the teenage pregnancy rate from 18% to 12%

mCPR: modern contraceptive prevalence rate
 mCPR source: *FP2020 Annual Report: The Arc of Progress 2019-2020*; method mix source: *2018 Demographic and Health Survey*

¹ Embu, Kakamega, Kirinyaga, Makeni, Migori, Mombasa, Nandi, Narok, Siaya, Tana River, Trans Nzoia, Vihiga.

Continued partnership between the MOH and reproductive health stakeholders was key to ensuring progress toward introduction. Despite challenges that stalled momentum for brief periods, including several leadership changes at the MOH, the commitment of both government and civil society kept the process on track.

In a major milestone for Kenya, the 2018 revision of the *National Family Planning Guidelines* explicitly clarified, for the first time, that pharmacists and pharmaceutical technologists can administer injectable contraceptives. This policy change was based on [evidence generated by Palladium](#) on the important role of retail pharmacies in expanding access to contraceptives as part of a total market approach. Strong advocacy led by Advance Family Planning, the Access Collaborative, and various partners also contributed to efforts to include trained pharmacies as a point of service for injectable contraceptives.

Leading with the public sector

Embedding DMPA-SC into the *National Family Planning Guidelines* was one of the strategies that helped ensure the product was institutionalized at all levels. The guidelines allowed trained pharmacists and pharmaceutical technologists in both the public and private sectors to offer FP services—including administration of injectables—and it established close follow-up and monitoring mechanisms.

Once integrated into policy, the MOH and partners took the opportunity to incorporate DMPA-SC into the national FP training materials; thus, provider-administered DMPA-SC was included in public-sector FP curricula for health care providers, pharmacists, pharmaceutical technologists, community-based distributors, and community health workers. The Access Collaborative supported the rollout of master trainings, while Jhpiego, Living Goods, and the United Nations Population Fund supported county-level trainings-of-trainers. Sexual and reproductive health implementing partners—including Jhpiego, DKT International, inSupply Health, Kenya Red Cross, Marie Stopes Kenya, Population Services International, and the counties themselves (supported by the World Bank)—adopted and implemented the MOH-mandated five-day comprehensive FP training package.

However, this comprehensive model proved difficult to finance. In order to rapidly orient and train additional health care providers on DMPA-SC administration in 6 of the 12 participating counties where scale-up was underway, PATH—through the Clinton Health Access Initiative’s Catalytic Opportunity Fund, which provides grants for low-cost, short-term opportunities to accelerate DMPA-SC scale-up—worked with the MOH to offer a one-and-a-half-day continuing medical education session to 274 providers previously trained on FP but not on how to administer DMPA-SC. To kick-start service

provision of DMPA-SC at public facilities in the 12 counties where training had been conducted, the MOH and partners took a coordinated approach to provide stock. However, with only 18 percent of public health facilities actively offering the method and only 10 percent of the targeted public-sector providers trained as of mid-2020, introduction remains in its early stages.

Tapping into the private sector

In line with the multisectoral vision of the introduction plan, the Kenya MOH has cultivated a total market approach to DMPA-SC scale-up through partnerships with the Pharmaceutical Society of Kenya and the Kenya Pharmaceuticals Association. This has included development of a training curriculum and training plans for private-sector pharmacists and pharmaceutical technologists. The pharmacist curriculum includes a job aid on self-injection that will be important as that service delivery option becomes available in the country.

As part of private-sector efforts, The Challenge Initiative (a collaboration of the Bill & Melinda Gates Institute for

Innovation spotlight



Supply visibility and analysis for new products

With COVID-19 disrupting supply chains everywhere, the Access Collaborative has been working to find solutions. As counties in Kenya await the official, revised inventory reporting tools that incorporate DMPA-SC, the Access Collaborative has, since April 2020, provided them with a simple Excel tool that mirrors the national Facility Consumption Data Report and Request Form. The Access Collaborative coordinates with public-sector reproductive health coordinators and county pharmacists in the 12 active counties to collect and report monthly DMPA-SC consumption and stock data. These data offer some initial visibility into DMPA-SC uptake and demand in the public sector and inform the agenda of the national FP Logistics Working Group, which uses the data to request new shipments and reduce the risk of commodities expiring.

Relatedly, throughout the introduction period, Marie Stopes Kenya and DKT International also shared data on DMPA-SC inventory and dispensing or sales. Supply outlook visualizations prepared by the Access Collaborative supported these organizations in assessing whether their stock faced expiry risk and when it needed to be replenished.

Such data collection and analysis activities can offer an overview of supply across partners and sectors, allowing stakeholders to manage some of the uncertainty inherent in new product introduction and make the best use of the available inventory.

Population and Reproductive Health and Jhpiego) is implementing a unique public-private collaboration whereby pharmaceutical technologists are trained by the Kenya Pharmaceuticals Association and MOH on all FP methods, including DMPA-SC, and refer clients to the public sector for methods they are not able to provide. The pharmaceutical technologists under this project report their data to the public sector, allowing better visibility into private-sector FP service uptake. Since the approach was rolled out in late 2019, staff at more than 200 pharmacies across Nairobi, Mombasa, and Kilifi counties have been trained and are offering DMPA-SC injections.

Getting to self-injection

In 2017, studies conducted by Jhpiego demonstrated that DMPA-SC self-injection was acceptable and feasible in Kenya. The following year, the *National Family Planning Guidelines* indicated DMPA-SC was approved for self-injection, dependent on training of health care workers. Soon after, the MOH and Access Collaborative hosted the first [DMPA-SC Evidence to Practice meeting](#) in Nairobi, a multi-country convening at which participants shared the latest evidence regarding DMPA-SC and self-injection and developed country action plans. The political support and engagement garnered in planning this event created an enabling environment for approval of the self-injection label by the Pharmacy and Poisons Board immediately following the meeting. As stated by the Kenya director of medical services in his opening remarks, “When Kenyans decide to do something, they run.”

Although the self-injection regulatory approval moved forward quickly, the subsequent rollout of self-injection has involved more slow and sensitive discussions, requiring an advocacy approach that addresses multiple angles. Now the World Health Organization is supporting the MOH in conducting implementation research to inform self-injection guidance. Expansion of provider training and a well-articulated strategy

for operationalization of self-injection in the country (whether via public sector, private sector, or both) will pave the way to self-injection scale-up. The MOH continues to express that there is an opportunity for self-injection in the private sector, especially for young people and women who prefer convenience and are able to pay for the commodity.

Key lessons and factors for success

1. **Close coordination among partners can help busy MOH officials maximize their time by ensuring they are engaged in well-prepared, highest-priority conversations.** Partners in Kenya have been able to learn from each other as well as leverage resources for activities like developing information, education, and communication materials and providing technical support and trainings. At times, partners have found value in holding separate consultation meetings to align on priorities, key messages, and advocacy strategies to prepare for engaging with the MOH. Individual and collective efforts by partners have helped piece together resources for introduction planning and executing, have built champions within the MOH, and have ensured validation of the *National DMPA-SC Implementation and Scale-Up Plan*. Similarly, partners contributed to ensuring that the national sensitization agenda, which covered broader sexual and reproductive health topics, had a robust DMPA-SC component.
2. **Regional and global engagement can motivate progress and help inform more robust program planning.** Even though partners were broadly aligned, and in a number of cases specifically funded to participate in DMPA-SC introduction, their collective success depended on national government buy-in and leadership. Providing venues for the MOH to engage with other countries helped build this buy-in. The events, including the 2018 DMPA-SC Evidence to Practice meeting in Nairobi and the 2019 study tour to Uganda, allowed the MOH to learn about and apply the experiences, knowledge, and evidence from other countries to their own challenges and concerns (see Kenya DMPA-SC and self-injection scale-up timeline on page 5). During the Uganda study tour, the Kenya delegation was impressed by what they heard from facility providers, community health workers, and self-injectors. Participants considered adjusting waste disposal programming and guidelines based on Uganda’s data and experience, although those adjustments were not ultimately sustained due to leadership transitions.
3. **In a highly decentralized environment, intensive central-level engagement is required—but to gain momentum on implementation, the focus should move to subnational level.** After the initial engagement of national-level stakeholders to develop national policies, plans, and technical guidelines, dissemination and

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



- ✓ 2016: DMPA-SC registration approved, and DMPA-SC added to the Kenya Essential Medicines List.
- ✓ 2017: National Family Planning Costed Implementation Plan (2017–2020) adopted.
- ✓ 2018: Sixth edition of the National Family Planning Guidelines adopted.
- ✓ 2018: Self-injection label approved by the Pharmacy and Poisons Board—the national drug authority in Kenya.
- ✓ 2019: Kenya National DMPA-SC Implementation and Scale-up Plan signed.

sensitization among county health officials was critical to increase awareness. Counties showed significant interest in rolling out DMPA-SC following the January 2020 launch meeting. If county sensitization and engagement on how to roll out the product had been prioritized immediately after the scale-up plan was signed in 2019, it could have resulted in faster rollout and quicker gains in women's access. The interest and data generated at the county level has created evidence on consumption and demand and going forward may persuade the MOH to procure product to meet county needs. Increasingly, partners are engaging with counties directly to increase the pace of implementation.

The way forward in Kenya

In Kenya, as noted, much work remains to be done to bring DMPA-SC to scale. The policy building blocks are now in place at the national level, but moving forward will require significant investments in comprehensive FP training for public-sector providers. It will also require targeted efforts to roll out DMPA-SC-specific training through various training approaches, such as continuing medical education sessions or on-the-job training. The real work of implementation will occur at the subnational level via county health management teams and partners.

Self-injection and its adoption by the private sector remain key issues that will require attention and effort. The Urban

Research and Development Centre for Africa's self-injection implementation research results will create a path for development of Kenya's self-injection guidelines, dispensing protocol, waste management plan, and self-injection data collection strategies.

Additionally, material explicitly covering how to train clients wishing to self-inject will need to be integrated into existing training materials in the future. And while introduction of self-injection in the public sector will likely come after the development of self-injection guidelines, the MOH has indicated that the key opportunity for self-injection lies in the private sector, where the majority of young people access their FP commodities.

The Access Collaborative will continue to work with the Pharmaceutical Society of Kenya to explore virtual training approaches to accelerate rollout of private-sector provision now that the pharmacist curriculum has been approved by the MOH. Meanwhile, partners such as Population Services International, Marie Stopes Kenya, and DKT International continue to train private-sector providers.

Together, these efforts will increase momentum for wide-scale adoption of DMPA-SC in Kenya for the benefit of all women and their families.

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

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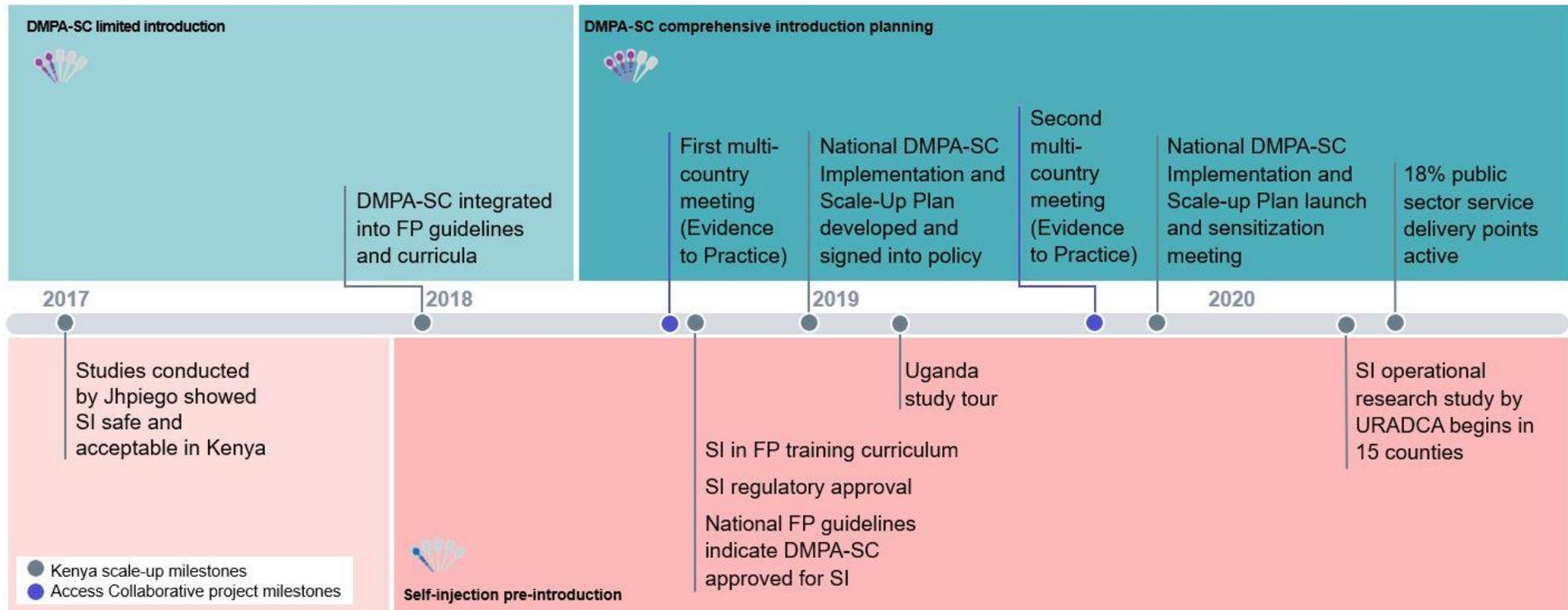
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Kenya DMPA-SC and self-injection scale-up timeline



Abbreviations: FP: family planning; SI: self-injection; URADCA: Urban Research and Development Centre for Africa

Introduction status definitions:

-  *Self-injection pre-introduction: the possibility of introducing SI is being discussed by the MOH and partners and/or groundwork is ongoing to create a favorable environment for SI.*
-  *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 comprehensive introduction planning: partners and governments are working to develop and cost a comprehensive introduction and national scale-up plan which draws from earlier pilot studies or projects, as applicable.*