



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

Nigeria's journey to introduce and scale up subcutaneous DMPA (DMPA-SC) began with early learning from public- and private-sector pilot studies in 2014. This research on feasibility and acceptability informed a holistic plan to achieve widespread uptake across Africa's most populous country. With support from partners, the Ministry of Health (MOH) launched a five-year introduction and scale-up plan in 2018. Centered on the MOH's ambitious family planning goals, the plan detailed strategies to make DMPA-SC available to all women in the public and private sectors, in clinics, and in their own homes through self-injection.

Acknowledging that more than 40 percent of family planning clients choose to obtain contraception through private-sector providers, and more than 20 percent access family planning through patent and primary medicine vendors (PPMVs),<sup>1</sup> the plan promoted a total market approach to mobilize all sectors in expanding access. To further support the involvement of the private sector, the plan also prescribed the development of a private-sector engagement strategy.

As of publication, 80 percent of public-sector facilities in Nigeria now offer DMPA-SC, with coverage varying widely across states. Self-injection is available in the public sector in a subset of these states. Self-injection was included early in the rollout process, allowing it to be more seamlessly and efficiently scaled up—for example, training health workers at the same time to offer both DMPA-SC injections and self-

injection (see Nigeria DMPA-SC and self-injection scale-up timeline on page 4). As rollout continues, training will be a key to achieving scale-up. National goals call for training nearly 300,000 providers between 2018 and 2022. With investments made to date, over 36,300 providers in the public and private sectors have been trained to administer DMPA-SC and over 28,200 providers to train a woman to self-inject. Additional investment is needed to fully meet the training goals.

## An accelerated move to expand self-injection

In Nigeria, the MOH recognized the potential of self-injection to significantly increase access. As a result, it decided to quickly expand self-injection shortly after introduction—a different approach from many other countries, which have more tentatively phased in self-injection over time. Health officials believed that the global and national evidence had already demonstrated the viability of self-injection and that widespread distribution should be prioritized.

In 2019, shortly after the introduction plan was launched, the MOH released the DMPA-SC Self-Injection Guidelines. These guidelines were important for several reasons: By removing regulatory barriers and expanding the provider cadres allowed to administer the product, they created an enabling policy environment for private-sector introduction. And they operationalized the plan by detailing the task-shifting and task-sharing that would allow PPMVs to stock, administer, distribute, and train women to self-inject DMPA-SC. The guidelines were informed by extensive input from the subnational level; through early involvement and input, state family planning coordinators played an important and influential role.

From the outset of introduction (see Nigeria DMPA-SC and self-injection scale-up timeline on page 4), the MOH had called for the national DMPA-SC training module to include both provider-administered DMPA-SC and DMPA-SC for self-injection, and under MOH leadership, all partners train in both methods. The national data collection and reporting tools now include self-injection indicators, an important addition that can more accurately monitor DMPA-SC distribution and use (see Innovation Spotlight).

### Contraception in Nigeria at-a-glance

- mCPR for all women ages 15–49: 12%
- mCPR for married women ages 15–49: 13%
- Injectable share of modern method mix: 23%

#### FP2020 goals:

- Increase mCPR to 27% for all women

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

<sup>1</sup> National Population Commission (NPC) [Nigeria] and ICF. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF; 2019.

## Behind the scenes: challenges to scale-up

Nigeria faces some challenges as it works to meet its training goals. The country's sheer population size and its semi-autonomous state structure mean that the process of widespread introduction requires significant time and resources and the engagement of a broad group of stakeholders. Scaling up, especially for training, is expensive and slow. Trainings are difficult to coordinate and achieve in such a large, decentralized country, made more difficult by the diverse cadres targeted for training in both the public and private sectors. These include staff based at facilities (doctors and nurses/midwives) as well as community health workers, PPMVs, and pharmacists. To address this challenge, Nigeria is exploring cost-effective training approaches that include a cascade training model and incorporating DMPA-SC into broader family planning trainings. The DMPA-SC subcommittee, which led the development of the national introduction and scale-up plan, serves as a coordinating mechanism under the leadership of the MOH to support efficient scale-up.

Disparities also exist around availability in the public and private sectors. And while the focus on a total market approach in the DMPA-SC introduction plan was an important step, private-sector engagement remains a challenge. The MOH has limited visibility into training in the private sector, and limited ability to influence uptake and distribution. Development of the formal private-sector engagement strategy for the broader family planning context in 2020 presents an opportunity to address these challenges and fully engage the private sector in the provision of DMPA-SC.

## Key lessons and factors for success

1. **Coordinating investments and holding partners accountable are important to scale-up.** Given the size and magnitude of Nigeria's training goals, it has taken significant time and resources to make progress toward scale-up. Training rollout often mirrors partner priorities in terms of cadres and geographies, which can lead to training gaps in areas that are generally underserved in terms of family planning coverage (northern, hard-to-reach states).
2. **Lower-cost training approaches significantly reduce the overall cost of the plan.** The first version of Nigeria's costed introduction plan was primarily driven by in-person, classroom-based trainings—and was very expensive as a result. Training efficiencies have been instrumental in reducing costs, although funding gaps remain (83 percent of the costed scale-up plan was covered by partner commitments as of May 2020).
3. **Monitoring and data management must adapt to meet evolving needs.** As the country moved from introduction to implementation, the need for data increased. The MOH developed a three-pronged approach to meet this need: it developed a time-limited monitoring system for short-term

## Innovation spotlight



Innovations in data visualization have helped Nigeria better track the availability and distribution of DMPA-SC at the national and state levels. An in-country data dashboard triangulates data from the electronic National Logistics Management Information System and DMPA-SC steering committee to produce customized visualizations. The resulting dashboard has already seen extensive use for decision-making around rollout.

Following the early push of DMPA-SC to all delivery channels across the country, the MOH made it standard practice to consult the dashboard to make informed logistics and supply decisions and ensure appropriate commodity distribution. This practice was particularly critical in the early and middle phases of implementation when training coverage was low. Data-informed decisions helped reduce wastage by avoiding the product being sent to geographies where provider capacity was not yet built.

scale-up milestone tracking, integrated DMPA-SC into routine data management systems, and strengthened existing systems to improve data collection, analysis, and use. Thus, as the need for timely data increased, so did the country's ability to collect and manage it.

4. **More engagement with the private sector is critical for multisector success.** While the DMPA-SC scale-up plan acknowledges the important role played by the private sector and prioritizes a total market approach, the private sector has not been fully engaged to date; the need persists for effective government coordination of implementing partners and private-sector stakeholders such as PPMV associations. Better coordination could help to improve visibility into private-sector family planning services and increase reach to users who rely on this sector to access services.
5. **In a decentralized environment, state-level buy-in and involvement is fundamental.** Nigeria's legislation on health care allows relative autonomy for the subnational governments, which means that states can determine whether to align with, modify, or reject national policy directives. Actors at this level must be included in health policy legislative decisions and be supported to adopt or adapt according to their context. Fostering this level of commitment could mean involving state coordinators in training, including DMPA-SC in state-costed plans, and using state funds to procure products.
6. **To fully scale and sustain a new product/technology like DMPA-SC, it is important to invest in foundational systems.** This includes health management information systems as well as social and behavior change communication, demand generation, and other supportive approaches. Broader health system tools and approaches can significantly accelerate the introduction of new products by making them more acceptable and available, and reducing the costs of introduction.

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



- ✓ 2018: National DMPA-SC Accelerated Introduction and Scale-up Plan (2018–2022) launched.
- ✓ 2019: DMPA-SC Self-Injection Guidelines released.
- ✓ 2019: DMPA-SC included on the Approved Patent Medicines List and PPMV Prescription Medicines List, enabling PPMVs to stock DMPA-SC.
- ✓ 2019: Task Shifting/Task Sharing Policy revised to allow PPMVs and community-based distributors to administer DMPA-SC and train women to self-inject.
- ✓ 2019: Family Planning Costed Implementation Plan 2019–2023 further integrates DMPA-SC into broader family planning programming, reduces siloed support, and supports training goals.
- ✓ 2020: National Private Health Sector Engagement Strategic Plan for Family Planning Services is approved.
- ✓ 2021: National Guidelines on Self-Care for Sexual, Reproductive, and Maternal Health feature self-injection of DMPA-SC.

## The way forward in Nigeria

Going forward, Nigeria will continue to apply learnings from DMPA-SC introduction as it introduces other new contraceptive technologies, such as contraceptive implants, hormonal intrauterine systems, and hormonal vaginal rings. The MOH worked with the DMPA-SC Access Collaborative to include learnings from introduction in its 2020 DMPA-SC stakeholder meeting and has shown interest in further sharing these learnings so that other new technology introductions can benefit.

Nigeria will continue to make headway in creating a favorable policy environment at the federal and state levels. The MOH approved the private-sector engagement strategy to unlock bottlenecks to distribution and availability for family planning services in late 2020 and is working to bring new family planning products to the sector. Over-the-counter regulatory approval for DMPA-SC could strengthen the guidance provided by the Task Shifting/Task Sharing Policy, Essential Medicines List, and Approved Patent Medicines List policy revisions.

### 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](http://www.path.org).

#### About John Snow, Inc.

JSI is dedicated to improving and promoting public health in the United States and across the globe. JSI works in more than 40 countries, partnering with clients to develop flexible, innovative approaches that solve complex public health problems, strengthening health systems to improve services—and ultimately, people's health. Learn more at [www.jsi.com](http://www.jsi.com).

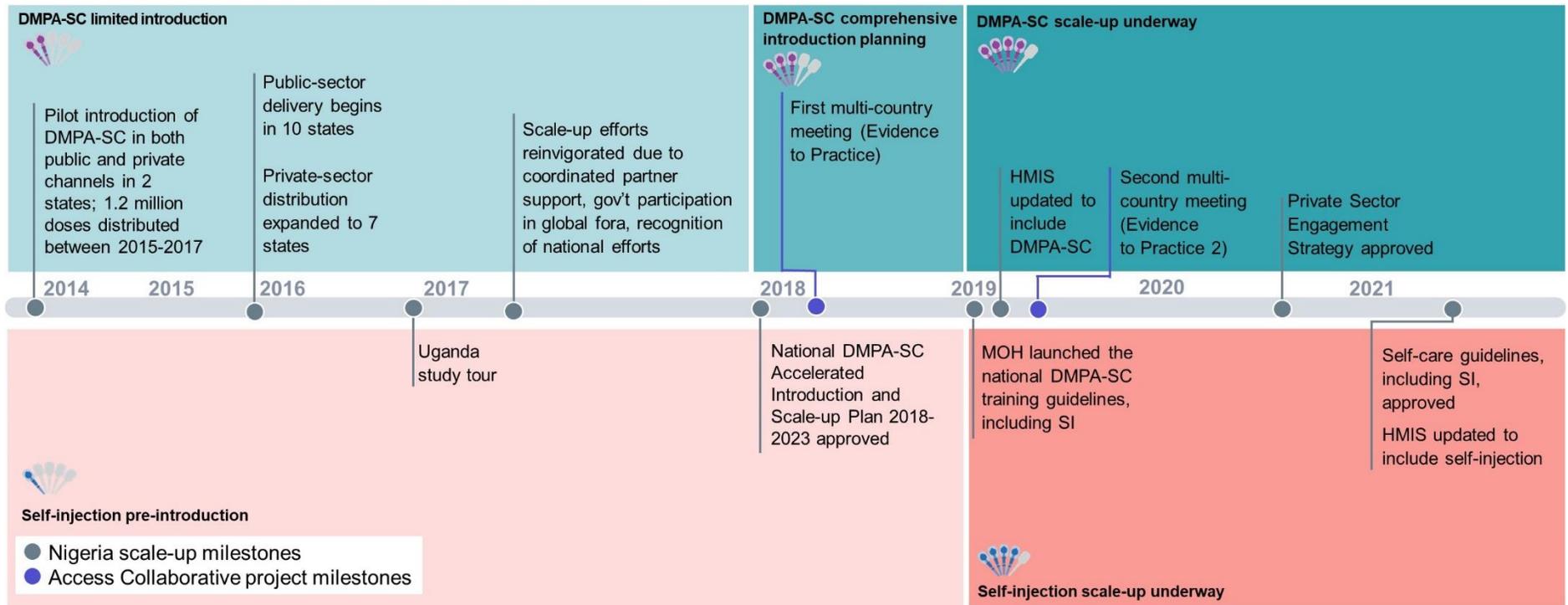
#### For more information

[www.path.org/dmpa-sc](http://www.path.org/dmpa-sc)  
[www.FPoptions.org](http://www.FPoptions.org)  
[FPoptions@path.org](mailto:FPoptions@path.org)  
+1-206-285-3500

#### Date published

September 2021

## Nigeria DMPA-SC and self-injection scale-up timeline



Abbreviations: HMIS: Health Management Information System; MOH: Ministry of Health; 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 comprehensive introduction planning: partners and governments are working to develop and cost a comprehensive introduction and national scale-up plan that draws from earlier pilot studies or projects, as applicable.*
- 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 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.*
- 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.*