



3 Stakeholder engagement and coordination

The introduction of subcutaneous DMPA (DMPA-SC, brand name Sayana® Press) promises to expand women’s access to family planning options by increasing opportunities for lower-level health workers—and even clients themselves—to administer injectable contraceptives. Insights from the first introductions can help inform new country experiences and transitions, whether small pilots or scaled delivery. This section discusses results and lessons learned during introduction pilots in four countries and provides recommendations to guide future efforts by ministries of health and implementing partners related to **stakeholder engagement and coordination**.

COORDINATION AND ENGAGEMENT ENSURE PROGRESS

Product introduction is a complex process that involves many activities that are happening at the same time and that are being led by many different individuals and groups. Identifying key stakeholders and keeping them engaged throughout introduction ensured consistent progress and helped achieve the transition toward national scale of the DMPA-SC product, Sayana Press, in Burkina Faso, Niger, Senegal, and Uganda less than two years later. Stakeholders constituted a diverse array of individuals and groups in each country setting, ranging from ministry of health (MOH) officials

to local nongovernmental organizations (NGOs) and civil society groups, from bilateral donors to health workers.

Engaging the MOH early in the introduction planning process was essential because public-sector delivery of health services is predominant in all of the pilot countries. In all four countries, the MOH establishes the national strategy for family planning and leads NGOs in implementing programs that support that strategy. PATH’s MOH engagement approaches through the product introduction included:

Sayana Press is a registered trademark of Pfizer Inc. Uniject is a trademark of BD.

- **Briefing the MOH and partners** on DMPA-SC, including evidence and information about the product and the unique opportunity it offers for expanding contraceptive access (see Section 2: Background). For example, country partners were very keen to understand how the new product is different from DMPA-IM (generic name for the intramuscular form of depot medroxyprogesterone acetate) and how the two options should be positioned in the context of their family planning program. In some cases, these discussions also helped identify information gaps that needed to be filled by new monitoring and evaluation data or research studies. For example, would the product appeal to new family planning users, which would help to increase contraceptive prevalence and reduce unmet need in their countries?
- **Assessing government interest** in introducing a new contraceptive method and understanding family planning goals and priorities that would help to shape the product introduction strategy.
- **Identifying key champions** and supporters within the MOH to provide leadership in ensuring that DMPA-SC was integrated into strategy and planning documents and technical partners' meetings, and to support introduction technically and administratively.

The approach of private-sector businesses and social marketing agencies may be less dependent on obtaining governmental buy-in because these groups operate in ways that are often discrete from and complementary to public-sector services. While introductions of DMPA-SC in the private sector may require less direct involvement with the government, private-sector and social-marketing agencies can likely benefit from exchange of information with the MOH and coordination with other NGOs.

THE VALUE OF CENTRALIZED, COUNTRY-LEVEL COORDINATION FOR MOVING FORWARD

During the pilot introductions of the subcutaneous DMPA product, Sayana Press, the importance of country-level coordination of activities among stakeholders became keenly apparent. PATH hired a national coordinator in each country, and the role quickly became indispensable. In all four pilot countries, the coordinators ensured that partners moved in the same direction, reached consensus, and leveraged other family planning initiatives. They also helped track other major health activities and the capacity of implementers (e.g., regional health teams and providers, NGOs) to implement activities on time. Over the course of the introduction, the coordinators achieved the following in each country:

- Shepherding the product introduction plans through the review and approval processes.
- Tracking DMPA-SC product registration, identifying obstacles, and helping to ensure key questions were answered.
- Working with local experts to complete a quantification exercise for the first DMPA-SC orders that took account of relevant evidence and information about the product.
- Integrating DMPA-SC into the national family planning training curricula and ensuring high-quality training and supervision of health workers in DMPA-SC (specifically Sayana Press) administration and service delivery, enabling them to serve as experts on the product.
- Collecting monitoring data and entering it in a central global database that enabled comparative analysis and more timely review than most national systems.
- Coordinating the work of partners involved into DMPA-SC introduction and obtaining technical guidance and approvals from the MOH during implementation.
- Overseeing any evaluation and research studies and ensuring they were aligned with overall introduction efforts.

CASE STUDY

PATH/ShiWood



PATH's role coordinating work to benefit all pilot countries

PATH staff filled leadership and technical roles at a global level and across all four pilot introduction countries. This included key work related to funding, procurement, product introduction, monitoring, and research.

Globally, leading up to and during the early phase of introduction, PATH regularly convened a consortium of funders and procurers of Sayana Press. The meetings helped to ensure alignment across organizations, track procurement and funding streams, update consumption estimates based on country introduction plans, and hone the research agenda. They also helped to define a critical path to country launches to coincide with country-level product registrations, ordering, and Pfizer's production schedule. In addition, PATH created a common monitoring system for analyzing data spanning all four countries.

PATH's coordination of efforts across countries resulted in a number of efficiencies and benefits. For example:

- Donor consortium members obtained standardized monitoring data across the pilot countries and tracked introduction progress.
- Country governments received common messaging about the objectives of the project, accurate clinical information about the product, and training materials that could be adapted to their unique contexts.
- The four pilot countries learned from each other and stayed apprised of introduction progress through PATH's regular updates as well as periodic midterm cross-country gatherings.
- PATH translated mounting interest in self-injection into a clear research agenda, initiated targeted studies to answer key questions, and publicly shared emerging evidence about the feasibility and acceptance of self-injection as it became available.

PATH also implemented country-level, cross-country, and global information dissemination and sharing during the pilots. This included publishing newsletters and monitoring briefs, posting online training materials for adaptation by each country, disseminating technical information such as fact sheets and conference presentations, and publishing research results in peer-review journals. These communications activities have not only facilitated evidence-based decision-making by donors but also enabled participating countries and programs—and the family planning field at large—to learn from the initiative.

- Facilitating discussions on the timing of, and funding sources for, moving the product to scale.



INTRODUCTION TIP

A national DMPA-SC coordinator can keep introduction moving forward at all phases, from tracking registration to assisting with quantification, from ensuring high-quality training to overseeing data collection for monitoring or research.

In Burkina Faso, for example, the DMPA-SC coordinator joined supervision visits for newly trained health workers and found that some providers mistakenly believed that DMPA-SC would be available only for a very short time. As a result, they were reluctant to offer the method. The coordinator not only corrected their misunderstanding, but also ensured that correct information was shared throughout the introduction regions.

In Niger, the DMPA-SC coordinator worked to improve data quality in a health system with very weak infrastructure for monitoring data collection. By the end of the pilot, the project had almost two years of rich data from Niger, demonstrating that DMPA-SC could reach new family planning users in remote settings where injectable contraception had not been previously available.

In Senegal, the DMPA-SC coordinator realized during supportive supervision that a key contact point for women in clinics—family

planning counselors—were not aware of DMPA-SC. She sought permission from the MOH and then led training of these counselors in Senegal’s introduction regions, which in turn helped increase awareness and boost use of DMPA-SC.

Uganda’s DMPA-SC coordinator was directly involved in training community health workers and following up to provide supportive supervision. Through her coordinator role, she was also able to share details of what she heard from community health workers and family planning clients with government leaders at the MOH, as well as global donors and implementers in other countries. For example, she shared that communities in Uganda loved the “all-in-one” presentation of Sayana Press and that women reported experiencing fewer side effects than they had when using DMPA-IM. These important, real-life perspectives on the new product would not have been captured by monitoring systems or shared beyond these communities without established communication channels.

In Burkina Faso and Niger, the DMPA-SC coordinators were based at the United Nations Population Fund (UNFPA), and in Senegal and Uganda, they were employed by PATH. In the case of Burkina Faso, UNFPA placed a project point person at the MOH offices, who was supervised by and remained in constant contact with the UNFPA-based DMPA-SC coordinator. This formula worked well, particularly in planning for meetings or for facilitating approvals for coordinated trips to the field for trainings, supervision visits, and collection of monitoring data. Proximity of the DMPA-SC point person to key Division of Family Health staff helped the MOH assimilate and take ownership of the

“A clear, centralized coordination mechanism is ideal to avoid leadership conflicts between the government and all organizations involved. This can harmonize efforts and avoid the program being implemented as several discrete projects. Appointing both a central coordinator and a focal point for each partner agency is one way to create linkages between partners without risking disagreement among lead groups.”

– Alain Kaboré, United Nations Population Fund DMPA-SC Coordinator in Burkina Faso

DMPA-SC pilot. Designating an MOH point person or seconding the coordinator to sit at the MOH may be an effective approach that some countries can consider to ensure forward movement on subcutaneous DMPA introduction.



INTRODUCTION TIP

Designating an MOH point person or seconding the coordinator to sit at the MOH may be an effective approach that some countries can consider to ensure forward movement on DMPA-SC introduction.

MAXIMIZING LEARNING AND INFORMATION EXCHANGE TO IDENTIFY NEW OPPORTUNITIES

A component of PATH's global coordination role was to maximize learning and information-sharing among partners such as UNFPA, the MOHs, and implementing NGOs. PATH worked with country partners to maintain open lines of communication within and among the four pilot countries. Some of these efforts were ongoing, and others were short-term based on a specific need. For example, PATH helped connect social marketing agencies in Niger and Senegal with each other and with the product manufacturer to help address major questions about the process of overbranding

DMPA-SC with a local or national brand name for successful marketing.

For coordination to be most effective during the introduction of a new contraceptive method, it is important to hold regular implementation meetings that include all parties. During the pilot introductions for DMPA-SC, in some cases PATH leveraged pre-existing technical working groups, such as Senegal's MOH-led Family Planning Technical Working Group. In other settings, this meant creating a pilot project steering committee, as in Niger. In some settings, both approaches were used. For example, in Uganda, PATH represented DMPA-SC work in the existing monthly Maternal and Child Health Cluster meetings and quarterly Family Planning Working Group meetings convened by the MOH; PATH also convened a monthly DMPA-SC Partners Group meeting of NGO implementing partners. These groups all played a key role in scale-up decisions in late 2015 and early 2016.

In addition to ongoing efforts to share information and build communication networks in each country, PATH organized several cross-country events focused on maximizing learning and exchange. After the first full year of implementation, PATH brought together key staff from the four pilot countries for a project review meeting in Dakar in June 2015. This allowed for sharing of information among key project staff about approaches and

"At the one-year project review meeting in Dakar, I gained a fuller understanding of how the pilots in West Africa differed from my own country. There were some similarities in our approach with the Niger pilot, as it was community-based, and the other countries were intrigued to hear about Uganda's communication campaign, monitoring approach, and way of interacting with the MOH, given that it is not the same as how things are done in the francophone settings. We each returned to our countries with new ideas to try out, such as the Husbands' Schools in Niger and the regional data validation workshops in Burkina Faso."

– Fiona Walugembe, PATH DMPA-SC Coordinator in Uganda

“Creating a favorable environment for self-injection is one of the five priority actions identified by Senegal’s Family Planning Division to meet 2018 national goals. The Uganda study tour helped clarify how to make this vision a reality. The concept was presented to the Minister of Health following the tour, and was met with approval. The MOH now plans to develop self-injection programming over the next year.”

– Marguerite Ndour, PATH DMPA-SC Coordinator in Senegal

learnings to date and peer feedback on the activities conducted in each country.

In September 2016, PATH worked with the Ouagadougou Partnership to organize a study tour to Uganda for key stakeholders in several countries interested in self-injection with the DMPA-SC product, Sayana Press, and community-based distribution (CBD) programs. Delegations from Benin, Burkina Faso, Niger, and Senegal traveled to Uganda for one week to observe the self-injection research studies and CBD program, meet with Village Health Team members (VHTs),

and exchange information with government and NGO partner counterparts. Each country team developed an action plan related to self-injection and CBD.

CLEARLY DEFINING PARTNER ROLES TO IMPROVE COORDINATION AND ACCOUNTABILITY

PATH conducted initial landscape assessments to identify the best partners for various product introduction areas—for example, product distribution, training, and

Examples of work subcontracted by PATH

WORKSTREAM	AGENCY SUBCONTRACTED	MAIN ROLE
Product distribution in Uganda	UHMG	Because of constraints at the national medical stores, PATH contracted with UHMG to distribute DMPA-SC due to its specialized work in receiving, storing, and distributing contraceptive supplies (see Section 9: Product distribution for case study on UHMG).
Training in Senegal	ChildFund IntraHealth International	ChildFund trained community health agents working at health huts, and IntraHealth International trained facility-level health providers in the pilot intervention areas.
Demand-generation communication in Uganda	CDFU	CDFU developed and implemented a behavior change communications strategy in support of the work of VHTs in mostly rural communities in 10 target districts over two years. CDFU’s campaign created awareness and promoted uptake of family planning methods, including DMPA-SC, among communities in the participating districts through a wide range of media and interpersonal approaches (see Section 8: Generating demand for case study on CDFU).

Note: CDFU, Communication for Development Foundation Uganda; UHMG, Uganda Health Marketing Group.; VHT, Village Health Team

communication or demand generation—based on each institution’s strengths. In some cases, as budget allowed, PATH subcontracted specific scopes of work to partner agencies with strong experience in a given technical area or presence in a particular geographic area (see table, page 29).

Subcontracting helped to ensure accountability because organizations were contractually obligated to share relevant data and meet deliverables to receive payments. PATH also collaborated with a number of introduction partners more informally. In most of those informal partnerships,

communication and data-sharing worked well. That said, busy implementers are universally more likely to prioritize contractual obligations than informal ones. And in almost all cases, there was some turnover among staff at implementing agencies for the pilot introduction. In cases where PATH had subagreements in place, the terms of collaboration were clearly laid out in a contract and not tied to the relationship with one individual. However, managing subcontracts demands significant administrative, financial, and technical oversight to ensure the quality of work and respect of deadlines.



PATH/Gabe Blenczycki

RECOMMENDATIONS: STAKEHOLDER ENGAGEMENT AND COORDINATION

PATH/Will Boase



- **Build relationships with ministry of health counterparts.** Building and nurturing active, strong, two-way relationships with MOH counterparts will help ensure a smooth transition toward scale-up.
- **Designate an individual or agency responsible for coordinating stakeholders and their activities.** A well-defined lead person or agency can keep activities moving forward, assist in sharing of information and resources, and serve as a clear point for communications among all partners, including the MOH and donors.
- **Define partners' roles and mechanisms for coordinating introduction in a written plan.** Given the complexity of new product introduction, there is a great risk that planning and implementation will be stalled in the absence of a clear plan for engagement and coordination among the MOH and civil society organizations.
- **Widely share experience and results from product introduction.** Subnational, national, regional, and international stakeholders will all benefit from learnings on DMPA-SC introduction and may identify exciting new opportunities for the product to increase women's contraceptive access.

RESOURCES



PATH initial country assessments for DMPA-SC. Available at www.path.org/publications/detail.php?i=1952. These executive summaries reveal findings and recommendations from initial assessments conducted in Bangladesh, Ethiopia, Kenya, Malawi, Nigeria, Pakistan, Rwanda, and Senegal. PATH evaluated these settings in 2009 in terms of service delivery, supply systems, and stakeholder perspectives with respect to the feasibility and appropriateness of introducing DMPA-SC.



Advocacy pack for subcutaneous DMPA. Available May 2017 at <https://www.rhsupplies.org/activities-resources/tools/advocacy-pack-for-subcutaneous-dmpa/>. This set of advocacy materials provides tools for researchers and program implementers working to increase access to subcutaneous DMPA as part of a broad method mix..