

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

Zambia set an ambitious goal in 2012: as one of its FP2020 commitments, the country would strive to increase the modern contraceptive prevalence rate among married women from 33 to 58 percent. To achieve this would require innovative approaches, which the Ministry of Health (MOH) outlined the following year in its comprehensive family planning scale-up plan. The plan named subcutaneous DMPA (DMPA-SC) as a high-impact intervention that could expand the country's overall method mix and promote rights-based family planning. Because DMPA-SC is ideal for delivery at the community level, it provided the government with an opportunity to move training for and distribution of contraception closer to communities through task-shifting. Yet despite the MOH's strong commitment to implementing the plan, authority for provincial coordination and commodities was housed in a different ministry, making it difficult for the work to gain traction. Once family planning was reverted to the MOH in 2016, decision-making and coordination was strengthened.

In 2017, DMPA-SC received regulatory approval in Zambia. Shortly thereafter, Society for Family Health launched a three-month pilot of community-based distribution.¹ During the pilot, 161 community health workers (CHWs)—which in Zambia are referred to as community-based distributors—administered more than 2,000 doses of DMPA-SC. These doses represented 16 percent of all family planning methods provided; injectables overall made up almost half of the methods provided.

These positive outcomes paved the way for two key MOH documents: a national roadmap for community-based delivery of DMPA-SC, along with a broader national introduction and scale-up plan, including through community-based delivery. The introduction and scale-up plan laid out introduction of DMPA-SC at all levels of the health system, envisioning full introduction in both the public and private sectors by 2021, and included plans to conduct a self-injection pilot, the learnings from which would be added to the plan as an addendum laying out operational guidance for self-injection at a later date.

The combination of strong leadership at the MOH and the efforts of a committed group of partners and advocates working to advance Zambia's family planning goals has resulted in widespread public-sector rollout of DMPA-SC: as of July 2021, all public health facilities offer DMPA-SC (dependent on stock availability) and over 3,500 (19 percent) of the country's targeted 18,190 CHWs have been trained to administer DMPA-SC. Over 3,100 providers have been trained on self-injection since launch of the practice in mid-2020.

The quick pace was further accelerated by a strong civil-society advocacy initiative that included the Access Collaborative. Participation from development partners such as the United Nations Population Fund (UNFPA) also helped to ensure smooth rollout by supporting accurate forecasting and quantification, making sure there was adequate and timely supply of DMPA-SC at the national level. Despite some MOH leadership turnover during the planning period, a measure of continuity was ensured through consistent

Contraception in Zambia at-a-glance



- mCPR for all women ages 15–49: 36%
- mCPR for married women ages 15–49: 50%
- Unmet need for family planning among all women ages 15–49: 16%
- Unmet need for married women ages 15–49: 20%
- Injectable share of the modern method mix: 53%

FP2020 goals:

- Increase the mCPR among married women to 58%

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

¹ Phiri J, Smith GM, Tembo F *et al.* Introduction of subcutaneous depot medroxyprogesterone acetate through use of community-based distributors in Zambia [version 1; peer review: 2 approved with reservations, 1 not approved]. *Gates Open Res* 2019, **3**:1474 (<https://doi.org/10.12688/gatesopenres.13020.1>)

engagement with existing technical staff. At every turn, advocates endeavored to keep DMPA-SC on the policy agenda by building and maintaining relationships with new leadership.

Zambia's self-injection journey

DMPA-SC puts the power of contraception directly in women's hands through the potential for self-injection. In Zambia, rolling out self-injection is still in process (see Zambia DMPA-SC and self-injection scale-up timeline on page 5).

In 2018, [a private-sector pilot conducted by JSI](#) demonstrated that self-injection could work in the Zambian context. Subsequently, the DMPA Task Force, made up of representatives of the MOH and nine partner organizations, supported by the Access Collaborative, began drafting a self-injection operational guide. This guide outlines the parameters of implementing DMPA-SC self-injection services through public- and private-sector channels, including a "client journey map." This map, inspired by a human-centered design approach used in Uganda's self-injection program, demonstrates the specific steps for how various clients might access and perform self-injection.

In early 2019, the Access Collaborative organized a study tour to Uganda to enable the MOH and various implementing partners to draw key operational lessons for self-injection introduction. During the visit, the Zambia delegation finalized its client journey map, and in the final days of the tour, the group developed a timeline for rapid scale-up of self-injection via on-the-job training (see Innovation Spotlight).

In late 2019, PATH and Society for Family Health implemented a cascading rollout of self-injection training in eight of the country's ten provinces. Although the body of self-injection evidence from Zambia was still nascent, the MOH gained confidence upon hearing evidence and experiences from other countries—through the [2018 Evidence to Practice meeting](#) in Kenya (a multi-country convening at which participants shared the latest evidence regarding DMPA-SC and self-injection and developed country action plans) and the Uganda study tour—and forged ahead toward rapid scale-up.

Currently, women can learn to self-inject at a clinic or facility that offers training. However, for self-injection to be expanded to all communities across Zambia, two things need to happen: policies must be changed to relax the strict requirements on who can provide training, and guidelines must be revised for CHWs to train and mentor women to self-inject. To date the MOH has been clear that it sees more benefit from CHWs administering DMPA-SC, so for now their



Innovation spotlight

On-the-job training for DMPA-SC rollout

During rollout of DMPA-SC, the Ministry of Health (MOH) has championed lower-cost approaches to help rapidly scale up both provider-administered and self-injection trainings.

Provider-administered. The initial rollout of DMPA-SC to public-sector facilities began with a memo and job aid from the MOH that directed public health care providers with experience in injections to begin administering DMPA-SC. The memo was followed up with intensive supportive supervision and mentoring to ensure quality. Data and feedback from supervision visits confirmed that the job aid was a viable replacement for formal training among injection-experienced providers when coupled with strong supervision and mentoring.

Self-injection. The MOH has taken a similar approach to progressive rollout of self-injection training for providers, using on-the-job training during routine supportive supervision. With district supervisors training providers, this approach has proved an efficient way to expand facility-based self-injection training and ready the country for eventual self-injection training by community health workers.

role in delivering self-injection services is limited to creating awareness and referring women who wish to self-inject to a facility for training.

In focus: the private sector

The public sector in Zambia provides nearly 90 percent of contraception, but the private sector remains an important alternative distribution channel. In addition, the Zambia government views the private sector as a key partner that could reduce the burden on the public sector in the future. In late 2020, MOH leadership formally authorized pharmacists to administer injectables and train women on self-injection, and the private sector subcommittee of the family planning technical working group is currently working to operationalize service provision in this sector.

One of the key challenges to private-sector rollout is cost, as currently all family planning commodities in Zambia are free. The private sector obtains family planning commodities at no cost from the government, and private facilities are not authorized to charge for commodities. Given widespread, free, public-sector access, there is little incentive for private-sector outlets to emphasize these products in their

offerings—despite studies showing that some women are willing to pay.²

Key lessons and factors for success

1. **A highly engaged MOH with strong leadership and involvement in implementation is a critical driver for success.** From early on, the MOH has participated in and leveraged an existing family planning technical working group task force mechanism to support scale-up. The DMPA task force, initially formed to oversee CHW administration of intramuscular DMPA, evolved to shepherd the introduction of subcutaneous DMPA through the earliest community pilots and then to oversee and monitor scale-up and service-provision challenges for both DMPA products. This subcommittee serves to keep DMPA-SC and self-injection scale-up on the agenda and helps prioritize issues that require broader family planning technical working group attention and action.
2. **Engaging influential people helps keep policy development and rollout on the agenda.** In Zambia, identifying champions at implementing partner organizations and within the MOH, such as the DMPA task force chair, the MOH family planning focal point, and the MOH supply chain manager, was key to moving issues forward. The MOH also formed subcommittees of highly influential people and organizations, such as UNFPA, that could help to ensure a smooth rollout.
3. **Stockouts of DMPA-SC at the facility level remain a challenge in some districts, but creative efforts to ensure supply continuity are making headway.** The family planning technical working group, through its supply chain and logistics subcommittee, has increased the monitoring of family planning commodity supply and put in place measures to help address last-mile delivery challenges. Solutions include partners picking up stock to deliver to their communities, creating new subregional hubs that keep stock closer to its final destination, and advocating for additional funding to support last-mile distribution from partners.
4. **Multifaceted advocacy approaches built and then maintained momentum to expand access.** In Zambia, the exercise of costing out the implementation plan was an effective advocacy tactic that highlighted the high cost of conventional trainings, resulting in successful adoption of on-the-job training. In addition, assurance from UNFPA and other donors on the availability of procurement funding for DMPA-SC during rollout gave

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



- ✓ 2017: DMPA-SC registered by the national drug authority, including for self-injection.
- ✓ 2018: DMPA-SC included on the Zambia Essential Medicines List.
- ✓ 2018: Community-based distributors authorized to administer injectables in the National Roadmap to Support Scale-up of Intramuscular and Subcutaneous DMPA by Community Based Distributors in Zambia.
- ✓ 2018: The National DMPA-SC Introduction and Scale-up Plan launched.
- ✓ 2019: Operational Guide for Progressive Rollout of Self-injection of DMPA-SC.
- ✓ 2020: Ministry of Health authorizes delivery of injectable contraceptives and training on self-injection through pharmacists and pharmacy technologists.

confidence to the MOH to make the much-needed long-term policy decisions.

5. **Even where data from a specific country are limited, a combination of rigorous evidence and experiences from other countries can help.** For the Zambia MOH, the Uganda study tour proved pivotal in providing the evidence and experiences necessary to reinforce and augment data emerging from the Zambia pilot. This collection of evidence informed the rollout of self-injection.

The way forward in Zambia

A key challenge to widespread training on DMPA-SC is the reality that capacity and resources are uneven across the country, existing more in areas where implementing partners are supporting community-level work and less in locations where they are not.

The scale-up of community-based delivery nationwide has been a slow process but is a priority going forward. As in most contexts, community-level delivery of family planning services in Zambia comes with its own broader challenges, such as motivating CHWs and maintaining linkages with health facilities, and requires significant investment in training and supervision. The MOH relies on partners to invest in training for CHWs on injectables, and it continues to advocate for partners to include this in their work plans. Quality assurance and capacity-building on self-injection in public health facilities will continue via regular supervision and mentoring. Regular supervision is challenging to

² Pandit-Rajani T, Bock A, Bwembya M, Banda L. *The Next Generation Injectable, A Next Generation Approach: Introducing DMPA-SC Self-Injection Through Private Providers in Zambia*. Arlington, VA: JSI Research & Training Institute, Inc.; 2019. https://publications.jsi.com/JSIInternet/Inc/Common/download_pub.cfm?id=22807&lid=3.

implement consistently due to MOH funding limitations, but these visits are taking place and district supervisors are equipped to continue on-the-job training on self-injection as part their supervision visits where self-injection has not yet been introduced. There is also interest in Zambia in local adaptation of the World Health Organization's *Consolidated Guideline on Self-Care Interventions*, which recommend access to self-injection as an evidence-based option. To increase access to a broad method mix, operationalizing DMPA-SC and self-injection services in the private sector is another key priority. The MOH authorized provision of

DMPA-IM and DMPA-SC (including for self-injection) through private pharmacies in late 2020, and planning for introduction in this channel in mid-2021 is underway (see Zambia DMPA-SC and self-injection scale-up timeline on page 5). Continued engagement to expand DMPA-SC, including self-injection, to other channels such as drug shops and through social marketing organizations is underway. The Access Collaborative and other partners will continue to advocate for this policy change to more fully realize a total market approach in Zambia.

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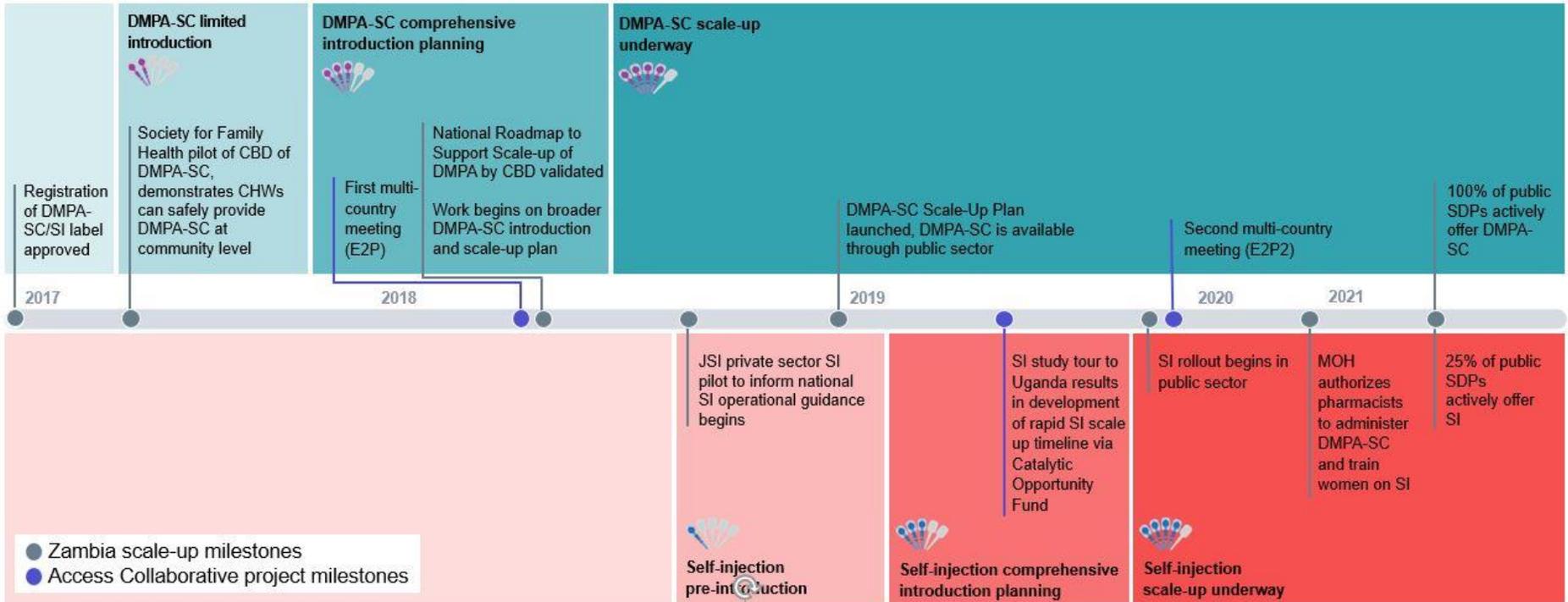
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Zambia DMPA-SC and self-injection scale-up timeline



Abbreviations: CBD: community-based distribution; CHW: community health worker; E2P: Evidence to Practice; MOH: ministry of 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 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.
- 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 comprehensive introduction planning:** Partners and governments are working to develop and cost a comprehensive introduction and national scale-up plan which includes SI and/or an SI plan is being developed separately, drawing from earlier pilot studies or projects, as applicable.
- 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.