SARAI REPORT ON DMPA SC PILOT

BACKGROUND

The Sexual and Reproductive Health for All Initiative (SARAI), now in its third of five years, is a USAID-funded, project aiming to increase the modern contraceptive prevalence rate by 2% annually through increased access to and improved quality of FP/RH services as part of the global FP2020 effort. The project is working under guidance of the Ministry of Health (MOH) with partners Development Aid from people to People (DAPP) and ChildFund and Population services International (PSI).

The project aims to achieve its goal by (i) improving family planning service delivery; (ii) strengthening accountability of FP service delivery systems; and, (iii) increasing healthy family planning and reproductive health practices. The project is working to scale up uptake of modern FP services through multi stakeholder participation and networking approach with the MOH at provincial, district, facility and community levels. The project also works to increase the method mix of family Planning methods and make the products more easily accessible to the community. It is against this background that the DMPA SC pilot was conducted in 29 health facilities across three SARAI supported districts, namely, Kalulushi, Kawambwa and Mafinga from May to July 2017.

Pilot Objectives

- To assess the feasibility of introduction of the prefilled injectable to the community through Community Based Distributors (CBDs)
- To evaluate acceptability of the new method by the community
- To share lessons learnt that will inform national scale up

Overview of DMPA SC

Depot Medroxyprogesterone Acetate Subcutenous (DMPA SC) or Sayana Press is a novel three-month, progesterone injectable contraceptive that combines the drug and needle in the uninject injection system. It is small and easy to use, and requires minimal training, making it suitable for community based distribution and for women to self-inject. It expands access to effective and safe contraception, and increases the pool of contraceptive options for women. These unique characteristics also make it well suited for low-income countries such as Zambia, principally in remote and rural areas.
Pilot Design

SARAI co-designed the pilot with MOH and other partners through the family planning technical working group. The pilot strategy, which involved introducing DMPA SC through CBDs in 29 health facilities, was presented to MOH and partners during a technical working group meeting. Similar meetings were conducted at provincial and district levels. MOH finally approved the pilot strategy in February 2016.

Monitoring and evaluation activities were also built into the pilot from inception. A set of indicators was selected from global indicators of DMPA SC, and used to track progress of pilot activities.

TRAINING AND SUPERVISION

Training of CBDs and Supervisors

Training of CBDs as providers of DMPA SC and their supervisors was at the heart of the pilot. The project employed a cascade training approach which allowed for introduction of DMPA SC at all levels of the health system. In November 2016, a Consultant from Uganda was engaged to conduct a 3 day training for XXX national level master trainers drawn from all the 10 provinces of Zambia. Thereafter, a training of 35 CBD supervisors drawn from Kalulushi (13), Kawambwa (12) and Mafinga (10) was conducted in Kabwe. These supervisors included health facility based CBD supervisors and district level supervisors such as MCH Coordinators and Pharmacists, and had the following roles:

i. Post training supervision to ensure CBDs attain proficiency

ii. Ensure CBDs adhere to injection safety standards

iii. Facilitate accurate data management and record keeping

iv. Commodity stock management

v. Monitoring and Management of Adverse Events.

In March/April 2017, a 3 day training for 161 CBDs from Kalulushi (53), Kawambwa (52) and Mafinga (56) was conducted. All the CBDs trained in the administration of DMPA SC were previously trained and experienced in the provision of DMPA IM. Figure 1 below shows number of CBDs trained implementing district.

Figure 1: Number of CBDs trained by implementing district
CBD characteristics

- 59% of the CBDs were Male.
- 77% were above the age 35.
- And 87% of the attained Secondary education.

Supervision of CBDs

Post-training mentorship and supportive supervision of CBDs was an integral part of the pilot project. In order to facilitate attainment of proficiency, each CBD was attached to a health facility, where he/she was to provide at least 5 DMPA SC injections under supervision before being allowed to practice in the community. A standard injection supervision checklist was used to assess CBD competency in injection safety.

Supervisors also conducted regular field level supervision which focused on data management and safe disposal of clinical waste.

DMPA SC stock management

In October 2016, Society for Family Health received 200,000 units of DMPA SC from USAID. The product was meant to be administered in SARAI supported districts. Stock consumption data from the three months (February-April 2017) that preceded the pilot showed that on average each CBD administered 10 doses of DMPA IM per month.

Therefore, each CBD was given 10 doses of DMPA SC post training.

In order to avoid commodity stock out, each facility was given 30 doses as buffer stock. All CBDs were advised to re-order once 50% of stock on hand was used up. In addition, all CBDs were supplied with stock tracking forms and were given lockable wooden boxes for
storing commodities. As shown in figure 2 below, 6,530 DMPA SC doses were given to implementing districts.

Figure 2: DMPA SC doses supplied by implementing district

- Kalulushi 2,230
- Kawambwa 2,130
- Mafinga 2,170