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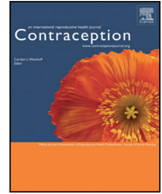
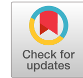


Original research article

Introducing the subcutaneous depot medroxyprogesterone acetate injectable contraceptive via social marketing: lessons learned from Nigeria's private sector☆



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ABSTRACT

Objectives: The subcutaneous depot medroxyprogesterone acetate (DMPA-SC) injectable contraceptive was introduced in South West Nigeria in 2015 through private sector channels. The introduction included community-based distribution and was supported by a social marketing approach. From program monitoring and evaluation, aimed at understanding performance, market reach and other process measures, we identify lessons learned to inform future scale-up efforts.
Methods: We synthesized the findings from a core set of key performance indicators collected through different methods: (1) implementer performance indicators, (2) phone survey of DMPA-SC users (n=541) with a follow-up after 3 months (n=342) and (3) in-depth interviews with 57 providers and 42 users of DMPA-SC.
Results: Distribution of DMPA-SC to private providers was concentrated in states with large urban populations. A shift toward focusing on high-volume family planning facilities coincided with a rapid increase in distribution in late 2016. Users reached in the phone survey were generally older and married with children; few were under age 25. Users and providers reported favorable opinions of DMPA-SC. Many users reported choosing DMPA-SC due to recommendations from providers and friends, and the hope of experiencing reduced side effects compared to other methods. While users reported positive experiences interacting with community-based distributors, the delivery model encountered a number of challenges — high turnover, low motivation, lack of an appropriate compensation package and logistical costs — and was ultimately disbanded.
Conclusions: In the DMPA-SC introductory program in Nigeria, distribution was amplified when focused on high-volume contraceptive providers. Although community-based distribution can be one effective service delivery model for reaching underserved populations, more consideration for balancing cost recovery and public health goals through private sector approaches are needed in the context of South West Nigeria. Additional communications and outreach efforts are needed to reach younger, unmarried users with contraceptive services.
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1. Introduction

Reducing unmet need for modern contraception remains a priority in global public health [1]. In Nigeria, Africa's most populous country, unmet need remains high as many women continue to face barriers to accessing contraception, including lack of trained health providers, provider biases against contraceptive use among certain subpopulations of women, lack of confidentiality, and cultural and religious opposition [2,3]. The modern contraceptive prevalence rate (mCPR) among all married women increased from less than 10% in 2013 to 16.0% in 2016 [4,5]. The Government of Nigeria, in collaboration with both public and private sector partners, has pledged to achieve an mCPR of 27% by 2020 [6,7]. To accelerate progress toward this goal, subcutaneous depot medroxyprogesterone acetate (DMPA-SC, brand name Sayana

☆ Key message: DMPA-SC distribution in the private sector market was amplified when focused on high-volume contraceptive providers; targeted efforts are needed to reach younger, unmarried women.

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Press) was introduced to the contraceptive method mix in Nigeria — first through private sector providers via social marketing in 2015 and later through public sector providers in late 2016. Nigeria's total market approach to the introduction of DMPA-SC departed from the more controlled research or pilot launch conditions implemented in other countries [8–10]. To monitor and evaluate the private sector launch, a suite of data collection activities was designed to generate timely information for program course correction and to document insights capable of informing scale-up efforts. This paper presents synthesized findings and lessons learned from the monitoring and evaluation (M&E), many of which highlight important considerations for future efforts to introduce and expand the use of DMPA-SC in the private sector in Nigeria and beyond.

1.1. The introduction of DMPA-SC in Nigeria

DMPA-SC was introduced to Nigeria in January 2015 by DKT Nigeria, a nonprofit organization specializing in contraceptive social marketing, a strategy that leverages existing market infrastructure, incentives and methodologies to expand access to contraceptive services and products. For a detailed description of the organization, its operations and the DMPA-SC program, please see the Supplementary materials. DKT Nigeria's contraceptive social marketing aimed to reduce unmet need for contraception and increase access to reproductive health services by: (1) ensuring wide availability of high-quality, affordable reproductive health products through private sector supply chains and (2) creating demand through integrated, evidence-based behavior change campaigns. For the DMPA-SC introduction program, supply-side components included (1) medical detailing to service providers including a transition to targeting high-volume contraceptive providers, (2) utilizing existing wholesale distribution channels and linkages with professional health worker associations, (3) offering provider trainings and (4) establishing a new community-based distribution (CBD) delivery model. Demand-side components included (1) using traditional mass media approaches through television, radio, and posters and banners hung at providers' facilities; (2) leveraging digital and online media; (3) creating an independent brand (i.e., honey and banana) focusing on reproductive health and (4) offering an SMS message reminder service to users to facility timely reinjections. These components are described below.

1.1.1. Supply-side program features

Though there were a small number of small-scale DMPA-SC pilot projects in Nigeria, DKT Nigeria remained the only large procurer and distributor of DMPA-SC until public sector provision began in late 2016. DKT Nigeria's DMPA-SC program initially focused efforts in seven South West states (Lagos, Oyo, Ogun, Osun, Ondo, Ekiti and Kwara), distributing the product through existing private sector providers [e.g., health facilities and drug shops] and established distribution channels (i.e., wholesalers and medical professional associations), through which a large proportion of contraceptive users in Nigeria obtain their methods [4]. Each DMPA-SC unit (i.e., single contraceptive injection dose) was sold to providers for 250 Naira (~US$1.25) with a recommended retail price of 500 Naira (~US$2.50); providers could also charge an additional fee for administration. Medical sales representatives, DKT Nigeria's sales force tasked with medical detailing to health providers and responsible for last-mile distribution of contraceptives, were trained and deployed to directly engage with health providers on DKT's product portfolio, including DMPA-SC. A sales database was instituted in October 2015 to facilitate real-time tracking of all product sales to service providers and provide data for operational improvements.

In August 2016, the DKT Nigeria reoriented the DMPA-SC sales operations around a "hotspot" approach, which identified and focused distribution to high-volume reproductive health service establishments. Rewards of equipment or supplies were offered for different quantities of bulk purchases (e.g., 100 units, 200 units, or 500 units) of DMPA-SC and other reproductive health products offered by DKT Nigeria. Rewards were linked to the value of contraceptives purchased and not to client utilization, and each reward tier included quantities for different products (e.g., IUDs, pills, implants) to ensure that these facilities could offer a variety of contraceptive products. DKT Nigeria routinely provided facility-based DMPA-SC trainings for new hotspot facilities.

DKT Nigeria also offered service providers training on counseling for and administration of DMPA-SC. Training content used PATH's training curriculum for DMPA-SC but was adapted for Nigeria to include a general overview of contraceptive methods and counseling and specific information on DMPA-SC (e.g., unique features, comparison with other instramuscular injectables, benefits, side effects and their management) including an injection practicum [11,12]. Although trainings of private sector providers were held consistently throughout the project period, DKT Nigeria adjusted the training recruitment approach to better target only providers who were already interested or involved in reproductive health service provision. This was a result of early experiences with trainees who were discovered to be disinterested in contraception when training was offered to any provider invited by sales representatives. Coinciding with the launch of the hotspot program, DKT shifted from a centrally located training venue with participants brought from many facilities to facility-based trainings held only for relevant facility employees. This shift helped improve the targeting and efficiency of trainings and ensured that more than one health worker at each facility could provide contraceptive services.

An additional program feature was the development of a private sector CBD channel, directly managed by DKT Nigeria, to proactively offer more personalized, accessible contraceptive service in community settings (e.g., at clients' homes, in marketplaces). One aspirational goal of this CBD approach was to reach underserved women with unmet need for contraception (e.g., from rural areas, younger women). Beginning in August 2015, a cadre of trained and licensed Community Health Extension Workers (CHEWs) was recruited and branded as "DKT Bees." Bees went into communities and offered contraceptive services, including counseling; pregnancy testing; and provision of condoms, oral pills or DMPA-SC.[1] Bees were trained to refer clients to a facility for longer acting contraceptives such as implants or IUDs, which were beyond the Bee scope of practice. The recommended retail price for DMPA-SC from Bees was also 500 Naira (~US$2.50), inclusive of administration. Bee performance was measured based on the quantity of units administered to women in the communities where they were deployed. As financial incentives, Bees were permitted to keep the profit markup on all products sold, along with receiving regular allowances for transportation and communications.

While CHEWs were able to administer injections by virtue of their licensing [13], conducting proactive CBD was a new model of service delivery for this cadre. Even though CHEWs were as originally designed and trained for CBD work, facility-based service provision had evolved to become their service delivery norm over time [14]. As such, many Bees recruited early in the program were unfamiliar with and unprepared for the rigors of community engagement and proactive outreach. To address high turnover and initial low performance of many recruited Bees, DKT Nigeria adjusted the operational model to include more rigorous screening for highly-motivated candidate — those better prepared for the travel and interpersonal communications of community outreach — along with additional training for Bees on business management and customer engagement skills. DKT Nigeria also launched a form of supportive supervision by DKT-employed nurses beginning late 2015. DKT Nigeria again restructured the Bee program in Quarter 2 2016 in response to some misuse of transportation and communications allowances: Bees would now receive earnings of 50% of all products sold without further stipends. Despite these adjustments, DKT

[1] CHEWs are a special cadre of health workers in Nigeria employed in the public sector who undergo formal training and are permitted to administer injectables [13].

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