NIGERIA: DMPA-SC QUANTIFICATION REPORT

Technical Report

September 2017

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JSI

JSI Research & Training Institute, Inc (JSI) is a U.S.-based health care consulting firm committed to improving the health of individuals and communities worldwide. Our multidisciplinary staff works in partnership with host-country experts, organizations, and governments to make quality, accessible health care a reality for children, women, and men around the world. JSI's headquarters are in Boston, Massachusetts, with U.S. offices in Washington, D.C.; Atlanta, Georgia; Burlington, Vermont; Concord, New Hampshire; Denver, Colorado; Providence, Rhode Island; and San Francisco, California. JSI also maintains offices in more than 40 countries throughout the developing world.

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ACRONYM LIST

CHEWs	Community Health Extension Workers
CPR	Contraceptive Prevalence Rate
DHS	Demographic and Health Survey
DMPA-SC	Depot Medroxyprogesterone Acetate-sub cutaneous
FHD	Family Health Directorate
FMOH	Federal Ministry of Health
GON	Government of Nigeria
H/SI	Home and Self Injection
LGAs	Local Government Areas
LMIS	Logistics Management Information System
PHC	Primary Healthcare Centre
TMA	Total Market Approach
TSU	Technical Support Unit
UNFPA	UN Population Fund

EXECUTIVE SUMMARY

In Nigeria, the Federal Ministry of Health (FMOH) is working to improve access to contraceptives. A key strategy is to expand the choice of contraceptives methods available to Family Planning clients. As part of achieving this objective, the FMOH is working to coordinate and drive efforts to introduce Depot Medroxyprogesterone acetate sub-cutaneous (DMPA-SC) in the country with technical support of the Technical Support Unit (TSU) implemented by Palladium. FMOH is working with stakeholders to develop and document a formal strategy for the introduction of DMPA-SC into the basket of contraceptive methods in Nigeria.

This quantification exercise supported the FMOH and stakeholders to forecast national requirements for DMPA-SC and develop supply plans to identify funding gaps and for shipment planning of DMPA-SC for the public sector. The quantification exercise covered a period of three years, 2018 – 2020.

A three-day quantification workshop was conducted in August 2017, with participants including representatives from the FMOH, State Ministries of Health, UNFPA, DMPA-SC pilot implementing partners, GHSC-PSM and the TSU. The full list of participants is listed in Annex 1. This workshop included the development of demographic, consumption, and service capacity-based forecasts based on historical data and participant-approved assumptions using best practice methodologies.

A key assumption for all forecasts created as part of this exercise is the planned timings of trainings of FP service providers to counsel users on DMPA-SC and administer. Based on the tentative strategy for scaling up DMPA-SC to the 36 states and FCT for the public sector as provided by FMOH, the number of providers that would be trained in each year was calculated. This plan is based on assumptions that:
- There are no more planned trainings for providers during 2017
- In 2018 the trainings will cover the remaining LGAs in the 10 pilot States
- Over each of the subsequent three years, trainings will fully cover 9 additional States, spread across the main geopolitical zones
- In 2019 trainings will also begin for Community Based Distributors
- Within each State, there will be 1 tertiary hospital, 1 general hospital per LGA, and 4 primary healthcare centres per LGA
- Each tertiary hospital would have 5 trainees, each general hospital would have 4, each primary healthcare centre would have 2 trainees and 5 Community Based Distributors to be trained

The number of providers to be trained and the cumulative number of providers are outlined in the table below.

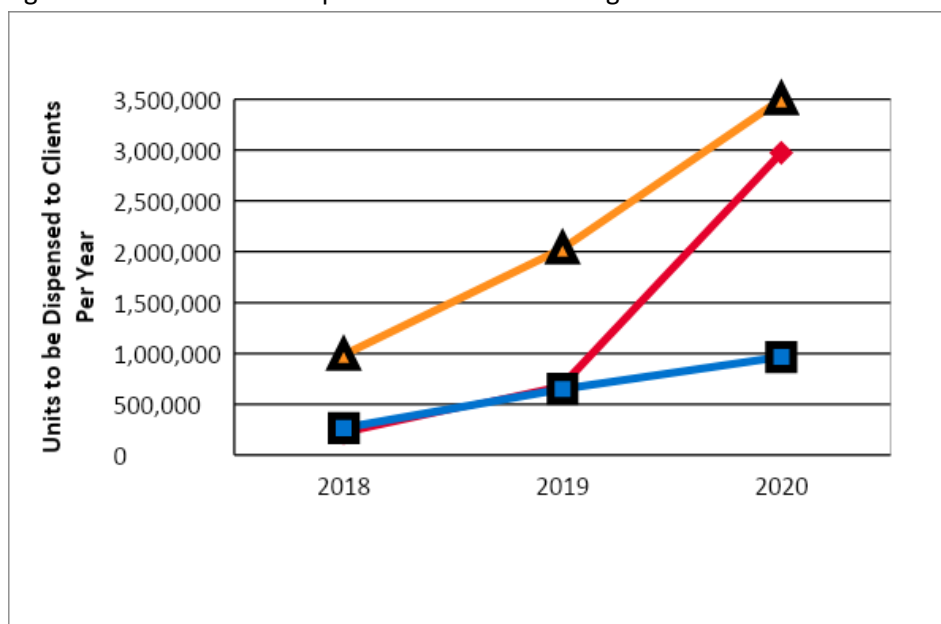**Table : Number of providers to be trained per year**

Year	Number of Providers to be trained that year	Cumulative number of providers	Year to Year percentage growth
2017		3,912	
2018	1,662	5,574	42%
2019	7,941	13,515	142%

| 2020 | 6,701 | 20,216 | 50% |
| 2021 | 6,477 | 26,693 | 32% |

It should be noted that this scale-up plan represents a crucial assumption for this quantification exercise, as all forecasts subsequently included this year-over-year percentage increase to factor for growth in upcoming years.
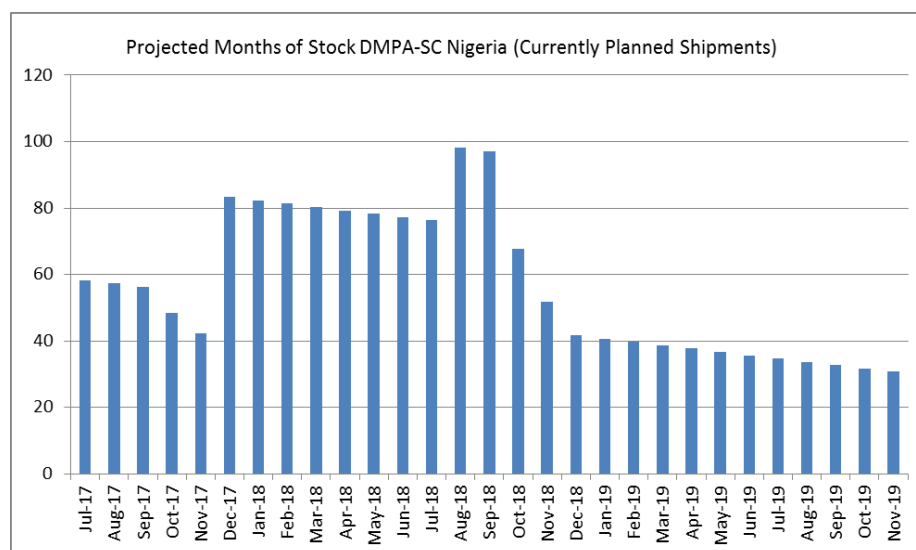
Application of these and other assumptions documented in this report led to the generation of the following forecasted consumption quantities.

Figure: Forecasted consumption of DMPA-SC for Nigeria 2018 - 2020

The final stage of the quantification workshop focused on development of a supply plan (a two-year projection of anticipated system-wide stock levels and required shipments) for DMPA-SC. Completion of the supply plan required identification of several data points listed in this report.
Applying these figures to a supply planning spreadsheet template produced the following projected stock levels.

Projected Months of Stock DMPA-SC Nigeria (Currently Planned Shipments)

To maintain stock levels within the desired months of stock range, shipment quantities and timings would occur as listed in the following table, with the remaining 500,000 vials to be delivered in 2020.

Month to be Received	Desired Quantity
March 2019	500,000
January 2020	500,000

Following this exercise, the quantification team recommends that the FMOH and its partners on DMPA-SC scale up undertake the following actions:

Delay planned shipments in accordance with recommended shipment volumes listed above
As described above, if consumption follows the pattern recommended by workshop participants in this exercise, the shipments currently planned will introduce overstocks to Nigeria's country pipeline. Please note that the forecast is largely dependent on the scale-up plan discussed during this exercise, so if timings of planned trainings change, this forecast and the associated supply plan should be updated.

Integrate DMPA-SC forecast into national FP forecasting process
Nigeria manages its FP commodity pipeline through a single quantification process. This one-off exercise for DMPA-SC only occurred to complement the introduction strategy and to collect baseline assumptions for the new commodity. Subsequently it should be incorporated into existing national quantification exercises, starting with the quantification review scheduled to occur in October or November 2017. At this point assumptions used for DMPA-SC will be shared for further review.

Review pipeline for DMPA-SC quarterly throughout the scale-up process

Particularly for new commodities whose consumption patterns are difficult to predict, consumption figures should be reviewed on a quarterly basis. If observed consumption patterns differ from forecasted consumption, the forecast and associated supply plan can be updated.

BACKGROUND

In Nigeria, the Federal Ministry of Health (FMOH) is working to improve access to contraceptives. A key strategy is to expand the choice of contraceptives methods available to Family Planning clients. As part of achieving this objective, the FMOH is working to coordinate and drive efforts to introduce Depot Medroxyprogesterone acetate sub-cutaneous (DMPA-SC) in the country with technical support of the Technical Support Unit (TSU) implemented by Palladium. FMOH is working with stakeholders to develop and document a formal strategy for the introduction of DMPA-SC into the basket of contraceptive methods in Nigeria.

Nigeria is currently at the stage of moving from pilot introduction to scale-up. Currrently, DMPA-SC is available to clients through routine service delivery channels and scale-up is in progress. The FMOH plans to harness the potentials of DMPA-SC to expand access to family planning services and thus accelerate the goal of achieving a national CPR of 36% by 2020. DMPA-SC was registered for provider administration in 2011 and subsequently approved for Home/Self-injection (H/SI) in 2016 by NAFDAC. It is currently being sourced by UNFPA in the public sector and DKT in the private sector. The FMoH has recognized the opportunities DMPA-SC provides to achieve rapid increase in volume as well as reach previous non-users. It plans to leverage the work done by partners to roll-out a comprehensive scale-up plan for both the public and private sectors. In this way, the GoN is adopting a Total Market Approach (TMA) to maximize the complementary effects of both sectors to expand access and equity.[1]

UNFPA partnered with three implementing partner organizations and piloted its introduction in ten states (about 79 local government areas [LGAs]). The pilot mainly occurred at the Primary Health Centre (PHC) level with the training of midwives, Community Health Extension Workers (CHEWs) and other community-level cadres in these states.

PURPOSE AND SCOPE OF THE QUANTIFICATION EXERCISE

This quantification exercise supported the FMoH and stakeholders to forecast national requirements for DMPA-SC and develop supply plans to identify funding gaps and for shipment planning of DMPA-SC for the public sector. The quantification exercise covered a period of three years, 2018 – 2020.

QUANTIFICATION FOR PUBLIC SECTOR NEEDS

Data Collection and Analysis

Demographic Data: Conventional relevant demographic assumptions were gathered ahead of the quantification workshop and collated for participant review. Assumptions and sources selected to include in the demographic forecast are listed below under "Assumption Building."

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[1] National DMPA-SC Accelerated Introduction and Scale Up Plan (Draft)

Service Capacity Data: Data on current number of trained providers as of June 2017 was shared by UNFPA. The number of trained providers as of June 2017 was 3,912, including about 1,479 Community Health Extension Workers (CHEWs) and the rest predominantly Community Resource Personnel (CRPs). Also, information on the planned scaleup of the DMPA-SC provision via provider training in Nigeria was provided by the FMOH. The scaleup is currently anticipated to occur in four phases and is listed below:

- Phase 1 – Scaleup to the remaining LGAs in the 10 states by end of 2018
- Phase 2 – Scaleup to 9 additional states and inclusion of CBDs in provider training in 2019
- Phase 3 – Scaleup to 9 additional states in 2020
- Phase 4 – Scaleup to the remaining 9 states

Numbers of LGAs per State were obtained from official sources. In addition, data was collected from the draft DMPA-SC introduction and scale-up strategy document on the number of health facilities per level that will source providers for training purposes. Workshop participants also developed assumptions about the number of health workers to target for training per health facility type.

Consumption Data: Dispensed to user data was collected by UNFPA's three implementing partners covering ten states currently undergoing the pilot for DMPA-SC. The data covered a nine month period from October 2016 to June 2017 with the most recent four months largely accounting for the period when providers had been trained and most new users accepted the method.

Assumption Building

A three-day quantification workshop was conducted and participants included representatives from the FMOH, State Ministries of Health, UNFPA, DMPA-SC pilot implementing partners, GHSC-PSM and the TSU. The full list of participants is listed in Annex 1.

During this exercise the participants built and agreed on the following assumptions:

Demographic Forecast

After a training session covering forecasting concepts and demographic/morbidity forecasting methods, participants developed a demographic forecast for DMPA-SC by reviewing data for individual assumptions and agreeing on figures to apply. Data were largely compiled in advance of the workshop and provided to participants as hard copy packets for review, although several assumptions were developed in-process using additional data. The following table lists the figures agreed upon by participants along with the source and justification used.

Assumption	Figure Applied	Source	Justification
Total Population 2016	193,392,517	National Bureau of Statistics (NBS). 2016. Demographic Statistics Bulletin 2015. Abuja:	Official government figures

		Demographic Statistics Division	
State Level Populations 2015 (Scaled to 2016)	National population figure broken into individual States	National Bureau of Statistics (NBS). 2016. Demographic Statistics Bulletin 2015. Abuja: Demographic Statistics Division	Following initial forecast review, the demographic forecast figures were adjusted to total cumulative "populations served" by assuming timing of DMPA SC provider training across the 37 States.
Population Growth Rate	2.8%	NBS. 2017. Annual Abstract of Statistics 2016 Vol. 1 Abuja: Demographic Statistics Division	Official government figures
% Female	49.5%	NBS. 2014. Statistical Report on Women and Men in Nigeria. Abuja: Demographic Statistics Division	Official government figures
% WRA (of all women)	44.4%	Nigeria DHS 2013 Table 2.7	Best locally relevant source
Modern CPR 2016 (All Women)	14.7%	Track 20 www.track20.org/FP2020	Considered to be more up to date than 2013 DHS despite lack of knowledge regarding model assumptions
Modern CPR Growth Rate per Year	1.2%	Palladium. 2017. Modeling the Implications of DMPA-SC Scale-Up in Nigeria (Draft Presentation).	Accounts for DMPA-SC introduction. Also represents approximate midpoint between FMOH target of 2.0% and Track20 projection
Method Mix – Injectables	37.6%, growing linearly at 2.1% per year	FMOH. 2014. Nigeria Family Planning Blueprint (Scale-Up Plan). Abuja: Federal Government of Nigeria.	Projected method mix and growth scaled for modern methods only and extended to 2020.
Source Mix	58.3% Public Sector, 39.9% Private Sector	Nigeria DHS 2013 Table 7.6	Assumed to have remained the same since 2013, assumed to remain stable
Brand Mix Sayana Press vs Depo (Public Sector)	11% vs 89%, shifting to 53% vs 47% by 2020	Calculation from FHD LMIS figures for Depo and UNFPA figures for Sayana Press	2017 figures calculated from Q1 issues of Depo from States to LGAs compared to quantities dispensed of Sayana Press through UNFPA implementing partners. Scaled for subsequent years for assumed training scale-up (See Service Capacity Forecast) with effect realized at

			end of training year. Rebalancing of brand mix assumed to come from switches from Depo to Sayana press as well as greater new adoptions of Sayana press or switches from other methods.
Couple Years Protection 3-month injectable	4 units per year	USAID	No local figures identified

Service Capacity Based Forecast
- Number of providers to be trained on DMPA-SC provision per facility type
    - o   Tertiary Hospitals: 5 providers
    - o   General Hospitals: 4 providers
    - o   PHCs: 2 providers
    - o   CBDs: 5 providers per PHC
- Number of facilities per level
    - o   Tertiary Hospitals: 1 per state
    - o   General hospitals: 1 per LGA
    - o   PHCs: 4 per LGA
- Number of doses to be administered by a provider by month: Even though 3,912 providers had been trained, participants identified that most of the initial doses were administered by CHEWS and midwifes, as CRPs initially mobilized clients and will subsequently administer doses from the second revisit. As a result, participants agreed to calculate the number of doses per month based on number of chews and midwives. Thus, the number of doses per provider per month was 17 doses.
- Number of doses per provider for training purposes: Based on the experience of the IPs, it was agreed that each provider will need two doses of DMPA-SC or a placebo if available for training purposes.
- Trainings will take place quarterly.

Based on the tentative strategy for scaling up DMPA-SC to the 36 states and FCT for the public sector, the number of providers that would be trained in each year was calculated. The number of providers to be trained and the cumulative number of providers are outlined in table below

Table : Number of providers to be trained per year

Year	Number of Providers to be trained that year	Cumulative number of providers	Year to Year percentage growth
2017		3,912	
2018	1,662	5,574	42%
2019	7,941	13,515	142%
2020	6,701	20,216	50%

| 2021 | 6,477 | 26,693 | 32% |

The enormous percentage growth in 2019 is because of the planned training of CBDs to be included in the cadre of providers for training.

It should be noted that this scale-up plan represents a crucial assumption for this quantification exercise, as all forecasts subsequently included this year-over-year percentage increase to factor for growth in upcoming years.

Consumption Based Forecast
- The average monthly consumption for the remainder of 2017 was estimated to be an average of the first six months of 2017. Forecasted consumption will be projected based on program growth as shown by service capacity data.
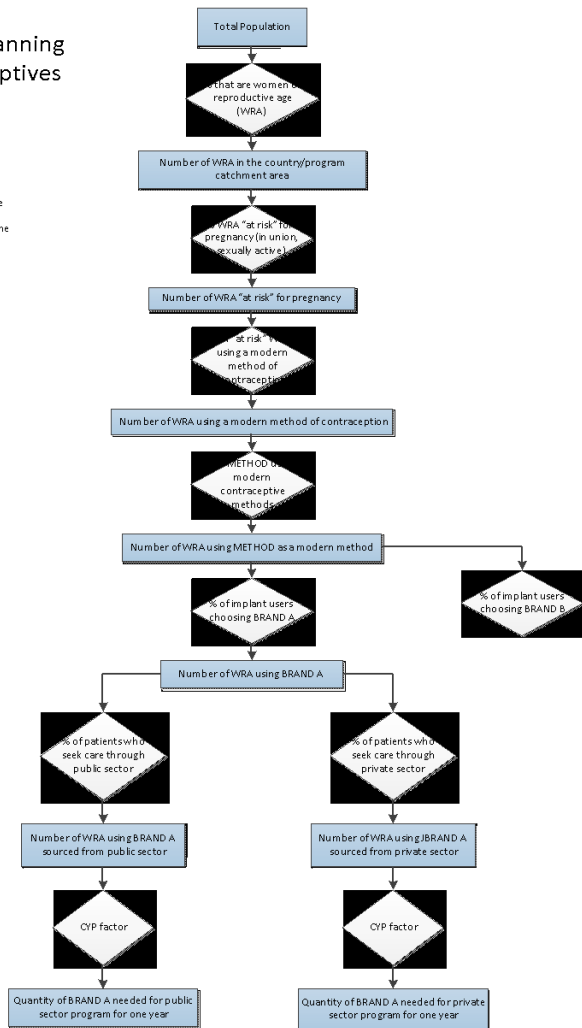
Forecast Methodology and Projected Consumption

Demographic Method

The demographic forecast followed a series of calculations to quantify the target population of women who would be expected to seek DMPA-SC from a public facility in each year of the forecast, and subsequently the number of DMPA-SC vials that would be needed to serve these women. This method conforms to standard best practices of demographic forecasting of contraceptive requirements as applied in numerous other contexts. The diagram below presents the series of calculations involved in the demographic forecast as a decision tree. It should be noted that for this forecast participants concurred that family planning services are targeted at all women of reproductive age rather than only married women, meaning that the decision point in the diagram regarding % of women of reproductive age "at risk of pregnancy" was ignored, or assumed to be 100%.

Figure: Demographic Forecast "Decision Tree" for Contraceptive Methods

Family Planning Contraceptives

Include consumables like gloves, syringe, water and lidocaine

Flowchart:
- Total Population
- % that are women of reproductive age (WRA)
- Number of WRA in the country/program catchment area
- % WRA "at risk" for pregnancy (in union, sexually active)
- Number of WRA "at risk" for pregnancy
- % "at risk" WRA using a modern method of contraception
- Number of WRA using a modern method of contraception
- % METHOD of modern contraceptive methods
- Number of WRA using METHOD as a modern method
  - % of implant users choosing BRAND A
  - % of implant users choosing BRAND B
- Number of WRA using BRAND A
  - % of patients who seek care through public sector
    - Number of WRA using BRAND A sourced from public sector
    - CYP factor
    - Quantity of BRAND A needed for public sector program for one year
  - % of patients who seek care through private sector
    - Number of WRA using JBRAND A sourced from private sector
    - CYP factor
    - Quantity of BRAND A needed for private sector program for one year

Service Capacity Based Method

A service Capacity forecast was calculated based on the algorithm below:

Cumulative number of providers trained to offer DMPA-SC for month 1

X Estimate of potential DMPA-SC doses provided per provider per month

Number of doses DMPA-SC trained providers could offer for month 1

Total number of doses for year 1
=
Number of doses for month 1+ number of doses for month 2 + ……………… + number of doses for month 11 + number of doses for month 12

this document.

In addition, the number of doses required for training purposes was also included. The forecast based on service capacity methodology is outlined in the table below.

Table : Service Capacity Forecast for the Public Sector

	2017	2018	2019	2020
DMPA-SC / Sayana Press	399,024	981,920	2,015,316	3,498,872
Training purposes	-	3,328	15,888	13,408
Total Need (public sector)	399,024	985,248	2,031,204	3,512,280

Consumption Method

Historical consumption data on the pilot rollout of DMPA-SC in 76 LGAs in the 10 states was collected and shared by UNFPA. The data for October to December 2016 was not considered to be a good representation of the historical demand as that period was mostly when training of providers occurred. In addition, though a huge portion of the consumption occurred in the last four months, the implementing partners present stated that the high demand seen in the last quarter may not continue as they had already seen a decline in the number of doses dispensed in July 2017. The decline was likely due to the cessation of incentives that was given to providers. As a result, participants agreed to calculate the average monthly consumption based on the average monthly demand from January to June 2017. The AMC was used to calculate the probable demand for DMPA-SC in 2017.

Participants agreed that the forecast demand will likely grow at the rate of number of new providers trained and thus agreed to project the forecast for 2018 to 2020 based on the percentage growth in the number of trained providers per year. The forecast based on this methodology is outlined in the table below.

Table : Consumption Based Forecast for the Public Sector

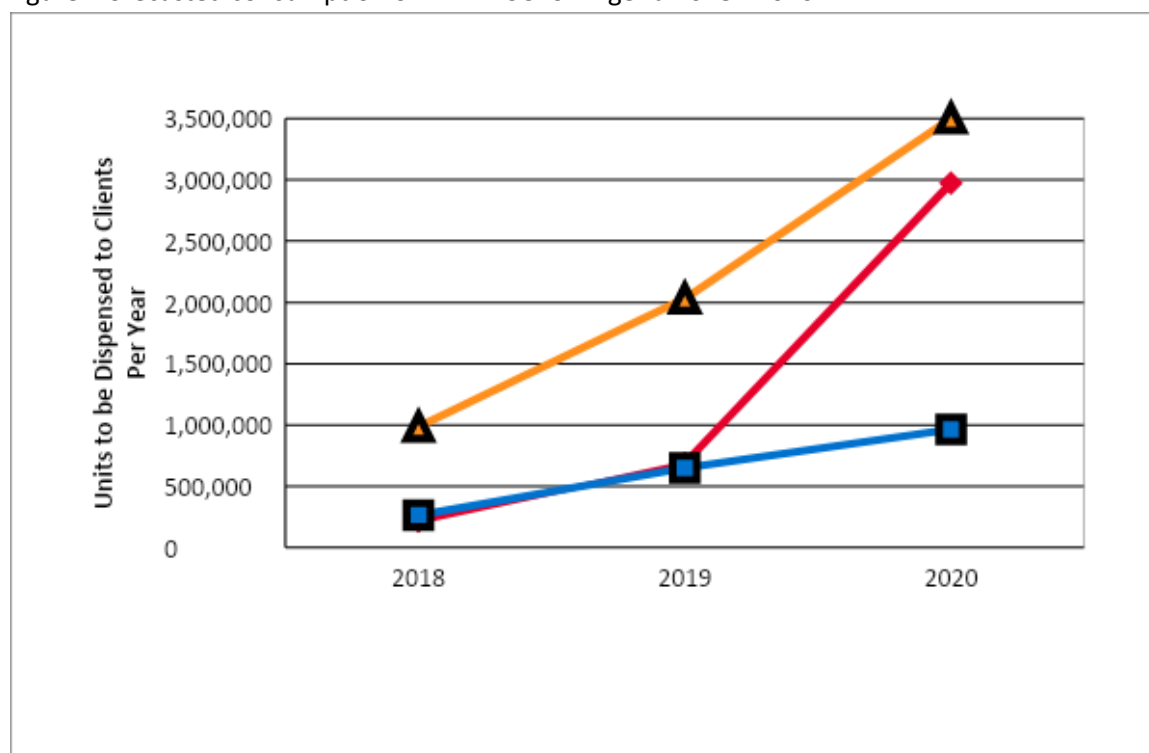|	2017	2018	2019	2020
DMPA-SC/ Sayana Press	184,552	262,064	634,194	951,292
Training purposes	-	3,328	15,888	13,408
Total Need	184,552	265,392	650,082	964,700

Forecast Reconciliation

The forecast from the four methods were compared and the strengths and weaknesses of each data type identified.

Data Type	Strength	Weakness
Consumption	Data was reliable and complete	Covered only 9 months which is a short period. Program growth was calculated based on scale-up

		of provider training which may change as the scale-up plan hasn't been approved.
Service Statistics	Same as Consumption data	Same as consumption data
Service Capacity	Represents a maximum consumption constraint	Scale-up and training plan is not yet approved and may change
Demographic Data	CPR was based on historical data and anticipated interventions for the period of the forecast	Changes in intermediate variables – Method and Brand Mix were made based on assumptions on a modelling exercise Population projection for the period of the forecast was based on an estimate of the population in 2016.

Figure: Forecasted consumption of DMPA-SC for Nigeria 2018 - 2020

Participants agreed to select the consumption based forecast as the final forecast as it takes into consideration observed historical consumption and factors in the program growth for the period of the forecast. Additionally, the demographic forecast applies a number of assumptions based on modeling analyses (namely on CPR growth and method mix) rather than formal survey-based sources such as the DHS.
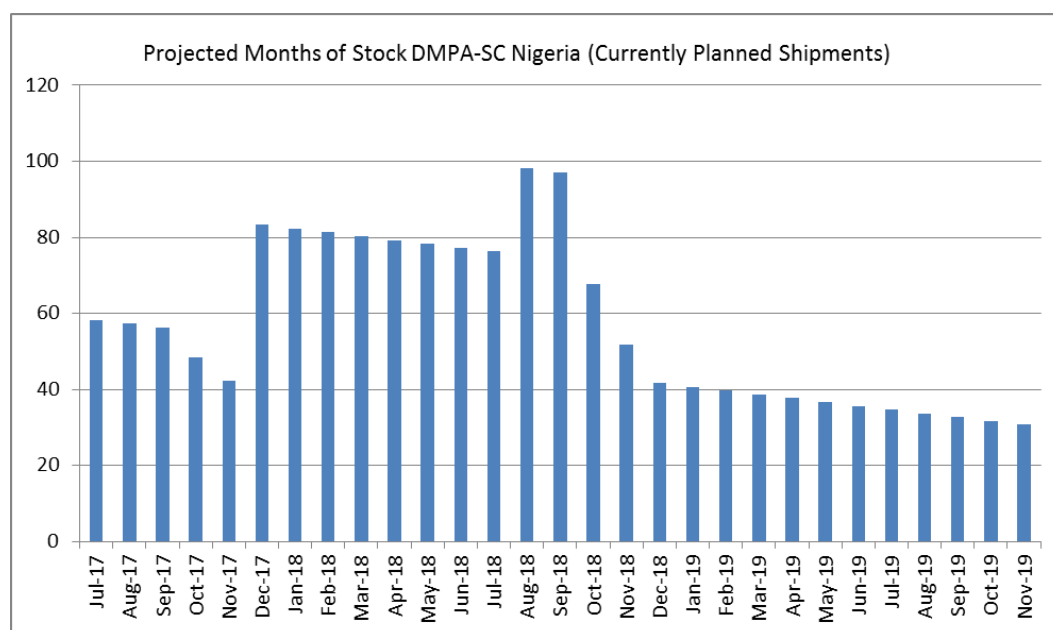
Supply Plan

The final stage of the quantification workshop focused on development of a supply plan (a two-year projection of anticipated system-wide stock levels and required shipments) for DMPA-SC. Completion of the supply plan required identification of several data points and assumptions as follows:
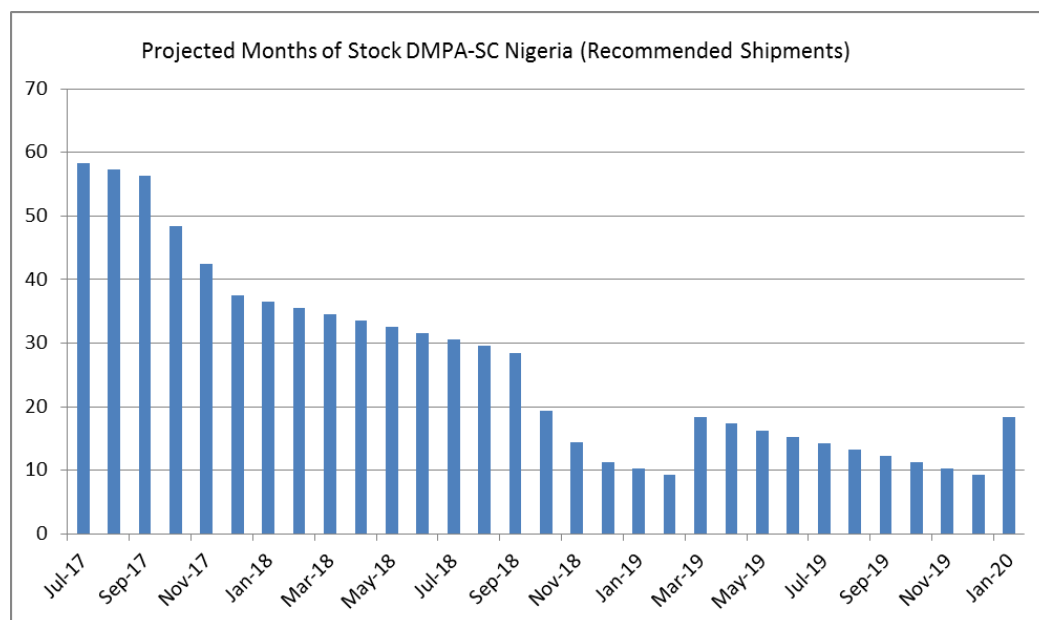
Assumption	Figure Applied	Source
Target Months of Stock levels for national FP programme	Maximum = 18 months, Minimum = 9 months	Family Planning Programme staff
Stock on Hand July 2017	411,309 vials	UNFPA
Shipments on Order (shipping date)	May 2017: 500,000 units Oct 2017: 1,000,000 units June 2018: 500,000 units	UNFPA
Unit cost of DMPA-SC	$1.00 USD	PATH
Estimated associated delivery costs	22% of commodity value	UNFPA

Applying these figures to a supply planning spreadsheet template produced the following projected stock levels.

Keeping the target maximum of 18 months in mind, the anticipated shipments (arriving in July 2017, December 2017 and August 2018) will result in overstocks to the system based on the forecasted consumption patterns recommended by workshop participants. Given the three-year shelf life of DMPA-SC, the stock levels are high enough to raise concerns of eventual expiries. It is therefore recommended to adjust the anticipated shipments by delaying a certain proportion of the expected vials to arrive when the country pipeline is expected to reach its

stock minimum and raise the stock level to its maximum. Following this approach would produce the following projected months of stock.

Projected Months of Stock DMPA-SC Nigeria (Recommended Shipments)

Shipment quantities and timings would occur as listed in the following table, with the remaining 500,000 vials to be delivered in 2020.

Month to be Received	Desired Quantity
March 2019	500,000
January 2020	500,000

However, it is also recommended to routinely review actual consumption to compare to the forecast and adjust the forecast and supply plan as necessary, especially for new commodities such as DMPA-SC.

RECOMMENDATIONS

Following this exercise, the quantification team recommends that the FMOH and its partners on DMPA-SC scale up undertake the following actions:

Delay planned shipments in accordance with recommended shipment volumes listed above
As described above, if consumption follows the pattern recommended by workshop participants in this exercise, the shipments currently planned will introduce overstocks to Nigeria's country pipeline. Please note that the forecast is largely dependent on the scale-up plan discussed during this exercise, so if timings of planned trainings change, this forecast and the associated supply plan should be updated.

Integrate DMPA-SC forecast into national FP forecasting process
Nigeria manages its FP commodity pipeline through a single quantification process. This one-off exercise for DMPA-SC only occurred to complement the introduction strategy and to collect baseline assumptions for the new commodity. Subsequently it should be incorporated into existing national quantification exercises, starting with the quantification review scheduled to occur in October or November 2017. At this point assumptions used for DMPA-SC can be shared for further review.

Review pipeline for DMPA-SC quarterly throughout the scale-up process
Particularly for new commodities whose consumption patterns are difficult to predict, consumption figures should be reviewed on a quarterly basis. If consumption patterns differ from forecasted consumption, the forecast and associated supply plan can be updated.

ANNEXES

ANNEX 1

Participant Contacts

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ANNEX II

Workshop Evaluation

SECTION A		Not at all Satisfied	Somewhat Satisfied		Very Satisfied	
	Items	**1**	**2**	**3**	**4**	**5**
1	Objectives of the workshop				30.4%	65.2%
2	Organization of the sessions			4.3%	26.1%	69.6%
3	Use of Visual Aids			4.3%	30.4%	65.2%
4	Handouts		8.7%		21.7%	69.6%
5	Software demonstrations		4.3%	13.0%	30.4%	52.2%
6	Group size		4.3%	17.4%	43.5%	34.8%
7	Workshop room arrangements			21.7%	30.4%	43.5%
8	Pace of the sessions			4.3%	43.5%	52.2%
9	Length of the Workshop			8.7%	26.1%	60.9%
10	Workshop facilitators			4.3%	21.7%	69.6%
11	Workshop administration			4.3%	43.5%	52.2%
12	Overall organization of the Workshop				39.1%	60.9%

SECTION B		Level of Achievement		
	Objective	**Objective not achieved 1**	**Objective partially achieved 2**	**Objective fully achieved 3**
1	List and describe the steps in the quantification process			95.65%
2	Describe the methodologies and approaches used for quantification		17.39%	78.26%
3	Determine the scope of the quantification to be conducted		26.09%	65.22%
4	Agree on assumptions for preparing each forecast with the data available and make adjustments to data as required		21.74%	73.91%
5	Agree on assumptions for preparing a supply plan for the commodities being quantified		30.43%	65.22%
6	Prepare a short-term forecast using available data		17.39%	78.26%

7	Estimate the total commodity requirements including quantities needed to cover lead time and buffer stock		30.43%	65.22%
8	Describe the purpose of and basic approach to supply planning		17.39%	78.26%

Summary of participants comments

What did they like most?

Thorough theoretical explanation of the forecasting and quantification of SC
The documents given about quantification (DMPA-SC Quantification guideline) and the flash drive with the excel tool
Service capacity method of forecasting
Well informed facilitators

What did they like least?

No sufficient practical exercise for participants
We could not finalize some issues especially due to absence of DKT and requirement of ministerial approval for certain issues
Sitting arrangement
No transport refund for FCT participants

How well has this workshop prepared you to perform your job with respect to quantification for RH Program commodities

Feel somewhat prepared	22%
Feel adequately prepared	48%
Feel well prepared	30%

* Total number of people - 23