

Smiles for Mothers Program Playbook: A guide for country adoption of WHO's revised recommendation on the use of uterotonics for PPH prevention
(Based on SfM experience in Nigeria)


Reducing Postpartum Haemorrhage through Service Delivery and Supply Chain Innovations




Smiles for
Mothers


Playbook navigation guide

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Policy Review

3.1 Policy mapping

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- 3.1 Policy mapping
- 3.2 Stakeholder engagement
- 3.3 Review of policy
- 3.4 SfM experience
- 3.5 Lessons learned

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Use "section overview" to have a quick view of the chapter content

SECTION 3
Section Overview

Policy Review

Objectives of playbook chapter

- Describe the process for the review and update of policy documents
- Provide recommendations on how to engage stakeholders for policy review
- Share findings and lessons learned from the policy review phase



Key activities

- Policy mapping
- Stakeholders mapping
- Policy review and dissemination of revised guidance and training materials

Materials included

- Nigeria essential medicines list
- State essential medicines list
- HSC NAFDAC approval
- Life Saving Skills training Manual
- Stakeholders' engagement plan
- Workshop planning checklist
- Workshop agenda and reports

3.4 SfM experience – National policy review examples
SfM Experience

Theme	Details	Stakeholders Involved	Partners	Output
Essential Medicines List	<ul style="list-style-type: none"> The Nigeria Essential medicines list was launched on Friday, December 11, 2020 SfM supported with planning of the launch event and distribution of the NEML to the Smiles for Mothers program states – Kano, Lagos, and Niger The EML review had been conducted when the Smiles for Mothers program commenced 	<ul style="list-style-type: none"> Director, Food and Drugs Department, FMOH Director, Pharmaceutical Services Division 	<ul style="list-style-type: none"> WHO PSN-PAS UNFPA USAID Pathfinder International JSI CHAI 	
Life Saving Skills Manuals	<ul style="list-style-type: none"> SfM worked with FMOH and other implementing partners to conduct 2 sets of review workshops on July 26 – 30, and August 2 – 6, 2021 and a 2-day virtual validation workshop on January 28 -27, 2022 to finalize the review of the LSS manuals Some key aspects of the review included: <ul style="list-style-type: none"> Updates to the modules on antenatal care Inclusion of heat-stable carbocetin as a uterotonics option PPH prevention Inclusion of a new module on rational use of antibiotics Inclusion of a section on the management of a woman with disabilities 	<ul style="list-style-type: none"> Director, Family Health Director, Reproductive Health Division, FMOH Head of Safe Motherhood Unit, FMOH Members of the National Reproductive Health Technical Working Group 	<ul style="list-style-type: none"> IHP Pathfinder International 	

Foreword



Postpartum haemorrhage (PPH) accounts for approximately 22% of maternal deaths in Nigeria. Over the years, the Federal Government has taken critical steps to improve maternal health outcomes, including the formation of a 34-person task force and publication of a roadmap on "Accelerated Reduction in Maternal Mortality in Nigeria" to drive the achievement of the SDGs' maternal health targets. While these interventions have yielded results, more efforts are required to address key drivers of PPH-related mortality, if Nigeria is to contribute to the global push to reduce maternal mortality ratio to less than 70 deaths per 100,000 live births by 2030.

In December 2020, the Federal Ministry of Health updated its Nigeria Essential Medicine List in line with the updated WHO Essential Medicine List and recommendations on the use of uterotonics for PPH prevention. This update included the introduction of a new uterotonic entrant, heat-stable Carbetocin, for the prevention of PPH. Heat-stable carbetocin is a viable option for countries like Nigeria, where poor power supply and weak cold chain infrastructure, especially at the last mile of the supply chain, pose a threat to the quality of heat-sensitive commodities.

With funding from MSD for Mothers, the Smiles for Mothers program supported the Federal Ministry of Health and Kano, Lagos, and Niger States in adopting the updated WHO recommendations. The program also supported the state governments' efforts to improve the clinical care and appropriate use of uterotonics, and strengthen the supply chain for uterotonics through training and mentoring of health workers and logisticians, respectively, and in addition, supported demand generation for facility-based antenatal services and delivery, through the deployment of patient literacy materials.

This playbook provides a comprehensive account of the Smiles for Mothers program achievements and lessons learned in the rollout of the WHO recommendations in Kano, Lagos, and Niger States, Nigeria.

We all have a role to play in ensuring that no woman dies while giving life. It is hoped that the lessons from the program outlined in this playbook will help sustain the gains in the pilot states and, more importantly, provide much-needed guidance for other states in Nigeria to tow the same path and rapidly reduce PPH-related maternal mortality and morbidity.

Dr. Osagie Ehanire. MD. FWACS
Hon. Minister of Health
Federal Republic of Nigeria

Acknowledgement



The Federal Ministry of Health acknowledges the invaluable efforts of the Smiles for Mothers consortium, led by the Solina Centre for International Development and Research (SCIDaR) and its consortium partners, Clinton Health Access Initiative (CHAI) and Co-Creation Hub (CchUB) in contributing to the ongoing efforts of government to reduce maternal mortality in Nigeria. We especially appreciate MSD for Mothers for their financial and technical support for this and other initiatives that may have significant impact on saving the lives of Nigerian mothers.

Kano, Lagos, and Niger state governments deserve special recognition for taking the lead on this innovation. The ministry also recognizes and appreciates other implementing partners, as well as my team at the safe motherhood branch and reproductive health division, who have made significant contributions to the effort to reduce postpartum hemorrhage in Nigeria.

Dr. Boladale Alonge
Director and Head, Family Health Department
Federal Ministry of Health

About the Playbook

Rationale and purpose of the SfM Playbook

Objectives



To serve as a reference tool for the adoption and rollout of the WHO recommendations on uterotonics for the prevention of PPH; including the introduction of heat-stable Carbetocin.



The playbook will also share the experiences, achievements and lessons learned from Smiles for Mother's journey rolling out the WHO recommendations in Kano, Lagos and Niger states, Nigeria.

Guidance on its use

- The playbook is not intended for use as a narrative document and read cover to cover. Rather, it is designed as a **reference resource that users can interact with to obtain specific pieces of knowledge** and tools to facilitate the adoption and rollout of the WHO recommendations and introduction of HSC
- It is not a policy statement to layout or enforce a specific policy direction. Instead, it represents a **framework of what is critical to think about for successful adoption of the WHO recommendations**. The content will not be a firm prescription for any specific course of action
- The framework the playbook provides can however be used to **guide the adoption and rollout of other guidelines and introduction of new products**

About the Playbook

Primary audience for the SfM Playbook

✓ Most critical

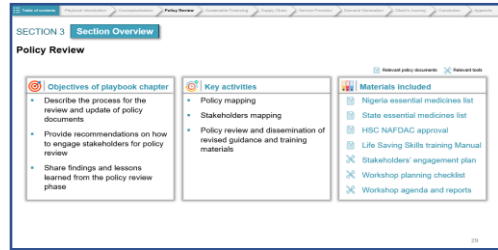
✓ Also helpful

Relevant Chapters in the Playbook

Audience	Who should use the playbook?	How will the playbook contribute to their efforts to improve maternal health outcomes?	Relevant Chapters in the Playbook						
			Conceptualization	Policy Review	Sustainable Financing	Supply Chain	Service Provision	Demand Generation	Client's Journey
Policy makers	<ul style="list-style-type: none"> Principal officers across: <ul style="list-style-type: none"> State Ministries of Health, HMBs, SPHCDA, and DMAs in Nigeria National and Provincial Health Ministries and Agencies in resource-limited settings 	<ul style="list-style-type: none"> Policy makers are leading efforts to contextualize, disseminate and drive adoption of WHO's updated guidelines on use of uterotonics for PPH prevention This playbook provides useful content to guide planning, policy reviews, and resource mobilization 	✓	✓	✓	✓	✓	✓	✓
Program managers	<ul style="list-style-type: none"> Reproductive and maternal health program managers across: <ul style="list-style-type: none"> State Health MDAs in Nigeria National and provincial health ministries and agencies in resource-limited settings 	<ul style="list-style-type: none"> Program managers are uniquely placed to lead the transition from policy to operational planning and implementation. This playbook provides step-by-step guidance while sharing real field experiences on the implementation of the guidelines on use of uterotonics for PPH prevention 	✓	✓	✓	✓	✓	✓	✓
Donors	<ul style="list-style-type: none"> Principal officers, country managers, maternal health portfolio managers, and technical officers 	<ul style="list-style-type: none"> Donor agencies seeking to make investments that advance maternal health outcomes in a sustainable way will find the playbook useful in shaping country thinking around priority investments to integrated PPH interventions 	✓	✓	✓	✓	✓	✓	✓
Implementing partners	<ul style="list-style-type: none"> Principal officers, country managers, maternal health portfolio managers and technical officers 	<ul style="list-style-type: none"> Implementing partners are providing technical support as well as supporting governments to directly execute high-impact maternal health interventions. This playbook provides clear guidance on designing and executing integrated PPH interventions and is applicable to most resource-limited settings 	✓	✓	✓	✓	✓	✓	✓

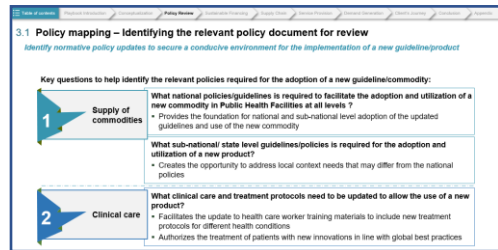
About the Playbook

Types of pages



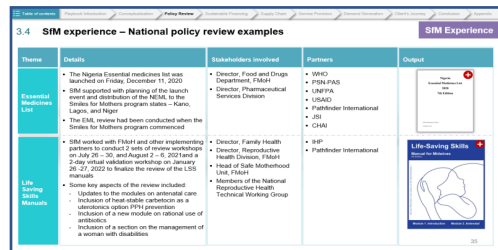
Section Overview

Section overview pages appear at the beginning of each playbook section and describe key objectives and activities for the section



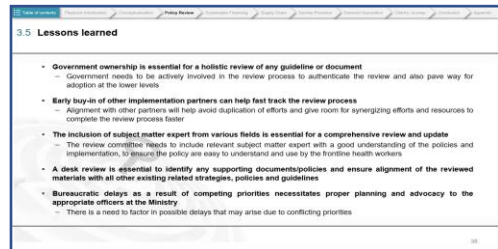
General Guidance

These pages will detail the process and general guidance (including tools, frameworks, recommended approaches, technical resources, etc.) to guide the roll-out of new uterotonics for PPH prevention and other similar innovations



SfM Nigeria Experience

These pages are SfM implementation examples in program states, including links to tools, frameworks and other relevant documents. They will serve as a reference to help other states as they complete similar activities



Lessons Learned

These pages include lessons learned from the implementation of the Smiles for Mothers program in the three program states, Kano, Niger, and Lagos

Glossary

Acronym	Full meaning
ADR	Adverse Drug Reaction
AMTSL	Active Management of Third Stage of labour
ANC	Antenatal care
CcHub	Co-Creation Hub
CHAI	Clinton Health Access Initiative
CRRIF	Combined Requisition Report and Issue Forms
EmONC	Emergency Obstetric and Newborn Care
FMoH	Federal Ministry of Health
HCD	Human Centered Design
HMB	Hospitals' Management Board
HSC	Heat-stable Carbetocin
LMCU	Logistics Management Coordination Unit
LSS	Life Saving Skills
MMR	Maternal Mortality Ratio
MoU	Memorandum of Understanding

Acronym	Full meaning
MPDSR	Maternal and Perinatal Death Surveillance and Response
NAFDAC	National Administration of Food and Drugs Administration and Control
NEML	National Essential Medicines List
NPSCMP	National Product Supply Chain Management Program
PPH	Postpartum Haemorrhage
QoC	Quality of Care
SCIDaR	Solina Center for International Development and Research
SDG	Sustainable Development Goal
SDRF	Sustainable Drug Revolving Fund
SEMLs	State Essential Medicines Lists
SfM	Smiles for Mothers
SOGON	Society of Gynaecology and Obstetrics of Nigeria
WHO	World Health Organization

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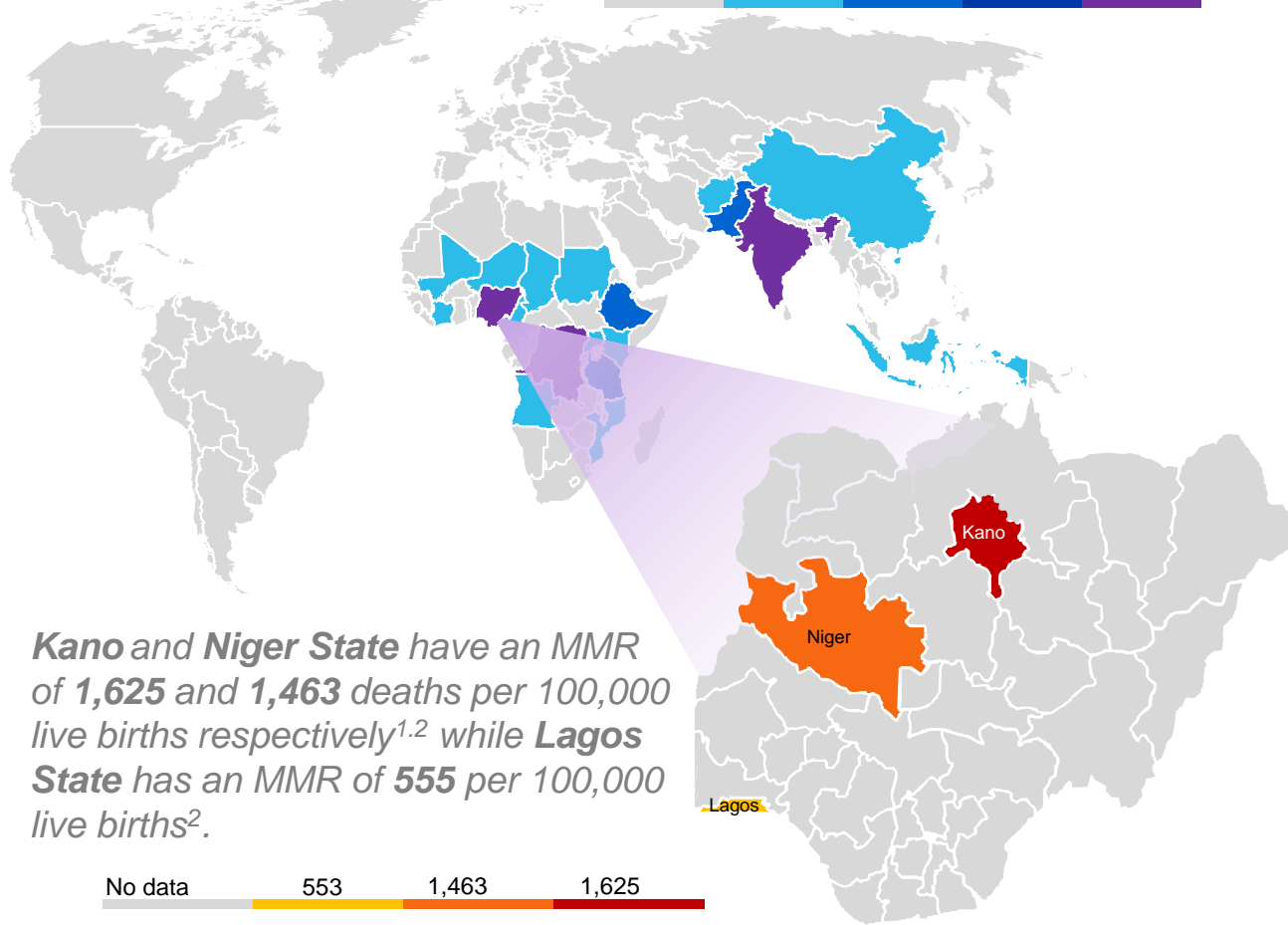
Playbook Introduction

- 1.1 PPH context in Nigeria
- 1.2 PPH survivor story
- 1.3 Overview of WHO recommendations on use of uterotonics for PPH prevention
- 1.4 SfM implementation framework


1.1 PPH Context in Nigeria


Nigeria is among countries with the highest burden of maternal deaths worldwide, with postpartum haemorrhage as the leading cause


Global maternal deaths per country 0 4,000 8,000 12,000 16,000 >20,000



Kano and Niger State have an MMR of 1,625 and 1,463 deaths per 100,000 live births respectively^{1,2} while Lagos State has an MMR of 555 per 100,000 live births².

- 19% Global maternal death toll in Nigeria³


- 512 Maternal deaths per 100,000 live births⁴


- 22% Maternal deaths in Nigeria due to postpartum haemorrhage⁵


In recent years, the Federal Government of Nigeria has taken critical steps to improve maternal health outcomes in the country like the 34-person task force on “Accelerated reduction on maternal mortality in Nigeria” in 2017 which acknowledged that postpartum haemorrhage (PPH) is the leading cause of maternal mortality in Nigeria.

1. YAR'ZEVER S. Ibrahim, "Temporal Analysis of Maternal Mortality in Kano State, Northern Nigeria: A Six-Year Review." American Journal of Public Health Research, vol. 2, no. 2 (2014): 62-67. doi: 10.12691/ajphr-2-2-5.
2. Federal Ministry of Health, Nigeria. 2015. Regional variations in maternal mortality ratio in Nigeria.
3. World Health Organization. Sexual and Reproductive Health. Maternal Health in Nigeria: generating evidence for action. Available from: <https://www.who.int/reproductivehealth/maternal-health-nigeria/en/>. Accessed June 19, 2020.
4. Nigeria Demographic Health Survey 2018 indicators report
5. Federal Ministry of Health, Nigeria, 2019. Roadmap for the Accelerated Reduction of Maternal and Neonatal Mortality.

1.2 PPH Survivor Story

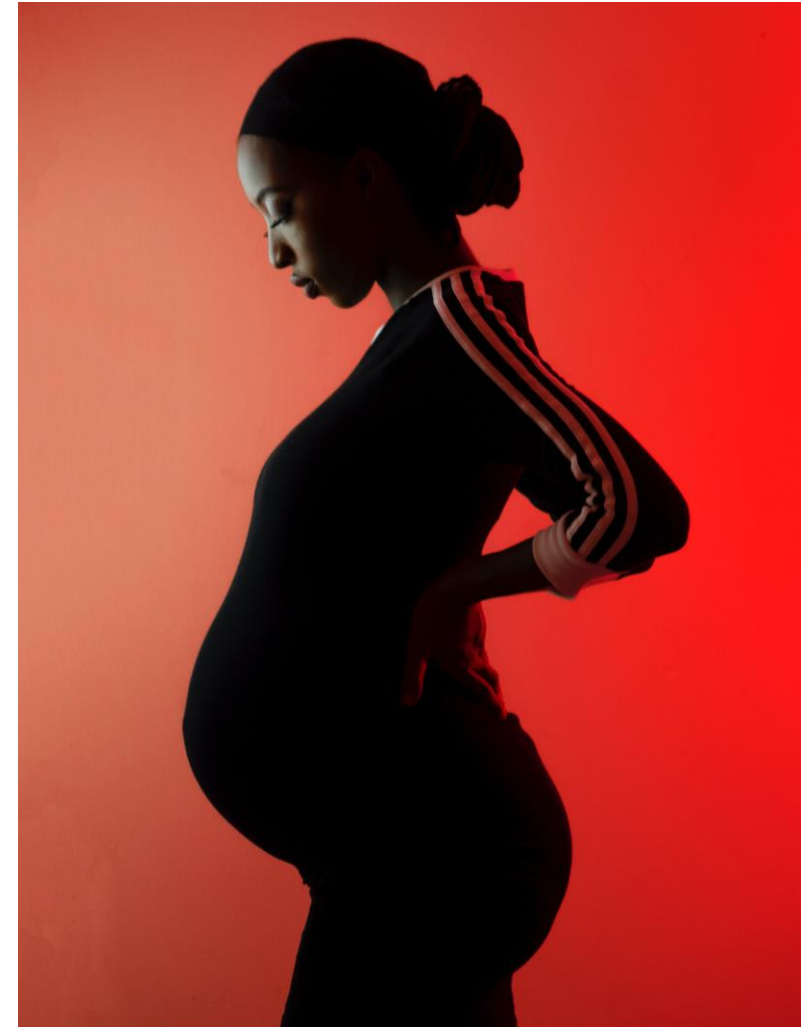
The devastating effect of postpartum haemorrhage on the family and society is a price too high to bear

“

Folakemi's Story

- 21-year old Folakemi was brought into the facility 2 hours after the delivery of her first child. Her labour was prolonged and the baby was also in distress. She was brought in due to continued heavy bleeding. The doctors hurriedly took her to the theater and had to perform a hysterectomy to save her.
- Folakemi was distraught to have nearly experienced death and sadly had her uterus removed at such a young age.
- The family's sadness over having lost the baby boy was even more acute upon realization that she would never have another baby again.


”





1.3 Overview of WHO recommendations on use of uterotonics for PPH prevention






The CHAMPION trial was instrumental in inclusion of heat-stable Carbetocin as a newly-recommended Uterotonic by the WHO


What was the CHAMPION trial?  A randomized clinical trial conducted to research non-inferiority of HSC for the prevention of postpartum haemorrhage during the third stage of labour

Partnerships  An international panel of stakeholders was tasked with investigating if HSC is non-inferior to Oxytocin to consider changing guidelines to include use of HSC in preventing PPH

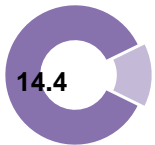
Implementation 

-  July 2015 to January 2018
-  10 countries (Including Nigeria)
-  Enrolled about 30,000 women across 23 sites
-  Randomized, double-blind, non-inferiority trial
-  Comparing injections of HSC (100 µg) with Oxytocin (10 IU) administered immediately after vaginal birth

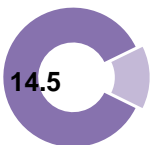
Results 

Heat-stable Carbetocin was non-inferior to Oxytocin for the prevention of blood loss of at least 500 ml or the use of additional uterotonic agents

Pie charts comparing efficacy of Oxytocin and HSC



Oxytocin



HSC

■ PPH ■ No PPH

The opportunity:





*WHO's revised recommendations and essential medicines list introduced **Carbetocin (heat-stable formulation)** as a new option for reducing PPH-related deaths in settings where the quality of oxytocin (the gold standard for PPH prevention), cannot be guaranteed.*

1.4 SfM implementation framework

SfM builds on the Government of Nigeria's efforts to reduce maternal death due to PPH through human-centered design


Objectives of the Smiles for Mothers Program

1



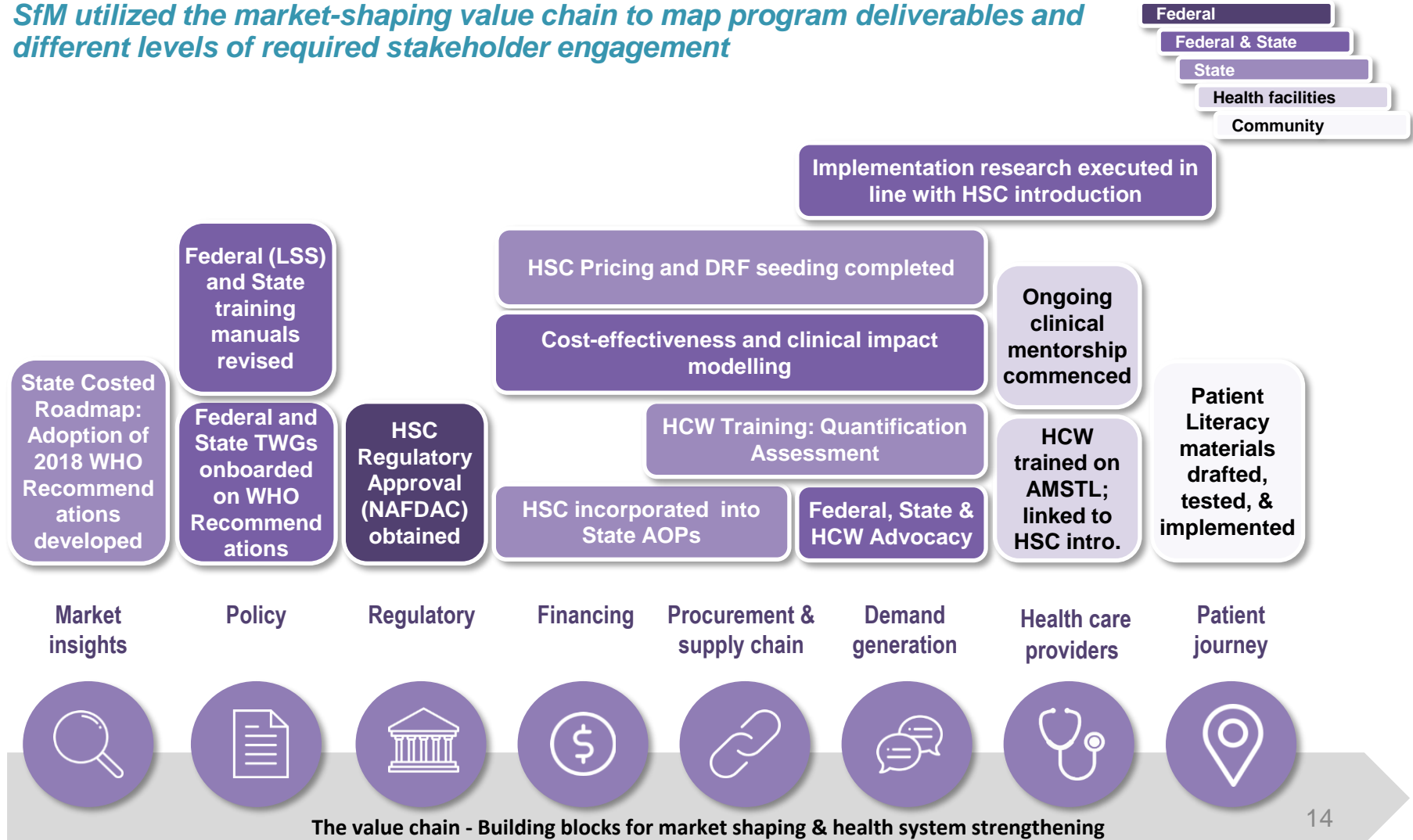
To support Kano, Lagos, and Niger states to implement costed roadmap for the adoption and roll-out of medicines aligned with **WHO's recommendations on uterotonics for the prevention of postpartum haemorrhage**

2



To support the three states to apply human-centred Design (HCD) principles to develop costed roadmaps for up to two additional innovations to **improve access to optimal uterotonics and PPH management**

SfM utilized the market-shaping value chain to map program deliverables and different levels of required stakeholder engagement





Conceptualization

- 2.1 Landscape analysis and conceptualization
- 2.2 Costed roadmap development
- 2.3 Lessons learned

SECTION 2 **Section Overview**

Conceptualization

 Relevant documents

 Relevant tools



Objectives of playbook chapter

- Describe the process to understand the correct state context and situation using the HCD approach
- Share the key activities involved in the roll-out of a new innovation and the need to develop a costed roadmap
- Share lessons learned from SfM's experience in using HCD to develop an innovation for rolling out a new guideline



Key activities

- Landscape analysis and conceptualization
- Development of roadmap



Materials included

-  Stakeholder ecosystem map
-  Adoption journey map
-  Product pathway
-  Conceptualization report
-  Costed roadmap guide/template

2.1 Landscape analysis and conceptualization

The HCD approach can be used to develop innovations for rolling out the WHO guidelines

Steps	1 Readiness and assessment preparation	2 Co-research	3 Co-design	4 Co-refinement
Objectives	<ul style="list-style-type: none"> Onboard key stakeholders and prepare for the HCD process 	<ul style="list-style-type: none"> Capture needs, motivations, behaviours, and other relevant details 	<ul style="list-style-type: none"> Generate ideas around identified challenges, define, and illustrate solutions that best address challenge 	<ul style="list-style-type: none"> Refine designed solutions to best address challenges
Activities	<ul style="list-style-type: none"> Stakeholder mapping and selection Initial dialogues with key stakeholders Set-up of a core team to oversee the development of the innovation 	<ul style="list-style-type: none"> Situation analysis to understand stakeholders' opinion about the problem Ethnographic research through immersion with target beneficiaries in HF setting Synthesis of challenges identified along stakeholders' journeys and framing of opportunity spaces 	<ul style="list-style-type: none"> Ideation workshop with stakeholders to generate ideas possible within the opportunity spaces Development of implementable solutions Develop an initial costing for implementing the solutions 	<ul style="list-style-type: none"> Co-refinement workshop to prioritize and refine implementable solutions Development of roadmap, costing model, and financing plan for solutions to be implemented
Deliverables	<ul style="list-style-type: none"> Preliminary stakeholder map Scheduling of the KIIs, FGDs, and design workshop 	<ul style="list-style-type: none"> Stakeholder ecosystem map and personas Innovation rollout and adoption journey Synthesis of findings and set of identified 	<ul style="list-style-type: none"> Implementable solutions Draft of costing model structure 	<ul style="list-style-type: none"> Complete implementation roadmap for innovation Complete costing model and high level financing plan



SfM Experience

2.1 SfM Experience – Readiness assessment and preparation

During the project, we extensively leveraged multiple sources of insights including semi-structured interviews, HCD immersion, surveys, and document reviews

Key sources of insights

38 semi-structured interviews with health system stakeholders across the 3 states	68 immersions with HCWs, mothers and their influencers across 12 LGAs	HCW survey	Document review
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25 state government officials in SMOH, State Primary Health Centre Development Agency (SPHCDA) and Hospitals Management Board (HMB)

3 RMNCH experts (i.e. Society of Gynaecology and Obstetrics of Nigeria (SOGON) and academic medical training centres, e.g. College of Medicine, University of Lagos

10 donors and implementation partners involved in RMNCH, e.g. CHAI, Africare, Evidence for Action (MamaYe), UNFPA, HSDF

37 skilled HCWs: 12 doctors, incl. 3 specialists, 12 nurses/midwives, 7 community health workers, 6 pharmacists

14 unskilled HCWs: 11 traditional birth attendants (TBAs), 2 PPMV/chemists, 1 village health worker

8 mothers: 2 with history of TBA delivery only, 2 with history of both TBA/home and HF delivery, 4 with history of HF delivery only

9 influencers: 3 husbands, 3 religious leaders, 3 community leaders



76 HCWs scanned in Lagos and Abuja through online and manual surveys (incl. 14 doctors, 51 nurses/ midwives, 2 CHWs and 3 programme coordinators)

60+ recent reports: e.g. demographics studies, healthcare infrastructure assessment



Project kick-off document

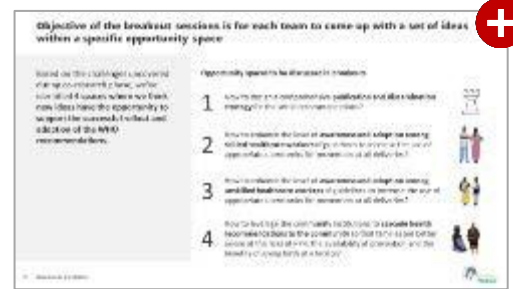
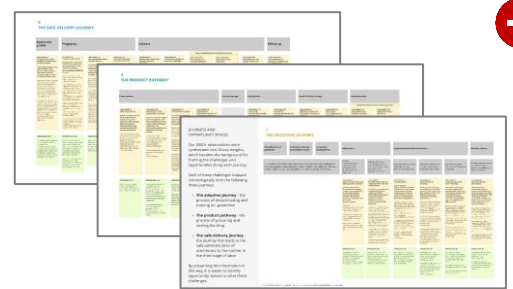
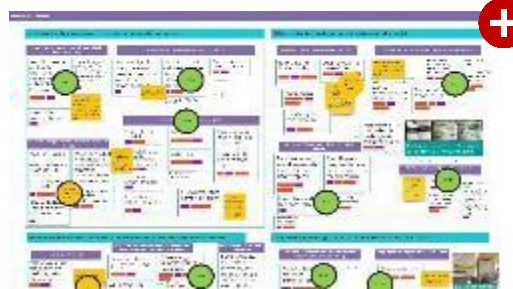
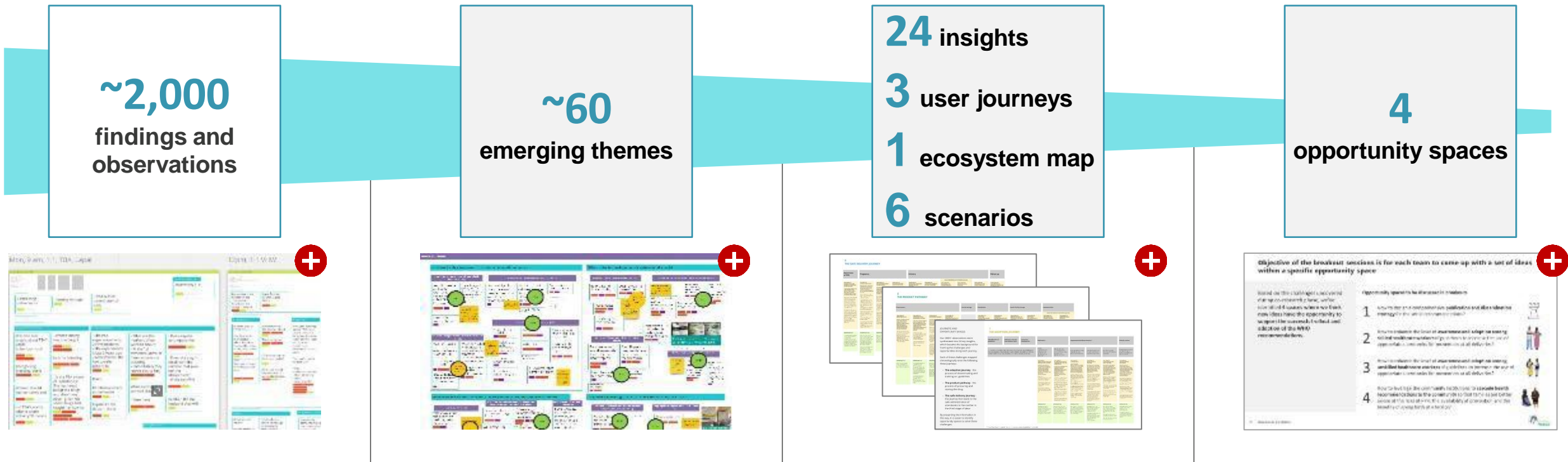


Source: McKinsey & co

SfM Experience

2.1 SfM Experience – Co-research phase

2,000 findings and observations from co-research were synthesized to identify 4 opportunity spaces



Clustering

Clustering was used to map findings and observations in a way that **patterns and themes** were easily identified

Synthesis

It provided visual representation of the tensions in the patterns, allowing us to generate **holistic ecosystem maps, user journeys, scenarios, and insights**

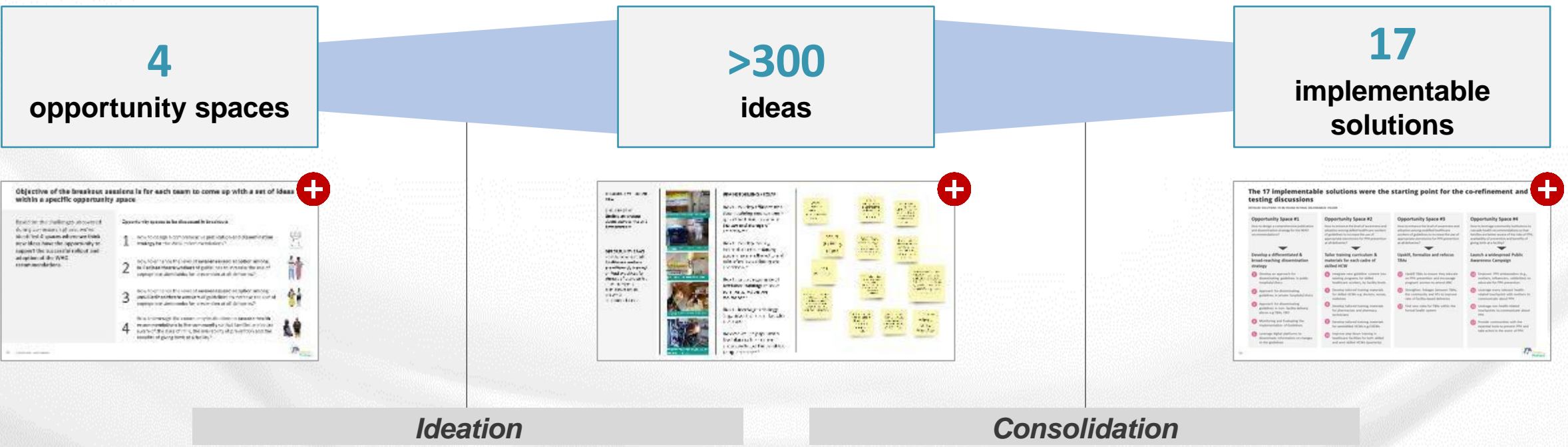
Opportunity spaces identification

Insights generated were distilled and used to identify **opportunity spaces**. In the co-design phase, users ideated around these opportunity areas to identify **potential solutions**

SfM Experience

2.1 SfM Experience – Co-design phase

Ideas were then distilled to identify a final set of 17 implementable solutions to be tested with stakeholders in each state



During the co-creation workshop, **>300 ideas were co-created** with stakeholders around 4 prioritised opportunity areas

The 300+ ideas were **clustered into themes** to identify which solutions resonated most with stakeholders

The most important features of multiple ideas were filtered and consolidated into **implementable solutions**

SfM Experience

2.1 SfM Experience – Co-refinement phase

During the co-refinement workshop, state stakeholders refined the prioritized solution to increase their impact, integrate into existing efforts in the state and facilitate their implementation

2 Each group focused on 1 solution at a time to understand the scope of the solution

3 Solution components were organised into 'must haves' vs. 'nice to haves'

Tailored materials for pharmacists and pharmacy technicians 2B

Solution Description (This is what we want to do)
Tailor training materials to the specific needs of the pharmacy technicians to ensure a more consistent cold chain.

Possible components of the solution (This is how we propose to do things differently)
- Provide in-person or virtual training on appropriate cold chain storage conditions
- Utilizing a mix of physical (e.g flowcharts, job aids on information about drugs, storing, humidity etc.) and digital tools (e.g short educational videos, soft copy training manuals) to complement state trainings

What are the steps/approaches needed to bring this solution to life and get it to the intended audience/s?

	Storage Training	Training Methods	Video Clips			
Pharmacist	<p>Storage Training</p> <p>Provide in person or virtual training on appropriate cold chain storage conditions. Training will also cover off to do in an emergency.</p> <p>What is provided in: Digital training kit for pharmacists, job aids on information about drugs, storing, humidity etc.</p> <p>What topics are important: None</p>	<p>Training Methods</p> <p>In-person training with training materials for each component to be used as job aids. Information is easy to access before and after the workshop.</p> <p>What is provided in: Training materials, job aids, information about drugs, storing, humidity etc.</p> <p>What topics are important: None</p>	<p>Video Clips</p> <p>Can be good as a reminder method</p> <p>What is provided in: Short educational videos, soft copy training manuals</p> <p>What topics are important: None</p>			
Pharmacy technician	<p>Storage Training</p> <p>In-person is a must have, appropriate materials, job aids on information about drugs, storing, humidity etc. follow up</p> <p>What is provided in: Digital training kit for pharmacists, job aids on information about drugs, storing, humidity etc.</p> <p>What topics are important to cover: None</p>	<p>Training Methods</p> <p>In-person training with training materials for each component to be used as job aids. Information is easy to access before and after the workshop.</p> <p>What is provided in: Training materials, job aids, information about drugs, storing, humidity etc.</p> <p>What topics are important: None</p>	<p>Video Clips</p> <p>Can be good as a reminder method</p> <p>What is provided in: Short educational videos, soft copy training manuals</p> <p>What topics are important: None</p>			

NICE TO HAVE

Audio Clips

Audio must be well composed. Can listen while on the go.

What is provided in: Short educational videos, soft copy training manuals

What topics are important: None


1 Initial prioritisation done in plenary was noted on each sheet

In breakout groups, we encouraged state stakeholders to refine prioritised solutions with an eye towards implementation and building on existing initiatives in the state

4 The groups then worked through a set of questions for each solution component to capture the required steps/ information to make them implementation ready

2.2 Costed road map development

There are specific cost assumptions that need to be considered for policy adoption

Area	Cost items	Description	Assumptions
Policy adoption 	Meetings and workshops	<ul style="list-style-type: none"> Number and typical length of meetings/workshops required to localise national guidelines, conduct literature view, consult experts, define implementation roadmap Cost per meeting, depending on the number of participants 	<ul style="list-style-type: none"> Unit cost per participant assumed for all meetings and workshops split between: <ul style="list-style-type: none"> Fixed cost (e.g. meeting venue – <i>assumes meetings are in person</i>) Variable depending on number of participants (e.g. per diems)
	Material publication and dissemination	<ul style="list-style-type: none"> Number of items (guidelines, job aids, posters, tools) needed for each type of support, depending on HF coverage Cost per item: design, printing, distribution 	<ul style="list-style-type: none"> Currently assuming all materials are printed (vs. videos); thus, distribution costs incurred
	Training	<ul style="list-style-type: none"> Number of persons trained for each profile Number of training sessions required per trainee Cost per training per trainee, depending on the profile 	<ul style="list-style-type: none"> Minimum number of trainees for each HCW profile per facility type to be chosen by the states Currently assuming only 1 training session per trainee for dissemination
	Periodic review (MNE)	<ul style="list-style-type: none"> Number of follow-up visits per facility Cost per visit 	<ul style="list-style-type: none"> 2 visit per facility per year to monitor implementation Currently assuming all covered facilities are followed-up on



2.2 Costed roadmap

There are specific cost assumptions that need to be considered for commodities supply

Area	Cost items	Description	Assumptions
Commodities supply	Volume of uterotonics	<ul style="list-style-type: none"> ▪ Number of units to be ordered and delivered for each uterotonic, forecasted under state's preferred option: <ul style="list-style-type: none"> – Needs-based forecasting: total deliveries in covered facilities, share of deliveries using uterotonics, target product mix, WHO-recommended dosage – Historical data: projection based on historical orders for each uterotonic – State forecasting (to be inputted by the state) 	<ul style="list-style-type: none"> ▪ 2.67% CAGR for number of deliveries, according to 2010-19 national CAGR (World Bank data) ▪ Use of uterotonics for 100% of in-facility deliveries ▪ Dosage per delivery as per WHO recommendations
	Cost per unit	<ul style="list-style-type: none"> ▪ Included costs: <ul style="list-style-type: none"> – Procurement based on a benchmark of average cost per dose (excluded for DRF) – Transportation, standards vs. cold chain (included for last mile delivery only) ▪ Costs that are not currently included in the model: <ul style="list-style-type: none"> – Procurement based on a benchmark of average cost per dose (excluded for DRF) – Transportation, standards vs. cold chain (included for last mile delivery only) 	<ul style="list-style-type: none"> ▪ Procurement based on UNFPA and WHO benchmarks ▪ Transportation costs: <ul style="list-style-type: none"> – Standard – Cold chain



SfM Experience

2.2 SfM Experience – Costed road map-state sample

A costed roadmap was developed for each state to inform states' implementation decisions on the innovative solutions to support at-scale rollout and adoption of the WHO recommendations

Design choices input tab

Code	Activities	Scope
A	Policy adoption	
A1	Identify guidelines	
A1.1	Nationalize the 2018 WHO recommendations	Include
A1.2	Conduct high-level advocacy to HCH to get go ahead for development of guidelines	Include
A1.3	Constitute a Technical Working Group (TWG) to commence development of state guidelines	Include
A2	Define scope and evidence base	
A2.1	Conduct first TWG meeting to define scope	Include
A2.2	Conduct a robust literature view	Include
A3	Develop consensus	
A3.1	Conduct consultative workshops with relevant stakeholders to contextualize WHO recommendations	Include
A3.2	Define implementation roadmap - including dissemination strategy	Include
A3.3	Present recommendations to SMOH (including guidelines launch meeting)	Include
A4	Publish and disseminate guidelines	
A4.1	Solution 1: Develop an approach to disseminate guidelines in public hospitals/clinics	Exclude
A4.1a	Send circulars (hard and soft copies) to hospital/clinic management	Exclude
A4.1b	Develop visual aids/supporting materials	Exclude
A4.1c	Cascade information on new guidelines through learning sessions	Exclude
A4.1d	Monitor adherence to implementation	Exclude
A4.1e	Cascade new information to HCWs through circulars and/or visual aids via facility whatsapp groups	Exclude

Assumptions input tab

Assumptions regarding policy adoption	Unit	Lagos state	2020	2021
General cost assumptions				
Meetings and workshops costs				
TWG meetings and workshops	NGN / meeting			
Typical number of members of the TWG				
Fixed cost per meeting	NGN / meeting / participant			
Variable cost per meeting per participant (per dem)	NGN / meeting / participant		3,000	3,357
Consultative workshops				
Fixed cost per workshop day	NGN / day / participant			
Variable cost per workshop day per participant (food and beverage, transport)	NGN / day / participant		3,000	3,357
Variable cost per workshop day per participant (accommodation)	NGN / day / participant			
Training costs				
Facilitator - per dem	NGN / per day		1,000	1,119
Participant per dem (in person training)	NGN / per day		3,000	3,357
Travel compensation	NGN / per day		100	112
Content publication costs				
Average daily gross salary for an experienced graphic designer	NGN / day			
Average daily gross salary for a community manager	NGN / day			
Number of LQAs per state				
Circulars				

Costed-roadmap output tab

Total costs of the program	NGN	2,201,208	1,424,837	1,415,534
A Cost associated to policy adoption	NGN	900,000	-	-
A1 Identify guidelines	NGN	-	-	-
A1.1 Nationalize the 2018 WHO recommendations	NGN	-	-	-
A1.2 Conduct high-level advocacy to HCH to get go ahead for development of guidelines	NGN	-	-	-
A1.3 Constitute a Technical Working Group (TWG) to commence development of state guidelines	NGN	-	-	-
A2 Define scope and evidence base	NGN	150,000	-	150,000
A2.1 Conduct first TWG meeting to define scope	NGN	100,000	-	100,000
A2.2 Conduct a robust literature view	NGN	-	-	-
A3 Develop consensus	NGN	750,000	-	750,000
A3.1 Conduct consultative workshops with relevant stakeholders to contextualize WHO recommendations	NGN	450,000	-	450,000
A3.2 Define implementation roadmap - including dissemination strategy	NGN	150,000	-	150,000
A3.3 Present recommendations to SMOH (including guidelines launch meeting)	NGN	150,000	-	150,000
A4 Publish and disseminate guidelines	NGN	150,000	-	150,000
A4.1 Solution 1: Develop an approach to disseminate guidelines in public hospitals/clinics	NGN	-	-	-
A4.1a Send circulars (hard and soft copies) to hospital/clinic management	NGN	-	-	-
A4.1b Develop visual aids/supporting materials	NGN	-	-	-
A4.1c Cascade information on new guidelines through learning sessions	NGN	-	-	-
A4.1d Monitor adherence to implementation	NGN	-	-	-
A4.1e Cascade new information to HCWs through circulars and/or visual aids via facility whatsapp groups	NGN	-	-	-

- The purpose of the costed roadmap was to estimate incremental costs associated with the rollout and adoption of the 2018 WHO recommendations for the prevention of postpartum haemorrhage in Lagos, Kano, and Niger, in the context of the Smiles for Mothers Project.
- Costing for these different elements was built around two components: policy adoption and uterotonics supply chain.
- The implementation plan outlines the high-level steps/activities needed for the successful introduction and adoption of the 2018 WHO recommendations in each state (with a sharper focus on the introduction of heat-stable carbetocin)
- The roadmaps covered a two-year period, starting 2020, per the timeline of the Smiles for Mothers Project.

1. Excluded activities/solution components will still be visible but greyed out in the different output tabs

2.3 Lessons learned


- **A diverse set of stakeholders plays a role in the contextualization, dissemination, and application of the WHO recommendation on uterotonics for PPH prevention.**
 - The successful implementation of the updated WHO guidelines is dependent on the support and inputs of three groups of stakeholders: the federal and state health care governance systems (e.g., FMoH, SMOH, donors, etc.); health workers (e.g., skilled and unskilled health workers) at various levels of care; and communities (pregnant women, relatives, and friends)
 - There is a need to ensure strong stakeholders' participation to help understand their perspective on the problem as well as their ideas to address the identified gaps
- **State governments need to develop a robust plan/roadmap that captures the end-to-end process for the roll-out of the updated WHO guidelines and ensure that the plan is captured in the state's annual operational plan for quick implementation.**
 - A robust plan is essential to determine the cost implications of the roll-out of a new guideline
- **HCD offers new capabilities and enhances existing capabilities for various stakeholders by equipping teams with new tools and methods to understand users, collaborate, and develop new interventions more efficiently**
 - A key part of the Smiles for Mothers initiative is to strengthen the national/subnational capacity to use human-centred design (HCD) to plan for the introduction of innovations
 - Partner and donor organizations need to help reinforce the need to always use the human-centered design approach in designing health innovations

Policy Review

- 3.1 Policy mapping
- 3.2 Stakeholder engagement
- 3.3 Review of policy
- 3.4 Lessons learned

SECTION 3 **Section Overview**

Policy Review

 Relevant policy documents

 Relevant tools



Objectives of playbook chapter

- Describe the process for the review and update of policy documents
- Provide recommendations on how to engage stakeholders for policy review
- Share findings and lessons learned from the policy review phase







Key activities

- Policy mapping
- Stakeholders mapping
- Policy review and dissemination of revised guidance and training materials



Materials included

-  Nigeria essential medicines list
-  State essential medicines list
-  HSC NAFDAC approval
-  Life Saving Skills training Manual

3.1 Policy mapping – Identifying the relevant policy document for review

Identify normative policy updates to secure a conducive environment for the implementation of a new guideline/product

Key questions to help identify the relevant policies required for the adoption of a new guideline/commodity:

1

Supply of commodities

What national policies/guidelines are required to facilitate the adoption and utilization of a new commodity in Public Health Facilities at all levels ?

- Provides the foundation for national and sub-national level adoption of the updated guidelines and use of the new commodity

What sub-national/ state-level guidelines/policies are required for the adoption and utilization of a new product?

- Creates the opportunity to address local context needs that may differ from the national policies

2




Clinical care

What clinical care and treatment protocols need to be updated to allow the use of a new product?

- Facilitates the update to health care worker training materials to include new treatment protocols for different health conditions
- Authorizes the treatment of patients with new innovations in line with global best practices

3.1 Policy mapping – List of revised policy documents

The Smiles for Mothers program team identified the levels of approval required and the relevant documents to review

Category	Title	Description	Rationale
 Regulation	<ul style="list-style-type: none"> Regulatory approval from NAFDAC 	<ul style="list-style-type: none"> This is an approval from the National Agency for Food and Drugs Administration Control (NAFDAC) for the importation and use of new uterotonic entrant recommended, heat-stable Carbetocin in Nigeria 	<ul style="list-style-type: none"> To guarantee that heat-stable Carbetocin meets the criteria for good manufacturing practices and contains safe pharmaceutical ingredients and excipients
 Policies	<ul style="list-style-type: none"> Nigeria Essential Medicines list State Essential Medicines list National standard treatment guidelines 	<ul style="list-style-type: none"> These are list of essential medicines that satisfy the priority health care needs of a population They are selected with due regard to disease prevalence and public health relevance, evidence of efficacy and safety and comparative cost-effectiveness This is a guide to help clinicians provide more consistent diagnosis and treatments and limit the irrational use of medicines 	<ul style="list-style-type: none"> To ensure the WHO recommended uterotonics are prioritized for procurement by the state governments and donor organizations
 Training materials	<ul style="list-style-type: none"> Life Saving Skills Manuals 	<ul style="list-style-type: none"> These are essential training materials for healthcare workers designed and structured around the leading causes of maternal mortality and the delivery of basic and comprehensive emergency obstetric care. 	<ul style="list-style-type: none"> To drive use of WHO recommended uterotonics among clinicians as approved options for PPH prevention

3.2 Stakeholder engagement – stakeholders' mapping

It is important to ensure strong participation of all relevant stakeholders in the policy review process

National	State	LGA	HF/Communities	Partners
Essential Medicines List review				
<ul style="list-style-type: none"> Director, Food and Drugs Department FMoH Director, Pharmaceutical Services Division, FMoH National Product Supply Chain Management Program (NPSCMP) 	<ul style="list-style-type: none"> Heads of Drugs Management Agencies Heads of Pharmaceutical Services, SMoH, SPHCDA, and HMB State Logistic Management Coordination Unit coordinators 	<ul style="list-style-type: none"> Essential Drugs Officers 	<ul style="list-style-type: none"> Pharmacists Pharmacy technicians/drug officers 	<ul style="list-style-type: none"> Donor Organizations Multilateral partner organizations Implementing partners Civil society organizations
Life Saving Skills Manuals review				
<ul style="list-style-type: none"> Director, Family Health Department, FMoH Director, Reproductive Health Division, FMoH Executive Secretary, NPHCDA Director Community Health Services, NPHCDA 	<ul style="list-style-type: none"> Directors, Family Health Department, SMoH, SPHCDA, and HMB or its equivalent Directors, Reproductive Health Coordinator, SMoH 	<ul style="list-style-type: none"> - 	<ul style="list-style-type: none"> Chief Medical Directors Chief nursing officers and matrons Mothers 	<ul style="list-style-type: none"> Donor Organizations Multilateral partner organizations Implementing partners Civil society organizations

Sample engagement materials

+ Introduction letter including a 2-pager brief on the Smiles for Mothers program intervention letter

+ PowerPoint presentation on the Smiles for the Mothers efforts




3.2 Stakeholder engagement – coordination meeting with relevant stakeholders

Meet with critical stakeholders prior to initiating discussion on the policy review and align on how to collaborate

Focus	Government	Development Partners
Examples of stakeholders 	<ul style="list-style-type: none"> State Ministries of Health Drugs Management Agencies 	<ul style="list-style-type: none"> Donor organizations Implementing partners
Engagement Objectives 	<ul style="list-style-type: none"> Obtain buy-in from leadership for the review Align on policy to be reviewed and resources to conduct review Agree on a workplan to conduct the review and schedule review workshops and agree on Leadership support for review 	<ul style="list-style-type: none"> Obtain commitment to support review process Align on specific role for partner organization and frequency of touch points
Engagement format 	<ul style="list-style-type: none"> Introductory meeting One-on-one interviews Standing maternal health technical working group meeting Targeted stakeholder workshops 	

3.3 Policy review process

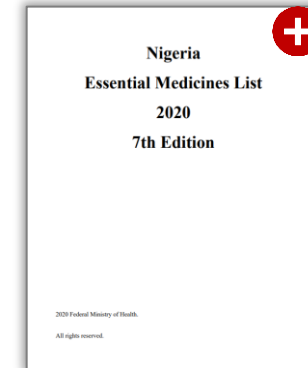
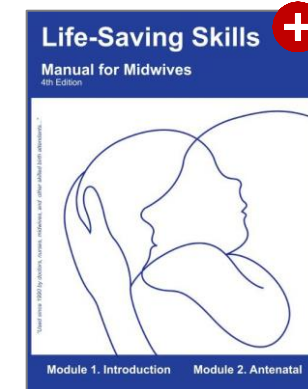
There are six steps to reviewing and disseminating a policy document

	1 Planning	2 Desk review	3 Review with experts	4 Refinement	5 Validation	6 Dissemination
Details 	<ul style="list-style-type: none"> Conduct planning meeting with relevant stakeholders to: <ul style="list-style-type: none"> Align on the process for the review Identify the needed resources for the review process 	<ul style="list-style-type: none"> Conduct desk review to identify the gaps in the current policy documents, in line with global guidance 	<ul style="list-style-type: none"> Conduct review meeting with subject matter expert to provide guidance for update, in line with the national and state context 	<ul style="list-style-type: none"> Adopt edits and recommendations from the review workshop Develop updated version of policy document 	<ul style="list-style-type: none"> Conduct validation meeting of the revised policy document Receive official approval from government and stakeholders 	<ul style="list-style-type: none"> Disseminate the validated policy document to the target users across all levels using: <ul style="list-style-type: none"> Launch meetings Ongoing physical and electronic document sharing
Input 	<ul style="list-style-type: none"> Proposal for review meeting, including the list of the relevant documents to be reviewed 	<ul style="list-style-type: none"> Current version of the policy documents Global guidance e.g. WHO guidelines on the use of uterotronics for PPH prevention 	<ul style="list-style-type: none"> List of gaps in the current policy documents Current version of the policy documents Workshop materials 	<ul style="list-style-type: none"> Recommendations from the review workshop Current version of the policy document 	<ul style="list-style-type: none"> Revised policy documents 	<ul style="list-style-type: none"> Final version of the revised policy
Output 	<ul style="list-style-type: none"> Review process workplan and checklist Workshop agenda Workshop participant list 	<ul style="list-style-type: none"> List of gaps in the current policy documents 	<ul style="list-style-type: none"> Review workshop report Recommendations for update 	<ul style="list-style-type: none"> Revised policy documents 	<ul style="list-style-type: none"> Final version of the revised policy documents 	<ul style="list-style-type: none"> Published copies of the revised documents (hardcopies and e-copies on MDS website)

It is necessary to capture critical costs such as cost for recruitment of content specialists, funding for meetings, printing and production and dissemination required for the policy review process


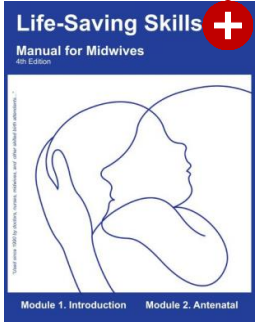
3.3 SfM experience – National policy review examples

SfM Experience

Theme	Details	Stakeholders involved	Partners	Output
Essential Medicines List	<ul style="list-style-type: none"> The updated Nigeria Essential medicines list was launched on Friday, December 11, 2020 SfM supported with planning of the launch event and distribution of the NEML to the Smiles for Mothers program states – Kano, Lagos, and Niger The EML review had been conducted when the Smiles for Mothers program commenced 	<ul style="list-style-type: none"> Director, Food and Drugs Department, FMoH Director, Pharmaceutical Services Division 	<ul style="list-style-type: none"> WHO PSN-PAS UNFPA USAID Pathfinder International JSI CHAI 	
Life Saving Skills Manuals	<ul style="list-style-type: none"> SfM worked with FMoH and other implementing partners to conduct 2 sets of review workshops on July 26 – 30, and August 2 – 6, 2021 and a 2-day virtual validation workshop on January 26 -27, 2022 to finalize the review of the LSS manuals Some key aspects of the review included: <ul style="list-style-type: none"> Updates to the modules on antenatal care Inclusion of heat-stable carbetocin as a uterotonics option PPH prevention Inclusion of a new module on rational use of antibiotics Inclusion of a section on the management of a woman with one or more disabilities 	<ul style="list-style-type: none"> Director, Family Health Director, Reproductive Health Division, FMoH Head of Safe Motherhood Unit, FMoH Members of the National Reproductive Health Technical Working Group 	<ul style="list-style-type: none"> IHP Pathfinder International 	

SfM Experience

3.3 SfM experience – State policy review examples

Theme	Description	Stakeholders involved	Partners	Output
Essential Medicines List	<ul style="list-style-type: none"> SfM provided both technical and financial support for the review, validation and dissemination of the State EMLs. Kano state revised its EML on May 17 - 19, while Niger revised its EML on June 14 – 22, 2021 Lagos state decided to adopt the NEML 	<ul style="list-style-type: none"> Director, Pharmaceutical Services, SMOH and other agencies Executive Directors, Drugs Management Agencies Directors of Drugs Essential Drugs officers LMCU coordinators Food and Drugs Department, FMOH Director Pharmaceutical Services Division 	<ul style="list-style-type: none"> LAFIYA program Clinton Health Access Initiative 	
Life Saving Skills manual	<ul style="list-style-type: none"> Kano and Niger state governments adopted the revised Life Saving Skills (LSS) Manual for capacity building of healthcare workers on Emergency Obstetric and Newborn Care (EmONC) in their states 	<ul style="list-style-type: none"> Director, Family Health Director, Reproductive Health Division, FMOH Head of Safe Motherhood Unit, FMOH Members of the National Reproductive Health Technical Working Group 	<ul style="list-style-type: none"> NA 	

SfM Experience

3.3 SfM experience – Photo grid from policy reviews and launch event



Niger state stakeholders reviewing and updating the EML



Kano state stakeholders during the EML review and update



Launch of the EML following the update and validation in Kano state



Online participants at the LSS manual review in Abuja



LSS Manual review session led by FMOH



Launch of the EML following the update and validation in Niger state

3.4 Lessons learned

- **Government ownership is essential for a holistic review of any guideline or document**
 - Government needs to be actively involved in the review process to authenticate the review and also pave way for adoption at the lower levels
- **Early buy-in of other implementation partners can help fast track the review process**
 - Alignment with other partners will help avoid duplication of efforts and give room for synergizing efforts and resources to complete the review process faster
- **The inclusion of subject matter expert from various fields is essential for a comprehensive review and update**
 - The review committee needs to include relevant subject matter expert with a good understanding of the policies and implementation, to ensure the policy are easy to understand and use by the frontline health workers
- **A desk review is essential to identify any supporting documents/policies and ensure alignment of the reviewed materials with all other existing related strategies, policies and guidelines**
- **Bureaucratic delays as a result of competing priorities necessitates proper planning and advocacy to the appropriate officers at the Ministry**
 - There is a need to factor in possible delays that may arise due to conflicting priorities

Sustainable Financing

- 4.1 Resource mobilization
- 4.2 Development of investment case for uterotonics
- 4.3 Uterotonics forecast and costing
- 4.4 Lessons learned

SECTION 4 **Section Overview**

Sustainable financing



Relevant documents



Relevant tools



Objectives of playbook chapter

- Provide guidance for resource mobilization, including identifying sustainable health financing mechanism for uterotonics and other maternal health commodities
- Describe the forecasting and costing approaches for uterotonics and other maternal health commodities
- Share SfM's approach for strengthening the investment case for procurement of newly introduced uterotonics, e.g. HSC
- Share lessons learned from SFM's efforts to institute sustainable financing mechanisms for procurement of uterotonics and other maternal health commodities



Key activities

- Resource mobilization
- Investment case strengthening
- Uterotonics forecast and costing



Materials included



Forecast and Quantification Models



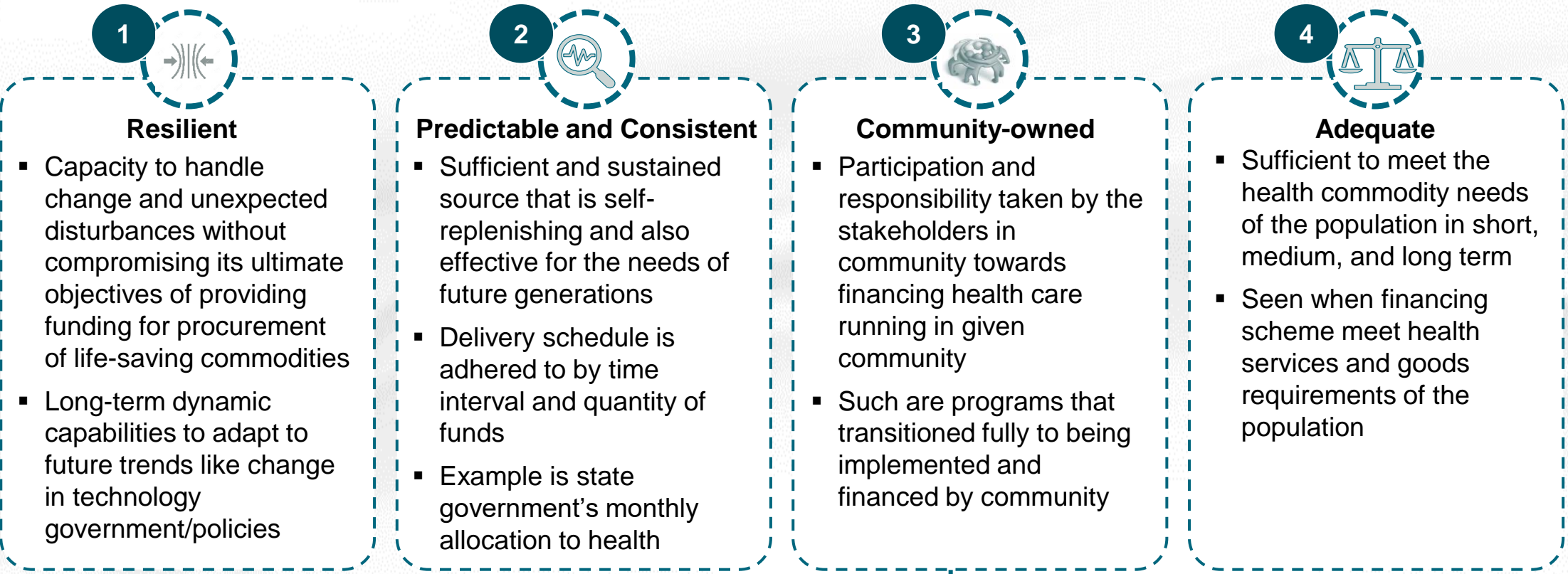
Cost-effectiveness and clinical impact models



State specific roadmaps for sustainable financing

4.1 Resource mobilization

A sustainable financing mechanism must meet four (4) major criteria



Sustainable health financing

Sustainability is the ability of a health financing system to meet the health requirements of the entire present generation without compromising the needs of future generations¹.

Criteria	Business	Procurement	Community Ownership	Adequacy
Business	<ul style="list-style-type: none"> The fund is easily repositioned to procure commodities following changes in a treatment guideline or protocol e.g. an updated essential medicines list The fund source is resilient to political changes or change in government The fund source is resilient to changes in donor priorities 	<ul style="list-style-type: none"> The fund is readily disbursed at the intended time Funds are consistently disbursed at the budgeted quantities 	<ul style="list-style-type: none"> Management of the fund involves multiple stakeholders from different MDAs in the state Funds are utilized based on a consensus and the agreement of multiple stakeholders 	<ul style="list-style-type: none"> Funds satisfies current procurement needs The fund has systems to steady increase to satisfy future procurement needs The fund has non-traditional systems to improve pool of available funding

Template to categorize available financing mechanisms based on listed criteria

Sources: 1. Health Financing Resilience During A Pandemic: Fifth Annual Health Financing Forum, Part 2. World Bank Blogs, 2020. Accessible on: <https://blogs.worldbank.org/health/health-financing-resilience-during-pandemic-fifth-annual-health-financing-forum-part-2>. Accessed 9 Oct 2021. 2. Smooth And Predictable Aid For Health: A Role For Innovative Financing?. Brookings, 2021, <https://www.brookings.edu/research/smooth-and-predictable-aid-for-health-a-role-for-innovative-financing/>. Accessed 9 Oct 2021. 3. Ownership of health financing policies in low-income countries: a journey with more than one path way. Joël Arthur Kiendrébéogo . 4. Health Systems Financing. Health care financing in Nigeria: Implications for achieving universal health coverage BSC Uzochukwu1,2,3, MD Ughasoro

4.1 Resource mobilization – Landscaping of a sustainable financing mechanism

There are 3 main activities involved in conducting a landscaping analysis for sustainable financing mechanism

1

Identify and map all available health financing mechanisms in the state and across health programs

- Conduct desk reviews and stakeholder engagements to identify different health financing mechanisms available in the state.
- Engage stakeholders and conduct additional desk reviews to identify:
 - Fund sources
 - Fund disbursement frequency
 - Medical services provided
 - Historical spending
 - Scope and coverage of Services

2

Assess the feasibility of using identified health financing options for procurement of Uterotonics

- Rank available funding sources according to:
 - Historical procurement of health commodities
 - Sustainability of its funding sources
- Assess sustainability of the streamlined funding sources to:
 - Determine if funds are dependent on donor or government sources
 - Determine regularity of fund disbursement

3

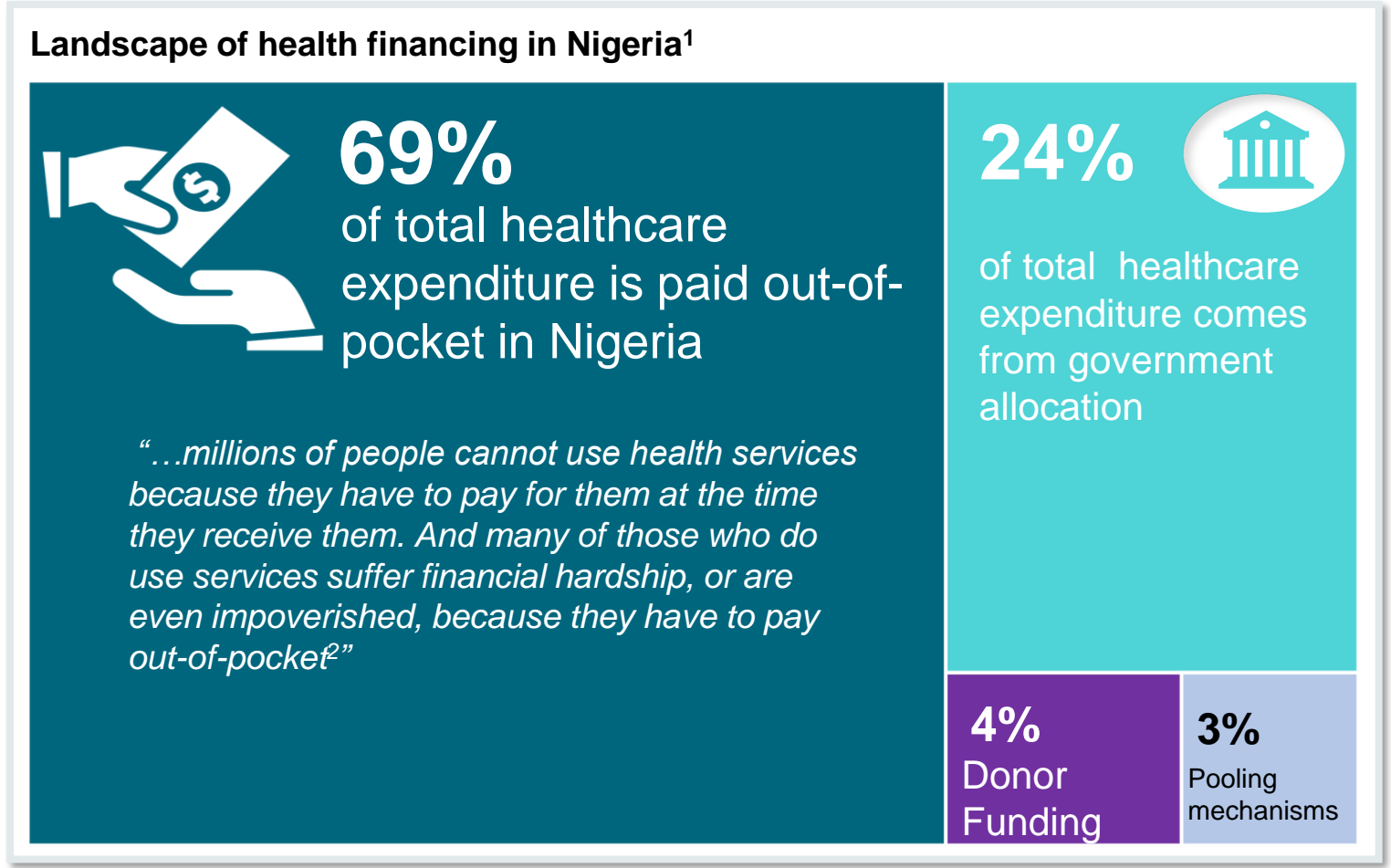
Propose actions to channel funds from the identified financing options for the procurement of Uterotonics

- Categorize prioritized health financing options based on current availability of funds to procure Uterotonics
 - Immediate term: Options that are readily available for procurement such as funding options managed by the State
 - Long term: Options whose funding is not immediately available such as new programs which are managed nationally and require long processes to access funds
- Identify innovative financing mechanisms and cost-reduction as additional levers to explore for procurement of commodities

4.1 Resource mobilization – Mapping of Health Financing mechanism

There are four main financing mechanisms for the procurement of essential medicines¹ in Nigeria

- 1 Out-of-pocket expenditure**
 - Individual cash payment for drugs and medical services
- 2 Tax-based Revenue**
 - Taxes from exports, goods, and services e.g. Basic Healthcare Provision Fund
 - Sin tax: alcohol and tobacco taxation
- 3 Donor Funding**
 - Aid, drug donations, loans, and grants
 - Global Fund to fight AIDS, Tuberculosis and Malaria
- 4 Pooling mechanisms**
 - Social, Private, and community health insurance schemes
 - National Health Insurance Scheme



Realities in the Nigerian context necessitate exploring out-of-pocket expenditure as fund sources for uterotonic procurement in the short-term, while building a more sustainable play through pooling mechanisms

Source: 1. Uzochukwu BS, Ughasoro MD, Etiaba E, Okwuosa C, Envuladu E, Onwujekwe OE. Health care financing in Nigeria: Implications for achieving universal health coverage. Niger J Clin Pract. 2015 Jul-Aug;18(4):437-44. doi: 10.4103/1119-3077.154196. PMID: 25966712.2. WHO. World health report.2010

4.1 Resource mobilization – Assessment of the different financing mechanism

Tax-based revenue and pooling mechanism are the most reliable and sustainable funding mechanisms for health programs ✔ Yes ✘ No

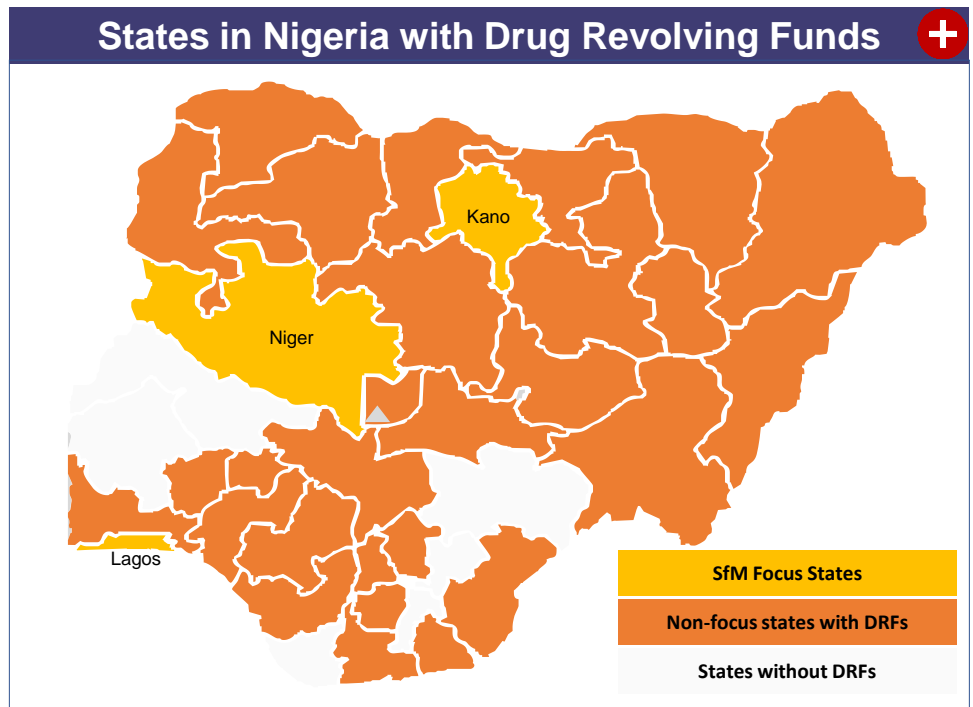
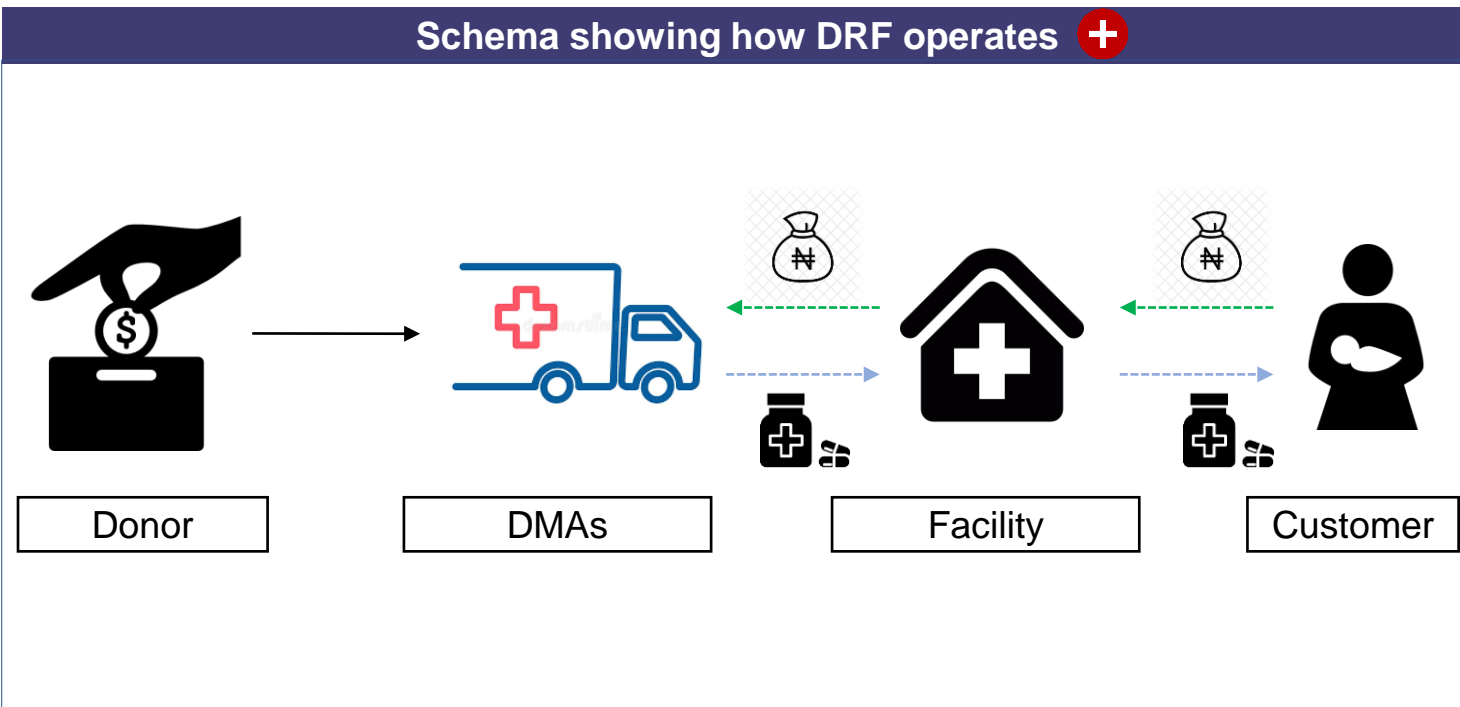
Is this funding source...	Resilient	Predictable	Community owned	Adequate	Implications for Uterotomic procurement
Out-of-pocket expenditure 	✘ Economic instability reduces the ability of individuals to afford healthcare services ¹	✘ Health shocks are unpredictable and reliance on OOP payment causes financial catastrophe ¹	✘ Individual procurement of healthcare does not promote access equity ¹	✘ OOP expenditure is not reliable to cater for growing health needs of the population	<ul style="list-style-type: none"> While largely unsustainable, it remains the most common source of funding for Uterotonics among women and their care givers in Nigeria
Tax-Based Revenue 	✔ Depends on country, most tax-based systems are highly resilient ²	✔ Most functioning governments continue to generate and allocate funds to health annually	✔ Communities have basis to direct and demand participation in decisions for tax-allocation	✘ Provides a large source of financing for health financing but inadequate especially in LMIC ³	<ul style="list-style-type: none"> Countries and states with a wide tax base and fully functional tax collection systems, unlike Nigeria, can explore this as a sustainable option
Donor funding 	✘ Donor organizations continue to ramp down support for health program especially after the COVID-19 pandemic	✘ Highly dependent on multiple factors such as the quality and the capacity of donors, as well as mitigation strategies put in place	✘ Donor funds are not community generated but with adequate planning can transition to the community	✘ Inadequate compared to funding needed to achieve the health SDGs	<ul style="list-style-type: none"> This option is important in the introductory phase of a new product introduction if channelled through sustainable financing programs like Drug Revolving Funds
Pooling Mechanisms 	✔ Spreads financial risk across the population and thus caters for the immediate and long term health needs	✔ Risk--pooling mechanisms provide protection against high cost, low probability events ³	✔ Some pooling mechanisms like social and community insurances, are co-funded by individuals, households and government	✔ Adequate in most developed countries but depends on the size of risk pool ⁴	<ul style="list-style-type: none"> This is the most sustainable financing mechanism but will require significant consensus and political will for implementation which may take long to achieve

With many countries relying heavily on donor funding, which is both unstable and unsustainable, it is necessary to identify mechanisms to increase domestic resources for health and make them more sustainable

Sources:1. Adeyemi Theophilus Okunogbe. Three Essays on Health Financing in Sub-Saharan Africa Health Shocks, Health Insurance Uptake, and Financial Risk Protection 2. Steve Thomas Anna Sagan. Strengthening health systems resilience. POLICY BRIEF 36. Key concepts and strategies 3. Tax-Based Financing for Health Systems: Options and Experiences 4. Immunization Financing Toolkit. The World Bank and GAVI Alliance. December 2010 42

4.1 Resource mobilization – Selecting an appropriate health financing mechanism

The Drug Revolving Fund (DRF) is a widely accepted scheme in Nigeria that involves the use of initial funds to procure drugs for use in a given health system on a user-fee basis for sustainability









- In recent years, donors and partners including USAID, BMGF, and DFID have supported states to establish Drug Revolving Fund (DRF) as well as Drug Management Agencies (DMAs) to manage them to ensure increased access to essential medicines sustainably.
- Essential medicines supplied through the DRF are provided at a markup to clients. The markup is utilized in most cases to increase the scope of the DRF, pay for the distribution of medicines to facilities, cater to inflation, and other costs.
- The three focus states on the Smiles for Mothers program also operate DRFs for the supply of essential medicines to over 800 primary, secondary, and tertiary health facilities.

SfM Experience

4.1 SfM Experience – Resource mobilization

The program identified the multiple financing options which exist and can be explored to sustainably fund procurement of maternal health commodities









Funding option	Fund sources	Disbursement frequency	Covered services	Remarks
1 Sustainable drug revolving fund	<ul style="list-style-type: none"> One-time seed capital from the DFID PATHS2 Project in 2013 Individual/household out-of-pocket payment 	 Revolving	<ul style="list-style-type: none"> Essential medicines and consumables including MNCH commodities 	<ul style="list-style-type: none"> Overseen by the state ministry of health which coordinates procurement through the SDRF procurement committee Reaches at least one PHC in every ward
2 Free health policy scheme	<ul style="list-style-type: none"> State Government annual budgetary allocation 8% of the 20% mark-up component at the health facilities under the SDRF scheme 	 Monthly	<ul style="list-style-type: none"> MNCH medicines and consumables Essential medicines 	<ul style="list-style-type: none"> Annual funds disbursement is sometimes irregular Monthly disbursements are sustainable, accessible and reliable way of ensuring free health commodities to beneficiaries
3 Basic healthcare provision fund	<ul style="list-style-type: none"> Federal Govt. contribution State Govt. contribution International donors 	 Quarterly	<ul style="list-style-type: none"> Basic health care services Essential medicines and vaccines (20% of Fund) 	<ul style="list-style-type: none"> Has not yet been rolled out in the state
4 Lagos State Health Scheme	<ul style="list-style-type: none"> State Government budgetary allocation Annual premiums from enrollees BHCPF 	 Monthly	<ul style="list-style-type: none"> Basic health care services Health facility administrative cost 	<ul style="list-style-type: none"> Pools funding from enrollees through the Lagos health trust fund
5 Global fund for Malaria, TB and HIV	<ul style="list-style-type: none"> International government donors (92% of Fund) Private sector and NGO donors 	 Annually	<ul style="list-style-type: none"> Malaria, TB, and HIV medicines, consumables and care services Last Mile Distribution of HIV and TB health commodities 	<ul style="list-style-type: none"> Global fund support for malaria services including antimalarials in Lagos ended in Dec 2017 State government provides buffer quantity for antimalarials
6 PEPFAR fund for HIV	<ul style="list-style-type: none"> International governments donors 	 Annually	<ul style="list-style-type: none"> HIV medicines and consumables HIV care services 	<ul style="list-style-type: none"> Additional RTKs for other routine purposes are procured by the State Government

Source: 1. BHCPF Guideline for Fund Administration, Disbursement and Management; Stakeholder interviews; 2. Lagos Central Medical Store uterotonics procurement data; 3. Stakeholder interview

4.1 SfM Experience – Resource mobilization

Each financing option was ranged based on its historical procurement of uterotonics and the sustainability of its funding sources

SfM Experience

Theme	Description	Ranking
Availability of funding for uterotonics	▪ Has not historically allocated funds for health commodity procurement	
	▪ Allocates funds for health commodity procurement; but has not historically funded the procurement of MNCH commodities	
	▪ Allocates funds for MNCH commodity procurement; but has not historically funded the procurement of uterotonics	
	▪ Consistently allocates funds for procurement of uterotonics	
Sustainability of funding sources	▪ Funding is solely dependent on individual philanthropists, implementing partners or donor agencies	
	▪ Funding is only dependent on regular government budgetary allocation	
	▪ Funding is dependent on regular government budgetary allocation and contributions from donors/partners	
	▪ Funding comes from government budgetary allocation and proceeds from end users either preferably via insurance premiums, with or without donor contributions	

SfM Experience

4.1 SfM Experience – Resource mobilization


Historical procurement of MNCH commodities and sustainable funding sources were key criteria considered in leveraging a financing option for the procurement of uterotonics

Lagos Example

Health financing options	Availability	Sustainability	Remarks
Drug Revolving Fund	Green	Green	With sustainable funding sources, the DRF has historically procured uterotonics, but only Oxytocin
Lagos State Health Insurance Scheme	Green	Green	This financing option has sustainable funding sources and funds the procurement of Oxytocin via reimbursements to HFs that go to the DRF
Free health policy scheme	Green	Yellow	The free health policy scheme has historically procured only Misoprostol but it relies solely on the State Government for funding
Basic Health Care Provision Fund (NPHCDA gateway)	Yellow	Light Green	The BHCPF has sustainable funding sources; when rolled out, it will fund the procurement of essential medicines directly (NPHCDA) and indirectly (NHIS)
Global Fund for Malaria, TB and HIV	Yellow	Red	This donor-funded option procures health commodities but not MNCH commodities or uterotonics
LAFIYA program	Red	Red	The UK FCDO-funded LAFIYA program in Lagos has not procured health commodities since its inception in 2020

Green indicates that a health financing option has historically allocated funding for uterotonics procurement and its funding sources are very sustainable; while red signifies that a health financing option has not funded the procurement of uterotonics and its funding sources are unsustainable

SfM Experience

 Back to previewed page

4.1 SfM Experience – Resource mobilization

Each funding source was evaluated based on four (4) features of sustainable financing sources

Instructions

- Participants from each state are to fill out a separate worksheet for each funding option. Participants should select an option from each of the statements made
- Participants will be invited to outline challenges to each statement disagreed with in a separate worksheet

Enter Funding Sources **Free MNCH intervention**

Key: **SA:** Strongly agree **A:** Agree **N:** Neutral **D:** Disagree **SD:** Strongly disagree

Statements	SA	A	D	SD	
Resilience	▪ The fund is easily repurposed to procure commodities following changes to a treatment guideline or protocol e.g. an updated essential medicines list	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ The fund source is resistant to political changes or change in government	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	▪ The fund source is resistant to changes in donor priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Predictability	▪ The fund is readily disbursed at the allocated time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	▪ Funds are consistently disbursed at the budgeted quantities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Ownership	▪ Management of the fund involves multiple stakeholders from different MDAs in the state	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Funds are utilized based on a consensus and the agreement of multiple stakeholders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy	▪ Fund satisfies current procurement needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ The fund has systems to steady increase to satisfy future procurement needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	▪ The fund has non-traditional systems to improve pool of available funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4.2 Development of investment case for uterotonics

State health managers need to make an investment case for the introduction of a new commodity to ignite interest of executive leaders, policymakers and potential donors.

An Investment case serves two purposes



Powerful tool to demonstrate the high returns that can be achieved by strengthening investments in the delivery of high-impact interventions

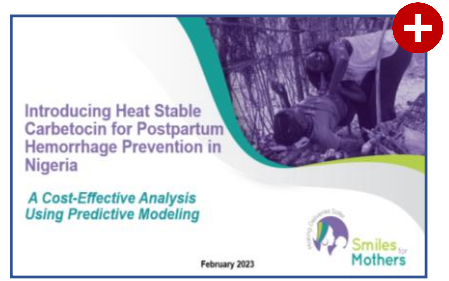
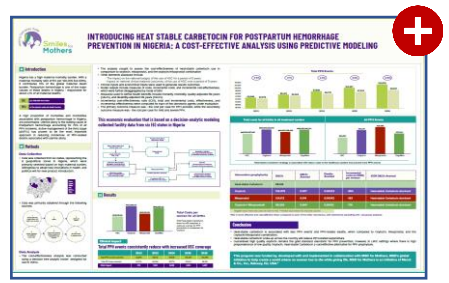
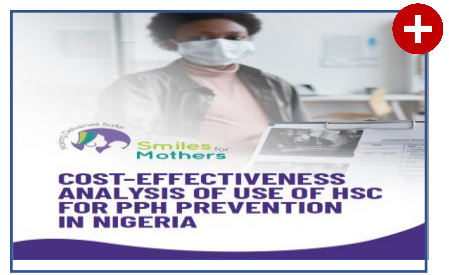


Provide a compelling argument to potential investors on the desired impact that can be achieved by strengthening investments in the delivery of high-impact interventions



Clinical Impact of the Innovation
Presents an argument for investing in a particular health area or intervention due to the potential impact on health outcomes

Cost-effectiveness of the Innovation
Offers an analysis of the value for money and the value for resources of investment in a range of interventions to meet desired goals

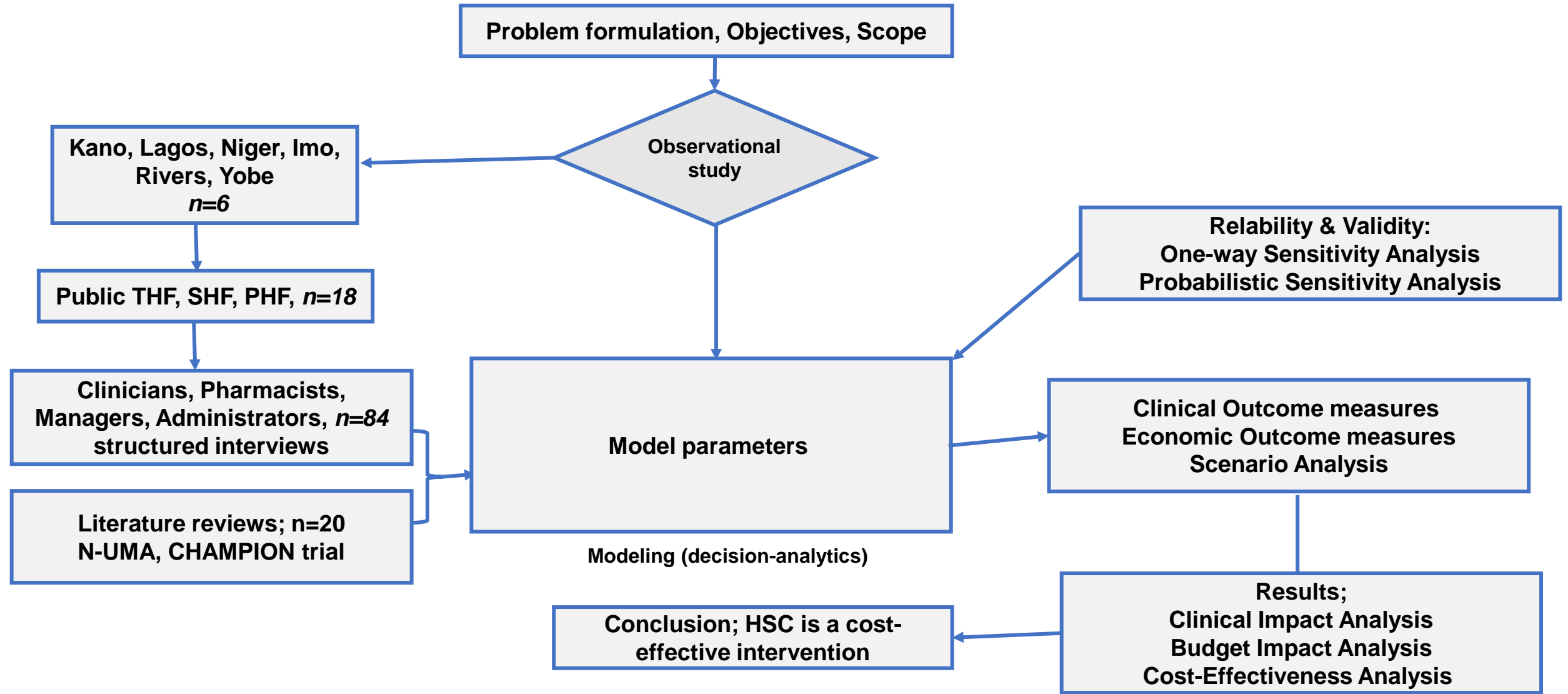


Building an investment case for a new product requires special technical expertise and strong health sector collaborations:

- Health Economists to drive Clinical Impact Studies and support Cost-Effectiveness Analysis
- Clinicians and Maternal Health Program Managers to obtain early buy-in for the study

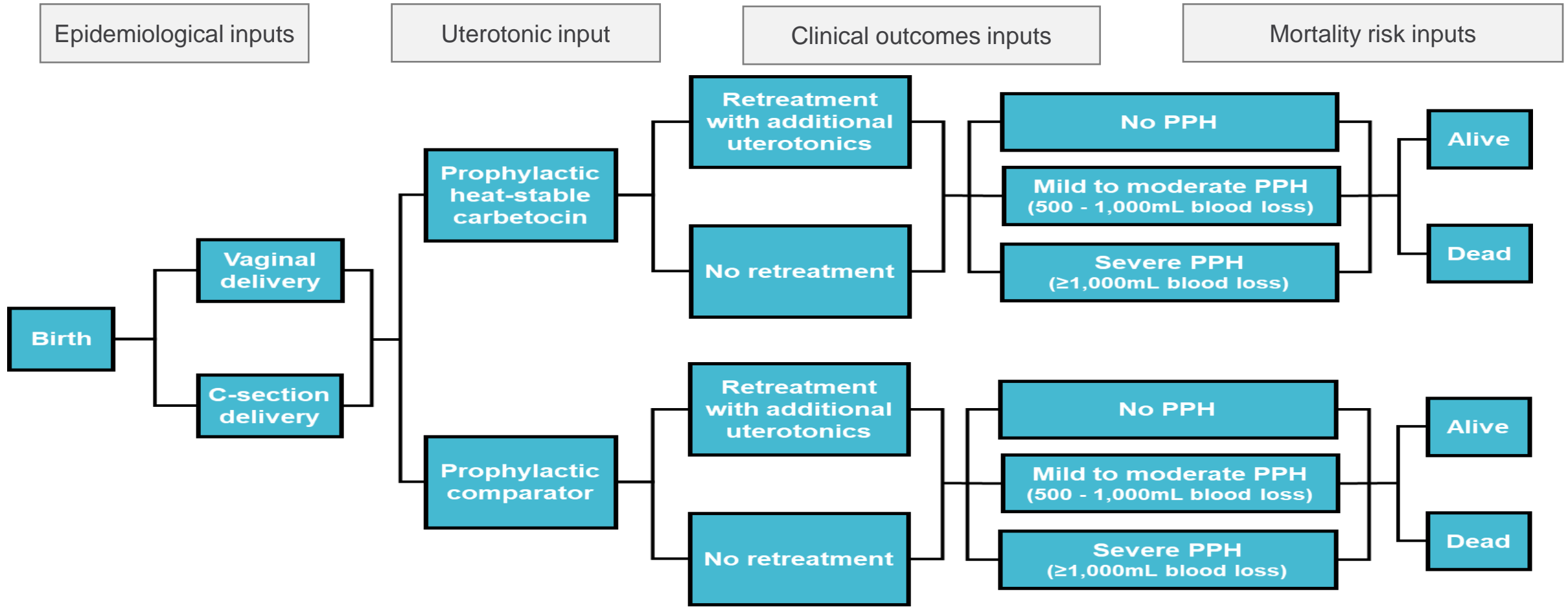
4.2 SfM Experience – Development of investment case for uterotonics

Design and methodology: We conducted an economic evaluation based on decision-analytic modelling of collected facility data from six (6) states in Nigeria



4.2 SfM Experience – Development of investment case for uterotonics

Design and methodology: The Health Economic Model uses a decision tree as the predictive pathway



At each section of the decision tree, inputs are applied. These inputs are sourced via literature review or, where not available, key opinion leader guidance is captured.

For simplicity, non-pharmaceutical medical interventions were not included in this decision-tree (e.g., hysterectomy, etc.)

Key: C-section, caesarean section; mL, millilitre; PPH, postpartum haemorrhage. No PPH = blood loss of less than 500mL within 24 hours after birth. Mild-to-moderate PPH = blood loss of 500mL or more within 24 hours after birth. severe PPH = blood loss of 1,000mL or more within 24 hours after birth

4.2 SfM Experience – Development of investment case for uterotonics

SfM Experience

Clinical impact result: Prophylactic use of HSC is associated with better clinical outcomes when compared to other uterotonics

Effectiveness – All PPH Events	Intervention (prophylactic)	Effectiveness All PPH events	Incremental Effectiveness All PPH events	% Additional All PPH events Comparator VS HSC
	Heat-stable Carbetocin		285,627	
Oxytocin		397,279	111,652	39%
Misoprostol		429,366	143,739	50%
Oxytocin-Misoprostol		337,342	51,715	18%
Effectiveness – Severe PPH Events	Intervention (prophylactic)	Effectiveness Severe PPH events	Incremental Effectiveness Severe PPH events	% Additional Severe PPH events Comparator VS HSC
	Heat-stable Carbetocin		85,388	
Oxytocin		98,261	12,873	15%
Misoprostol		117,441	32,053	38%
Oxytocin-Misoprostol		91,095	5,707	7%
Effectiveness – Deaths	Intervention (prophylactic)	Effectiveness Death	Incremental Effectiveness Death	% Additional Death Comparator VS HSC
	Heat-stable Carbetocin		2,679.3	
Oxytocin		3,218.7	539.4	20%
Misoprostol		3,741.9	1062.6	40%
Oxytocin-Misoprostol		2,968.8	289.5	11%

4.2 SfM Experience – Development of investment case for uterotonics

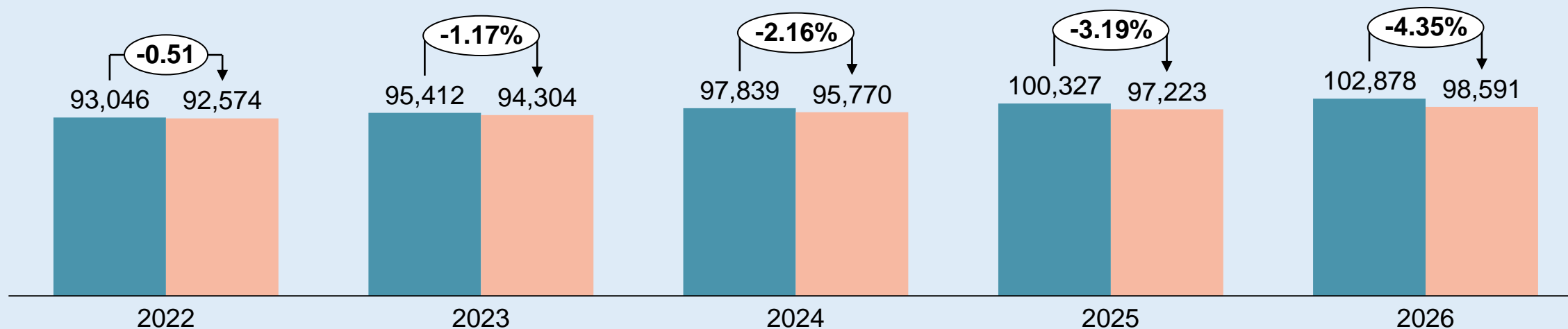
SfM Experience

Clinical Impact Results: Total PPH events consistently reduced with increased HSC coverage

	2022	2023	2024	2025	2026
Total PPH (Current scenario)	93,046	95,412	97,839	100,327	102,878
Total PPH (New scenario)	92,574	94,304	95,770	97,223	98,591
Clinical Impact	472	1,108	2,069	3,104	4,287

Comparison of the current scenario and new scenario for total PPH cases

■ Current scenario ■ New scenario



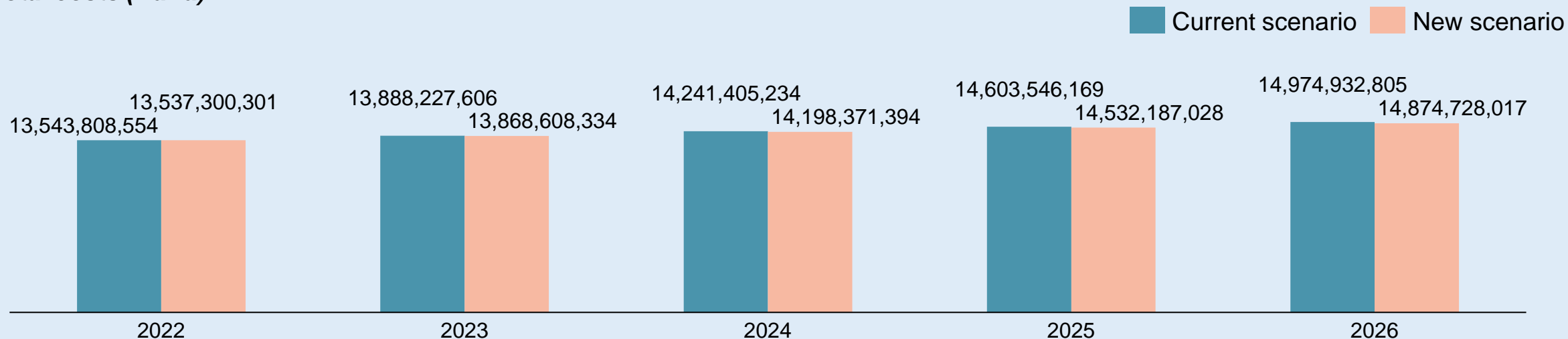
4.2 SfM Experience – Development of investment case for uterotonics

SfM Experience

Budget Impact: Cost savings increase with increased HSC coverage

	2022	2023	2024	2025	2026
Total cost (Current scenario)	₦13,543,808,554	₦13,888,227,606	₦14,241,405,234	₦14,603,546,169	₦14,974,932,805
Total cost (New scenario)	₦13,537,300,301	₦13,868,608,334	₦14,198,371,394	₦14,532,187,028	₦14,874,728,017
Budget Impact	₦6,508,253	₦19,619,272	₦43,033,840	₦71,359,141	₦100,204,788

Total costs (Naira)



4.2 SfM Experience – Development of investment case for uterotonics

SfM Experience

Clinical Impact Results: Total PPH events consistently reduced with increased HSC coverage

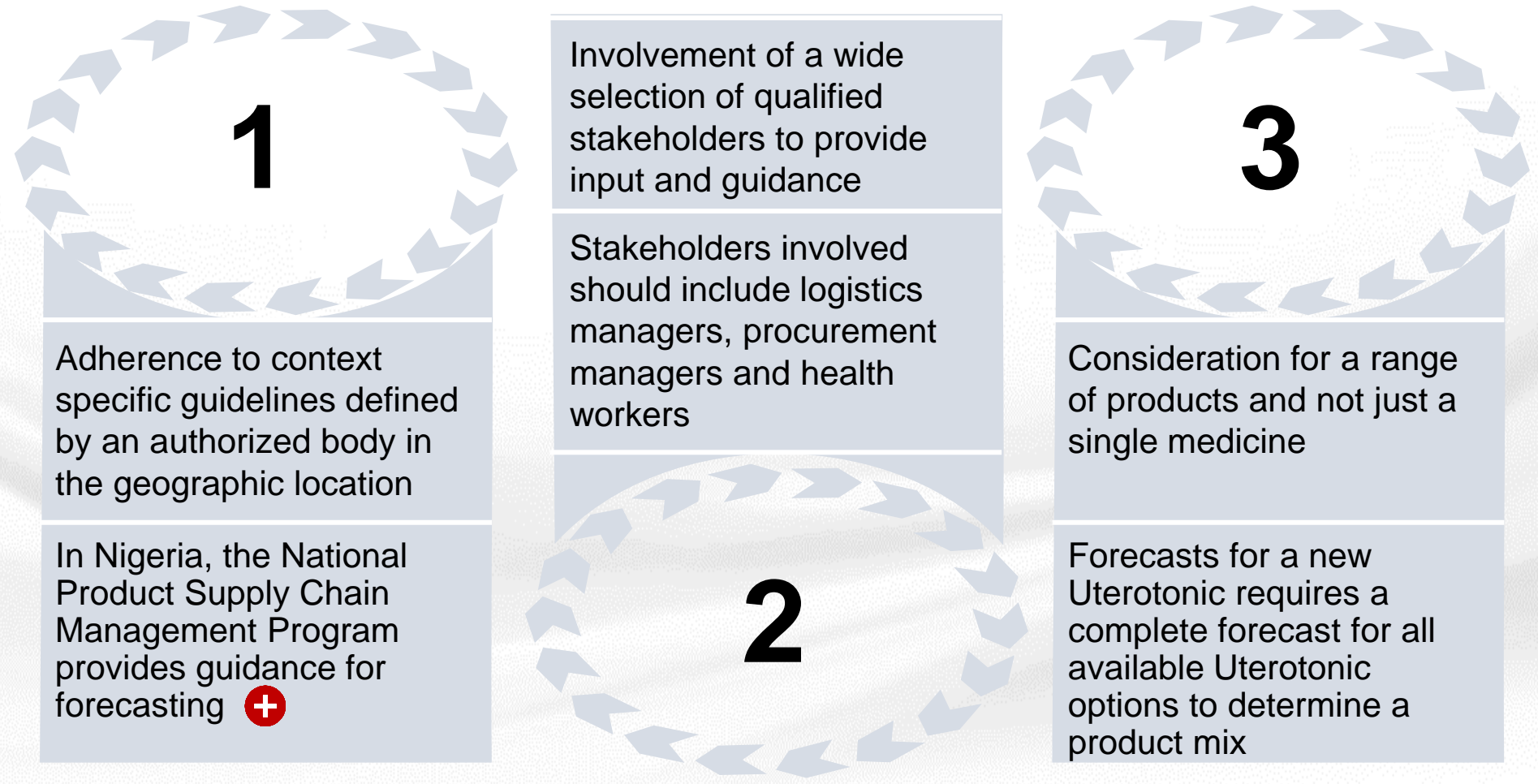
Intervention (<i>prophylactic</i>)	DALYs	DALYs Averted**	Deaths Avoided**	Incremental costs(in NGN) per woman*	ICER DALYs Averted
Heat-Stable Carbetocin	88,128				
Oxytocin	106,979	0.007	0.00022	-860	Heat-stable Carbetocin dominant
Misoprostol	124,172	0.014	0.00042	-163	Heat-stable Carbetocin dominant
Oxy/Miso	98,309	0.004	0.00012	-716	Heat-stable Carbetocin dominant

HSC has a higher Incremental Cost Effectiveness Ratio compared to the other uterotonics

* Negative value means total costs are lower for HSC ** Positive value means HSC improves outcome


4.3 Uterotonics forecast and costing

There are three basic principles to ensuring a good commodity forecast



4.3 SfM Experience – Uterotonics forecast and costing

SfM Experience

Lagos Example 

Assumptions for the population-based model used to forecast Lagos state's uterotonic need

ASSUMPTION	KANO	LAGOS	NIGER	DATA SOURCE
Annual population growth rate (%)	3.35%	3.25%	3.46%	National Bureau of Statistics. 2017 Demographic Statistics Bulletin: Population projection
% of public health facility-based deliveries in the state (assuming all receive Oxytocin or Misoprostol in the third stage of labour)	16.4%	27.4%	24%	Nigeria Demographic and Health Survey 2018
% of home-based deliveries	80.8%	15.6%	74.2%	Nigeria Demographic and Health Survey 2018
% of health facility-based births that develop PPH despite receiving Oxytocin in the third stage of labour			2.85%	Carmen D, AbouZahr C, Stein C. Global Burden of Maternal Haemorrhage in the Year 2000. Geneva: World Health Organization; 2003
% of home-based births referred to and treated for PPH in a health facility			6%	Derman RJ, Kodkany BS, Goudar SS, et al. 2006. Oral misoprostol in preventing postpartum haemorrhage in resource-poor communities: a randomized controlled trial. Lancet. 2006;368(9543):1248–1253
% of all health facility-based deliveries requiring induction			9.60%	World Health Organization (WHO). WHO Recommendations for Induction of labour. Geneva: WHO; 2011
% of all health facility-based deliveries augmented during labour			20%	Wei S, Luo ZC, Xu H, Fraser WD. The effect of early oxytocin augmentation in labour: a meta-analysis. Obstet Gynecol. 2009;114(3):641–649
Birth rate for the state			3.70%	https://www.macrotrends.net/countries/NGA/nigeria/birth-rate

Oxytocin was used to model the total uterotonic need of the state because it is indicated for use in the third stage of labour for PPH prevention; for induction and augmentation of labour; and for the treatment of PPH

4.3 SfM Experience – Uterotonics forecast and costing

SfM Experience

Model showing annual uterotonic needs of Lagos over a 6-year period


Lagos Example 

Parameters	2020	2021	2022	2023	2024	2025
Total population at state level	14,264,558	14,728,156	15,206,821	15,701,043	16,211,327	16,738,195
Total number of births (deliveries) in a year	527,789	544,942	562,652	580,939	599,819	619,313
No. of public HF-based deliveries (and assuming that all deliveries will receive Oxytocin)	144,614	149,314	154,167	159,177	164,350	169,692
No. of home-based deliveries	82,335	85,011	87,774	90,626	93,572	96,613
No. of HF births that develop PPH despite receiving Oxytocin for PPH prevention	4,122	4,255	4,394	4,537	4,684	4,836
No. of home-based births referred to HFs and treated for PPH	4,940	5,101	5,266	5,438	5,614	5,797
No. of HF-based births that require induction (assuming all cases use Oxytocin)	13,883	14,334	14,800	15,281	15,778	16,290
No. of HF-based births that require augmentation (assuming all cases use Oxytocin)	28,923	29,863	30,833	31,835	32,870	33,938
Quantity of Oxytocin needed for PPH prevention (1 ampoule of Oxytocin)	144,614	149,314	154,167	159,177	164,350	169,692
Quantity of Oxytocin needed for PPH treatment (4 ampoules of Oxytocin)	36,246	37,424	38,641	39,897	41,193	42,532
Quantity of Oxytocin required for induction of labour (1 ampoule of Oxytocin)	13,883	14,334	14,800	15,281	15,778	16,290
Quantity of Oxytocin required for augmentation of labour (1 ampoule of Oxytocin)	28,923	29,863	30,833	31,835	32,870	33,938
Annual requirements for Oxytocin: Quantity of Oxytocin for (PPH prevention + PPH treatment + induction of labour + augmentation of labour)	223,666	230,935	238,441	246,190	254,191	262,453

4.3 SfM Experience – Uterotonics forecast and costing

Table showing the phased introduction of heat-stable Carbetocin in Lagos as a function of the product mix for other Uterotonics

Uterotonics supply chain, Lagos

Coverage	Type of healthcare facilities covered	Public healthcare facilities only			Lagos Example 
	Primary Healthcare Facility Coverage (%)	100%			
	Secondary/Tertiary Healthcare Facility Coverage	100%			
	-				
Ambition – Target product mix (in % of total administered doses of uterotonics)	Primary Healthcare Facility	2020	2021	2022	
	Oxytocin	60%	55%	35%	
	Misoprostol	40%	35%	35%	
	Ergometrine	0%	0%	0%	
	HSC Carbetocin	0%	10%	20%	
	Oxytocin and Ergometrine (fixed dose combination)	0%	0%	0%	
	Secondary/Tertiary Healthcare Facility				
	Oxytocin	60%	55%	50%	
	Misoprostol	40%	35%	35%	
	Ergometrine	0%	0%	0%	
	HSC Carbetocin	0%	10%	15%	
	Oxytocin and Ergometrine (fixed dose combination)	0%	0%	0%	

4.3 SfM Experience – Uterotonic forecasting and costing

The cost of heat-stable Carbetocin varies across states following application of the various drug revolving funds markups

Table showing the cost structure of heat-stable Carbetocin

	FOB (USD)	Cost to state		Cost to facilities		Cost to patients	
		USD	NGN	USD	NGN	USD	NGN
Kano	0.47	0.62	312	0.67	337	0.74	372
Lagos	0.47	0.62	312	0.65	327	0.78	392
Niger	0.47	0.62	312	NA	NA	0.75	377

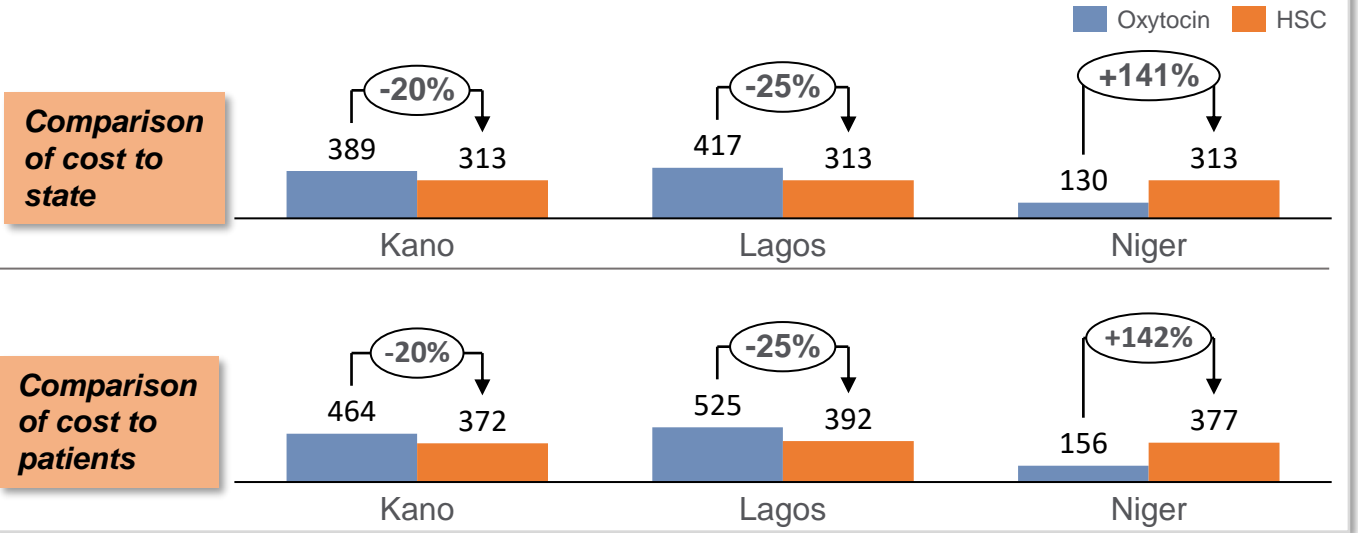
HSC cost structure (Naira)

- At a fixed FOB price of \$0.47 per ampoule and a fixed markup in each state, the subsequent price per ampoule of HSC to patients will be determined by quantity procured, the cost of freight and direct-at-place (DAP) charges
- The markups in each of the 3 states is captured in its **DRF operational guidelines****

Oxytocin vs HSC (cost to states) (Naira)

- The price per ampoule of HSC to Kano and Lagos states compares very favorably to that of Syntocinon which the two states procured in 2020, but is more than twice the ampoule price of Juhel Oxytocin procured by Niger state
- Implementing pooled procurement between program and non-program states may further drive down for HSC to favourably compete with cheaper brands
- With this clarity on the potential cost of HSC to the states, there is a need for the Consortium and IDA Foundation to engage the 3 program states to discuss and fix the price of HSC based on:
 - The volatility of the Naira to Dollar exchange rate
 - Potential additional logistics and storage service charges when states commence procurement of HS

Table comparing HSC and Oxytocin costs at state and health facility levels



** The DRF markups vary across Kano, Lagos, and Niger at 7.5% and 5% in Kano and Lagos respectively. At the health facilities in Kano, Lagos and Niger, an additional markup of 11%, 20% and 20% respectively is applied to the patients. In Niger, 6% of the 20% markup to patients is returned to the agency to keep the DRF running.

4.4 Lessons learned


- **Forecasting using accurate aggregated data from multiple sources translates to improved fund utilization for procurement and prevents wastage of maternal health commodities through loss and expiry of health commodities**
 - It is important to explore and understand the key factors that affect forecasting, as the factors present opportunities for improvement and challenges to overcome as well
 - This underscores the need to improve health and logistics management information systems data collection across the whole supply chain
- **Government leadership and participation in the landscaping and optimization of health financing mechanisms are key to identifying and implementing the necessary operational and administrative changes required to achieve sustainability**
 - All landscape analyses should include a diverse range of stakeholders, including donors and the private sector, to gain buy-in and synergize fund optimization efforts
- **Sustainable financing for life-saving commodities requires understanding the total commodity requirements through effective quantification or commodity forecasting**
- **Overall, the Drug Revolving Fund (DRF) is a potent option for sustainable and consistent funding of maternal health commodities at service delivery points**
 - DRF requires strong, effective administrative and operational oversight to ensure funds are not mismanaged when seeded and to prevent health facility decapitalization
- **The investment case is a critical tool to enable policymakers to make the right choice on Uterotonics and other maternal health commodities as it combines findings from both clinical impact and economic perspectives**
 - There is a need for strong expertise and technical knowledge from health economist to develop the complex cost effectiveness models and to generate accurate results

Supply Chain

- 5.1 Commodity procurement process mapping
- 5.2 Capacity building for pharmacists and logisticians
- 5.3 Pharmacovigilance strengthening
- 5.4 Lessons learned

SECTION 5 **Section Overview**

Supply Chain

 Relevant documents Relevant tools

Objectives of playbook chapter

- Describe the process for procurement and supply management of maternal health commodities
- Provide guidance on broader supply chain optimization and improvements through capacity building
- Describe the approach for pharmacovigilance systems strengthening
- Share from SFM experience in strengthening the supply chain for Uterotonics












Key activities

- Commodity procurement process mapping
- Capacity building for Pharmacists and Technicians to improve the Uterotonics supply chain
- Health worker sensitization on available ADR reporting tools and processes



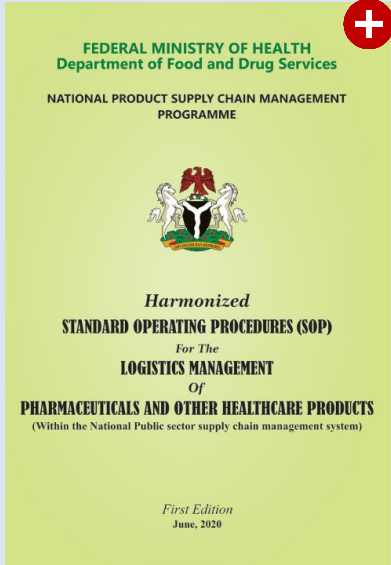
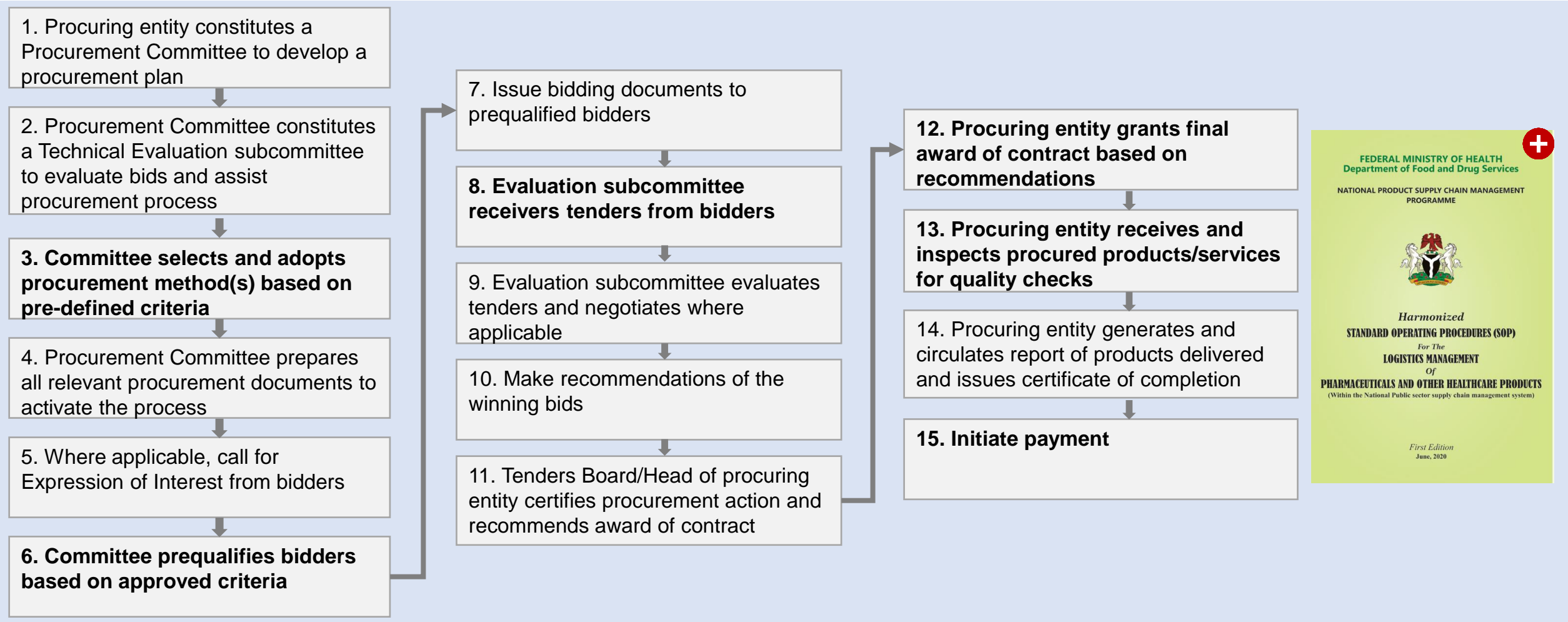
Materials included

-  Supply chain training materials
-  Pharmacovigilance training materials
-  Pharmacovigilance plan for HSC introduction
-  NPSCMP SOPs
-  Process flow map for mentoring
-  Training workbook
-  Pre & post test assessment questions
-  Paper-based and electronic LMIS tools
-  ADR reporting tools

5.1 Commodity procurement process mapping

Commodity procurement should be managed by a qualified committee and sub-committees to ensure procurement of quality products at competitive prices

PRIORITY AREAS FOR A NEW PRODUCT INTRODUCTION



5.1 Commodity procurement process mapping – Criteria for evaluating and selecting pre-qualified suppliers

There are five criteria for evaluating and selecting pre-qualified suppliers for a new or existing commodity



**NAFDAC registration of commodity
(Regulatory approval from a Stringent
Regulatory Agency is desirable)**

01



**Presence of a supplier warehouse for
commodity in Nigeria**

03



**PCN registration of the commodities'
supplier warehouse in Nigeria**

05



**Commodity is on the State Essential
Medicines List**

02



**Warehouse is compliant with the WHO
warehousing guidelines**

04

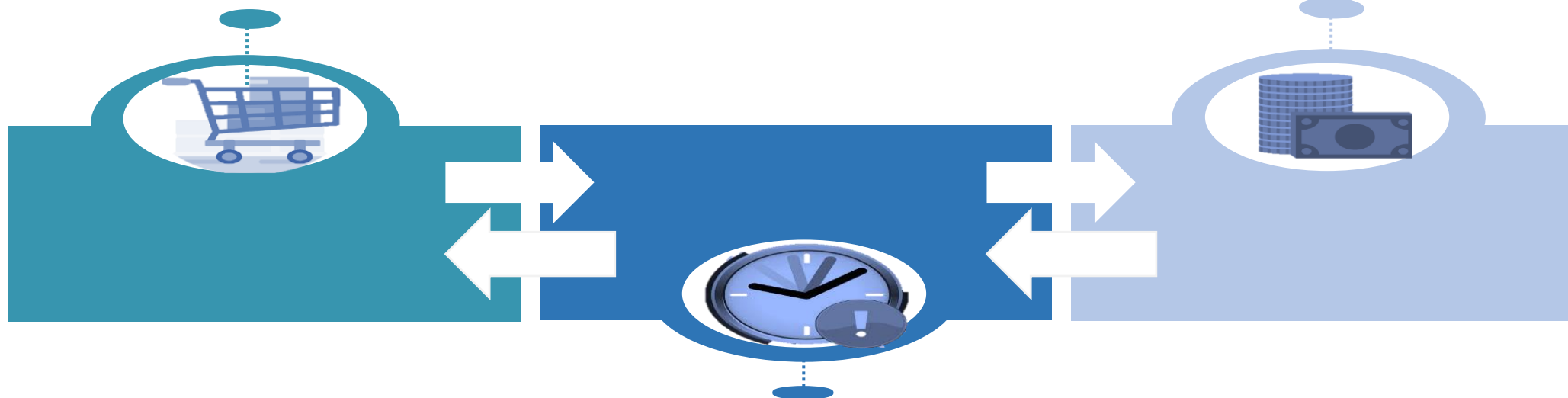
States may have additional requirements for suppliers to satisfy before prequalification to supply medicines to the states such as in Kano and Lagos States, where the supplier is required to show evidence of tax clearance to finalize supplier prequalification

5.1 Commodity procurement process mapping – Supply planning for procurement of commodities

The supply planning process aims to answer three (3) main questions

I. How much to procure at a time?

- How much stock is at hand?
- How much is needed each month to stay between the minimum and maximum order levels?
- What is the storage capacity?



III. What is the cost?

- What are the supplier prices?
- What are the shipping and handling costs?
- What are the available funding sources to meet costs?

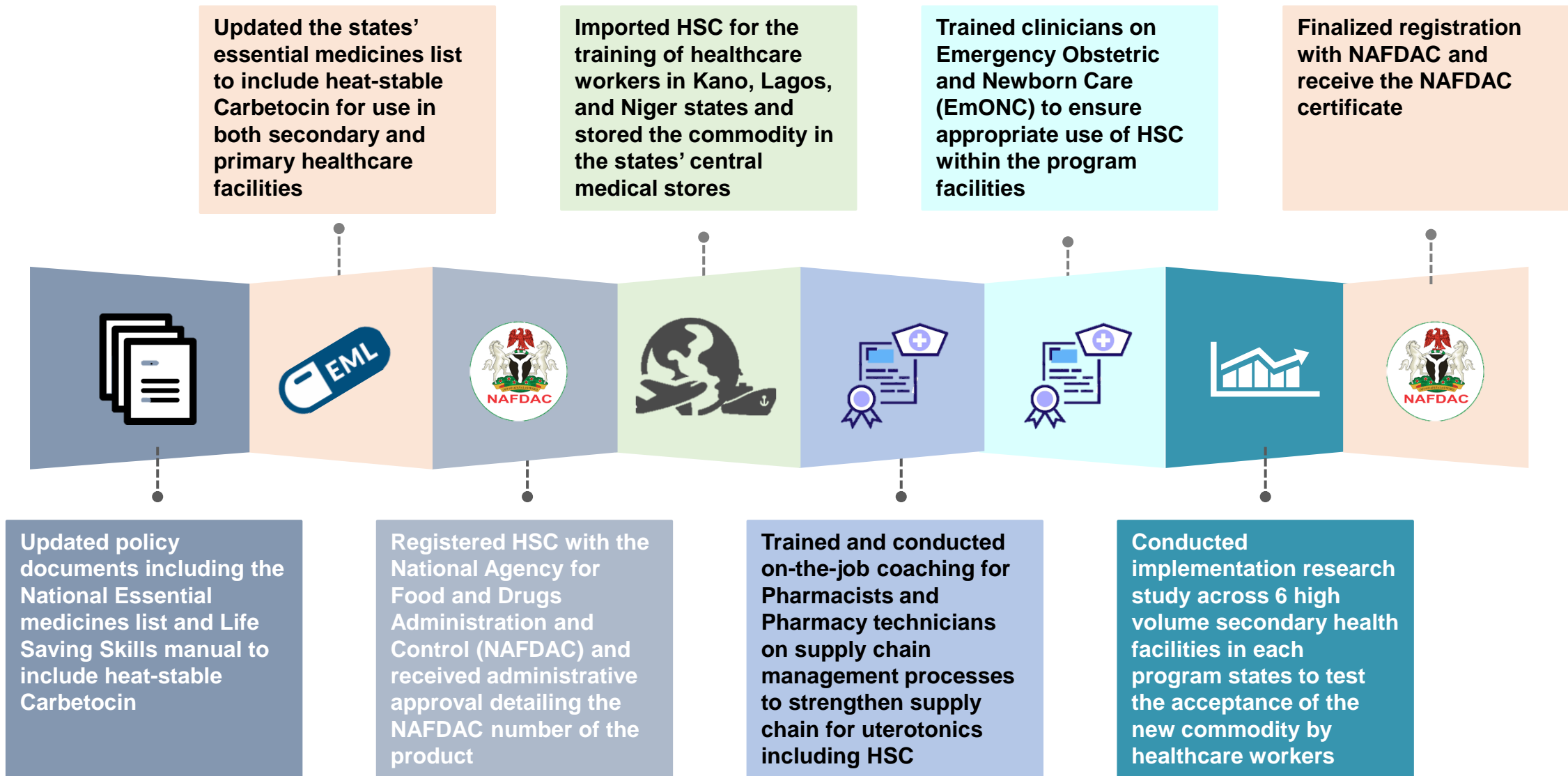
II. When will the products be received?

- What are the supplier lead times/delivery schedule?
- What is the timing of funds disbursements

SfM Experience






5.1 SfM Experience – Commodity procurement process mapping

The introduction of heat-stable Carbetocin involved a range of activities, including regulatory approval, supplier prequalification, procurement, and delivery of the drug



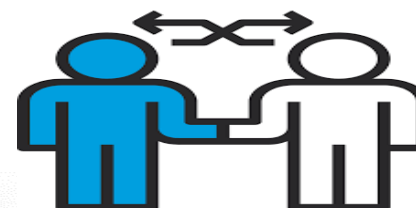
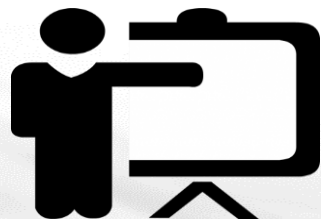
5.2 Capacity building for pharmacists and logisticians

Training curriculum was developed and implemented in collaboration with the National Product Supply Chain Management Program to address capacity building gaps

Theme	Topics	Sub-topics	
1 Quantification	<ul style="list-style-type: none"> Forecasting methodologies, data collection and collation for forecasts 	<ul style="list-style-type: none"> Quantification and forecast methodologies Tools for quantification Quantification in health facilities 	
2 Commodity inspection	<ul style="list-style-type: none"> Strengthening quality assurance systems for medical products 	<ul style="list-style-type: none"> Inspection of health commodities and quality assurance Tools for commodities inspection Systems for the monitoring of commodities storage 	
3 Warehousing, distribution, reorder	<ul style="list-style-type: none"> Standard storage, inventory and facility management practices 	<ul style="list-style-type: none"> Storage requirements for essential medicines Maintenance of storage facilities and equipment Inventory management for essential medicines 	
4 Data management	<ul style="list-style-type: none"> Effective data management 	<ul style="list-style-type: none"> Supply chain data management Tools for data management Use of data management tools 	
5 Pharmacovigilance	<ul style="list-style-type: none"> NAFDAC's good pharmacovigilance practices 	<ul style="list-style-type: none"> Pharmacovigilance for health commodities Tools for pharmacovigilance Structures and processes for adverse reaction reporting 	

5.2 Capacity building for pharmacists and logisticians

A blend of two approaches can be adopted for the capacity building intervention for health workers and state logistics managers



Approach

In-class session


On-the-job coaching



Details

- Workshop sessions conducted centrally and in clusters
- Participants trained on selected topics as part of the capacity building
- Training technique includes lectures, demonstrations, group and individual works

- Observed participants as they conducted their job routines
- Provided feedback on where and how to improve
- Provided assistance to participants as required

Materials used



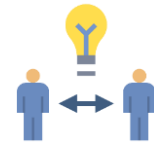

- PowerPoint presentations on supply chain management 
- Video presentation
- Group exercises

- Coaching flow map 
- ODK Data collection tool 

- In class sessions and on the job coaching are best implemented in phases starting with the in-class sessions
- The National Product Supply Chain Management Program provides training materials and resource persons for implementation

5.2 Capacity building for pharmacists and logisticians

The in-class training sessions were cascaded from a national training of trainers to the state level and health facilities

			
Training	Proposed duration	Knowledge transfer approach	Objective
National training of trainers	One day	Train the trainer	Ensure a shared understanding of the training curriculum and prepare trainers for in-class sessions
Training of state logisticians	Two days	Direct	Equip state logisticians and warehouse managers with the knowledge required to effectively manage the supply chain for the states
Training of health facility pharmacists and technicians	Two days	Direct	Equip health facility Pharmacists and Technicians with the knowledge to manage essential medicines supply to prevent stockouts, ensure proper storage and improve Pharmacovigilance processes

SfM Experience

5.2 SfM Experience – Capacity building for pharmacists and logisticians

The program identified challenges across various supply chain themes which can be addressed through capacity building to inform the development of a training curriculum

✓ Challenges identified NA - Not Applicable

Theme	Challenges observed	Kano	Lagos	Niger
1 Quantification	▪ Inaccurate quantification of state needs due to unawareness of complete data sets relevant for accurate quantification	✓		✓
	▪ Non-standardized quantification of health facility's essential medicines needs as a result of knowledge gaps in standard quantification processes	✓	✓	✓
2 Commodity inspection	▪ Incomplete physical examination of received commodities due to the use of an outdated monograph to guide inspections	NA	NA	✓
	▪ Inability to use inspection tools – e.g., refrigerator tags, to verify compliance with the right storage condition for delivered commodities especially heat-sensitive uterotronics	✓	✓	✓
3 Warehousing, distribution and reorder	▪ Incorrect storage of heat-sensitive uterotronics resulting from knowledge gaps in the storage of heat-sensitive uterotronics	✓	NA	✓
	▪ Lack of standardized commodity reorder level to trigger procurement of commodities	✓	✓	✓
	▪ Poor maintenance of storage facilities and equipment especially for cold chain due to knowledge gaps on facility maintenance	✓	✓	✓
4 Data management	▪ Errors during the record of health facility data in the LMIS tools by health workers due to unawareness of best data recording practices	✓	✓	✓
	▪ Inability to use data tools for data management due to knowledge gaps in the use of data tools	✓	NA	NA
5 Pharmacovigilance	▪ Inability to use soft and hard copies of the pharmacovigilance reporting forms for reporting cases of adverse drug reactions and non-efficacy of drugs resulting from knowledge gaps on the tools usage	✓	✓	✓

SfM Experience

5.2 SfM Experience - Capacity building for pharmacists and logisticians

SfM trained health facility pharmacists and state logistics officers across the 3 program states between March 07 and April 05, 2022

Kano State



Lagos State



Niger State



Training of health facility Pharmacists and Technicians

Date: March 14 – March 17, 2022

Number of Participants: 51 (100%)

Date: March 28 – March 31, 2022

Number of Participants: 56 (100%)

Date: April 04 – April 05, 2022

Number of Participants: 29 (100%)

Training of state warehouse managers and logisticians

Date: March 07 – March 08, 2022

Number of Participants: 11 (100%)

Date: March 21 – March 22, 2022

Number of Participants: 16 (100%)

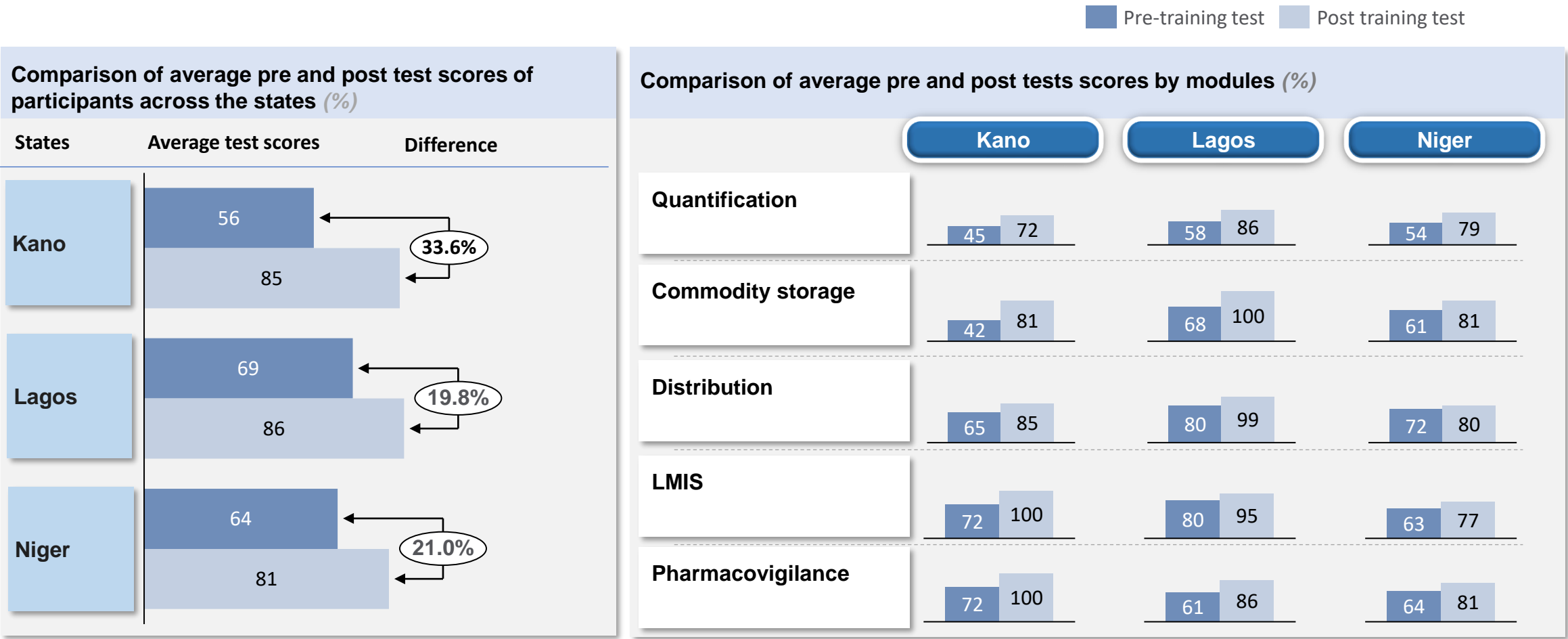
Date: Deprioritized

Number of Participants: NA

Source: Team analysis

5.2 SfM Experience – Capacity building for pharmacists and logisticians

SfM's supply chain training recorded significant knowledge gain across the states in each of the training modules



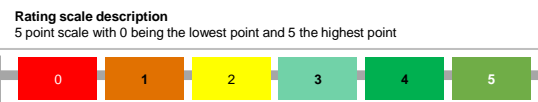
Source: Team analysis

* Test of statistical significance was carried out using a Single Factor ANOVA and compared the results between states

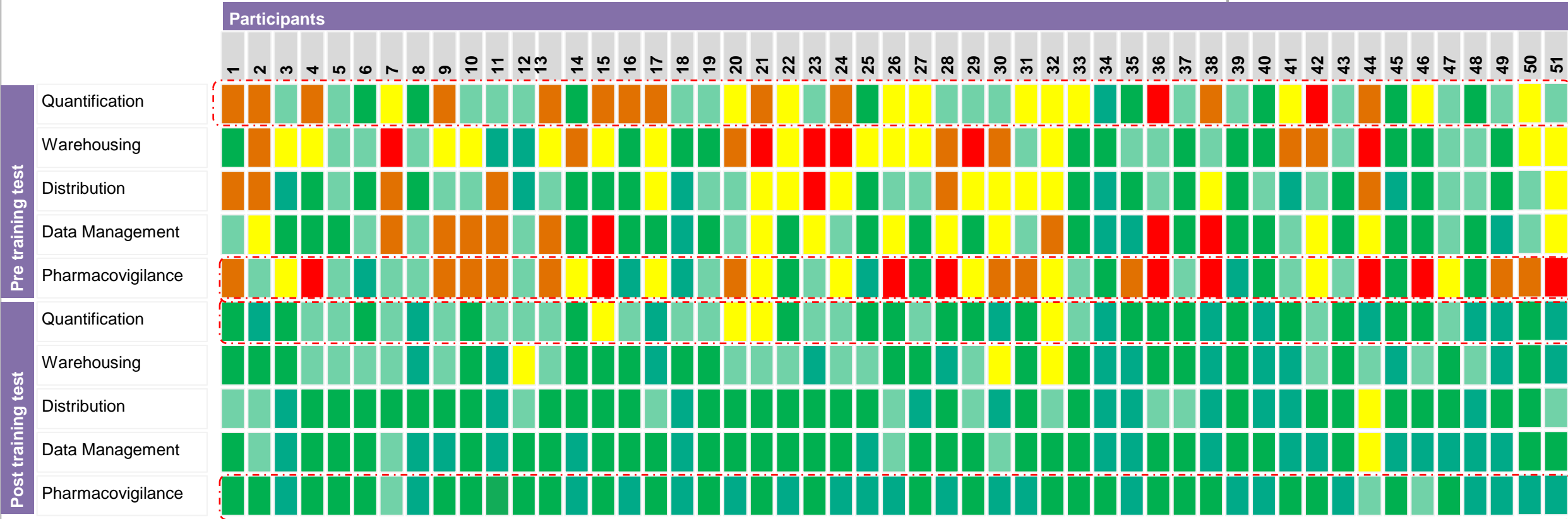
5.2 SfM Experience - Capacity building for pharmacists and logisticians

In Kano, participants recorded significant knowledge gain on the quantification and pharmacovigilance modules

Kano Example



Heat map showing participants performance in the pre and post tests




- Significant jumps in the performance of a few participants with “0” and “1” pre-test scores, and varied improvements in participant knowledge suggest excellent delivery of training materials by the facilitators, especially the pharmacovigilance module
- The team targeted participants’ areas of weakness during the rounds of on-the-job coaching, especially participants who ended with “less than 3 post-test scores” in any of the modules

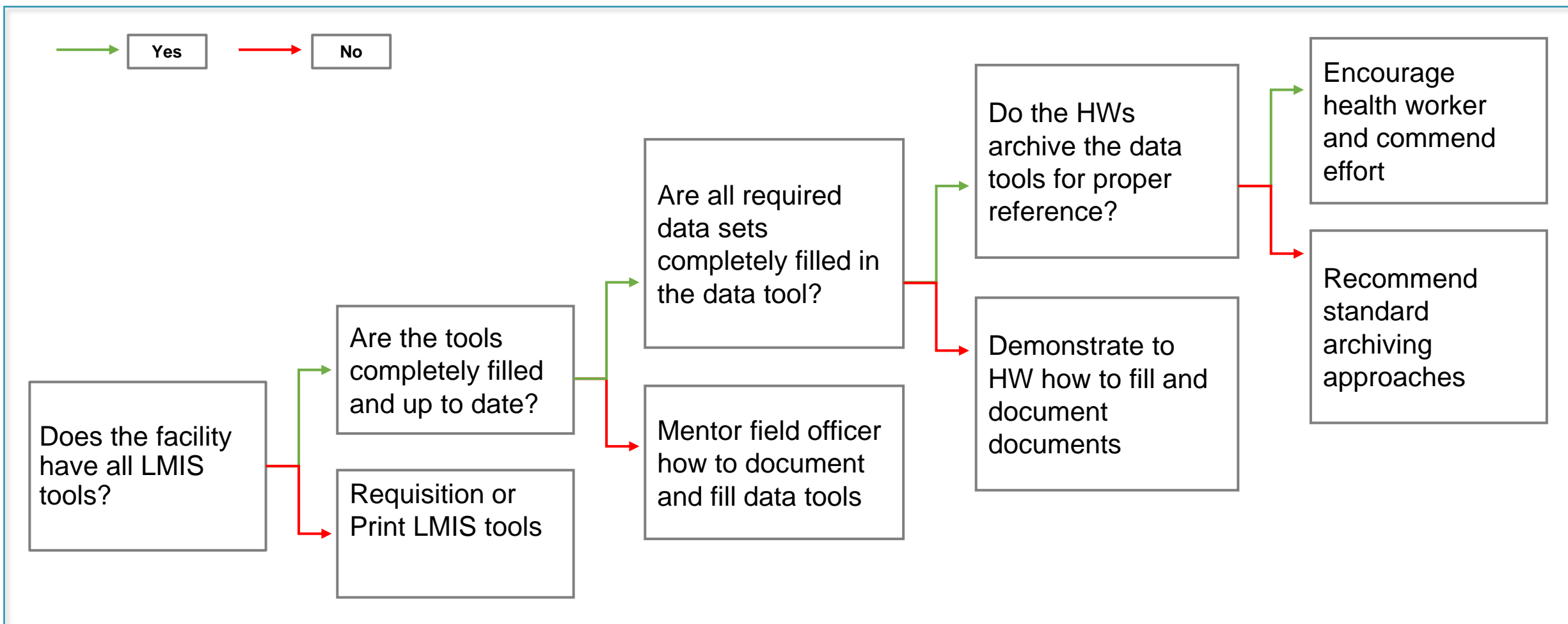
Source: Team analysis

SfM Experience

5.2 SfM Experience – Capacity building for pharmacists and logisticians

The program also deployed flow maps as part of the on the job coaching support. These were utilized to diagnose challenges with LMIS data management within facilities and to routinely measure improvements in the data management processes within health facilities


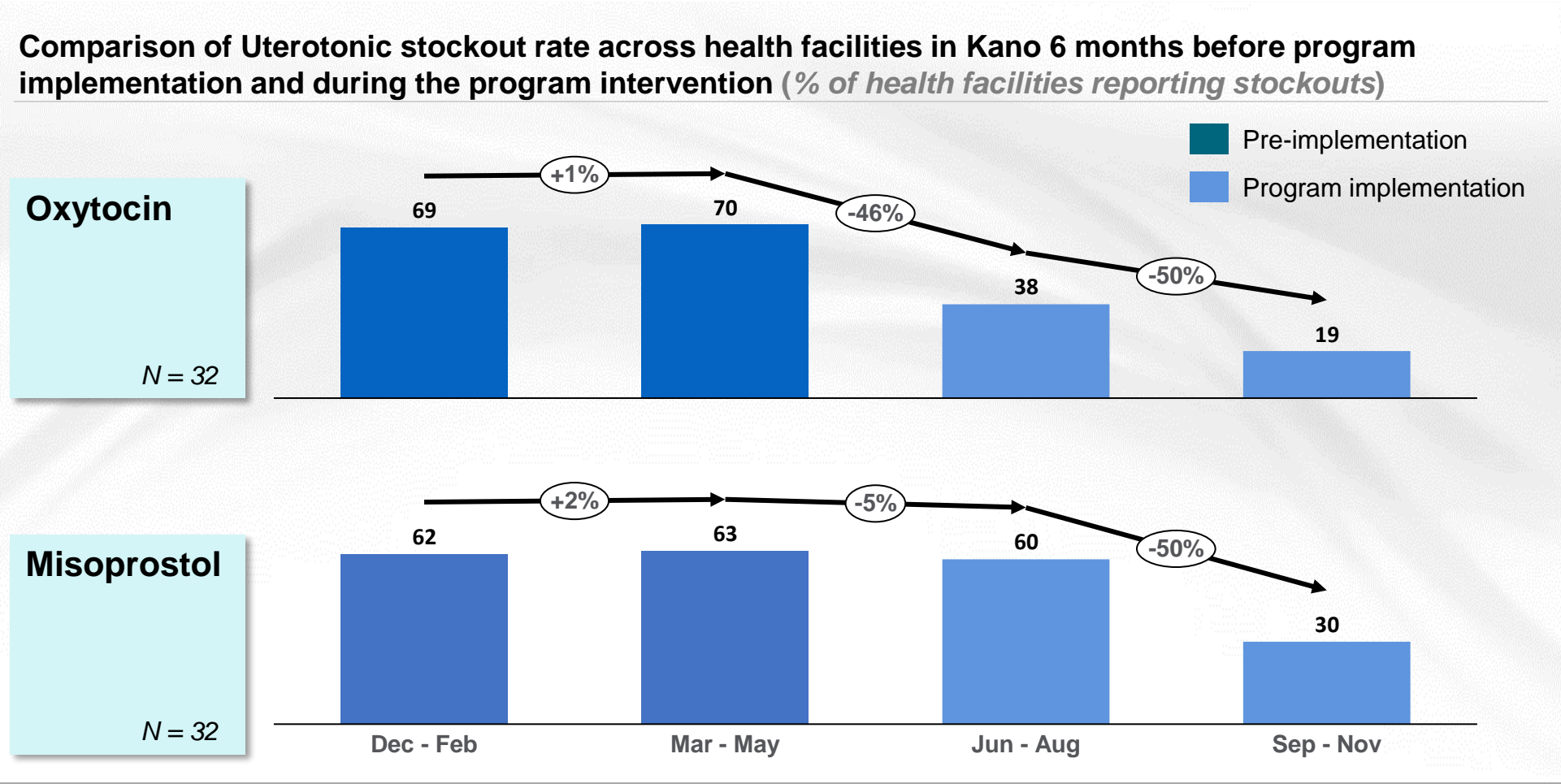
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5.2 SfM Experience – Capacity building for pharmacists and logisticians

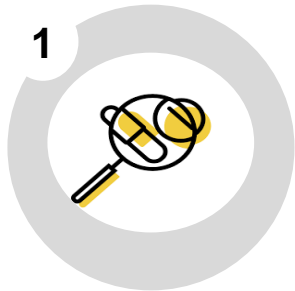
The program facilities recorded significant reduction in stockout rates during the on the job coaching

Improvements in Uterotonic stock availability

5.3 Pharmacovigilance strengthening

There are 3 Pharmacovigilance tools used by NAFDAC for ADR reporting



ADR Reporting form (Yellow Form)



- A paper-based form produced by NAFDAC to be used to input patients ADR experiences
- The ICSR forms can be obtained from:
 - Any NAFDAC state office in the 36 states of the country
 - The NPC headquarters, Wuse, Abuja
 - Any of the zonal pharmacovigilance centres



ADR e-Reporting form



- This is an online portal that permits all users to enter information on ADRs
- The portal is available on NAFDAC's website and is available to the general public



Med Safety application



- A mobile application that is used to input information on ADRs
- It is available on the Google Play store and the Apple store for Android and IOS devices
- It can be used by the general public to input information

5.3 Pharmacovigilance strengthening

What should be Reported about ADRs?

1

All suspected reactions including minor ones.

2

If an increased frequency of a given reaction is observed.

3

All suspected ADRs associated with drug-drug, drug-food or drug-food supplement interactions.

4

ADRs occurring from overdose or medication error.

5

Lack of effectiveness of the medicine (if the medicine did not achieve the desired result), or when suspected pharmaceutical defects are observed.

6

Reactions suspected of causing death, danger to life, admission to hospital, prolongation of hospitalization, or birth defects.

- Everyone should report ADRs!
- This Includes
 - Health workers
 - Traditional Medicine practitioners
 - Consumers
 - Manufacturers and Suppliers

5.3 SfM Experience – Pharmacovigilance systems strengthening

Smiles for Mothers implemented a 2-pronged approach to strengthen pharmacovigilance across its program states

1

Developed a pharmacovigilance plan for a new product rollout in line with NAFDAC recommendations and supported Pharmacovigilance reporting in program facilities to strengthen existing National pharmacovigilance structure across health facilities +

- Outlined the safety profile of the new product highlighting common adverse reactions, potential drug interactions and effects of overdose
- Developed SOPs for Pharmacovigilance reporting outlining reporting responsibilities and instructions for frequency of reports
- Routinely visited health facilities and engaged health workers to prompt ADR reporting and submission using the NAFDAC pharmacovigilance forms
- Conducted audits of submitted reports for completeness and accuracy and provided feedback to healthcare workers to encourage continuous reporting of ADRs

2

Trained healthcare workers on proper identification and reporting of detected ADRs to the National Pharmacovigilance Centre (NPC) and increase awareness and use of available ADR reporting tools +

- Supported the training of health workers on Pharmacovigilance to:
 - Understand the key concepts and principles of Pharmacovigilance
 - Understand the step-by-step approach to undertaking Pharmacovigilance and ensuring safety of medicines
- Collaborated with the National Agency for Food and Drug Administration and Control (NAFDAC) to review the training curriculum and provided resource persons to train health workers

5.4 Lessons learned


- **Supply planning should factor in potential delays in the supply chain processes that may extend the lead time for delivery of supplies, including unforeseen geopolitical events such as wars and pandemics like COVID19**
 - Bureaucratic processes often cause significant delays in activities like product registration despite the best efforts of regulatory agencies
- **Utilizing adult learning techniques like on-the-job coaching in addition to didactic training approaches is effective in ensuring capacity transfer and behavior among health workers**
 - However, cost-effective and scalable approaches like e-learning options need to be explored to drive new knowledge among health workers
- **Pharmacovigilance can be greatly strengthened if governments as well as partners prioritize ADR reporting as a cornerstone for all program interventions and commit resources to ensure that capacity and tools are readily available at health service points and workers frequently sensitized**
 - While everyone is responsible for pharmacovigilance, clinicians have a unique role to play in ensuring that ADRs are routinely reported because they are frequently the first point of contact for patients and are best suited to investigate the occurrence of ADRs


Service Provision

- 6.1 Health care provider training
- 6.2 Clinical mentorship
- 6.3 Lessons learned

SECTION 6 **Section Overview**

Service Provision

 Relevant documents

 Relevant tools



Objectives of playbook chapter

- Describe the process for developing tailored EmONC training strategy and materials for health care providers using updated national LSS Manual
- Describe the training cascade and mentorship approaches used to ensure appropriate use and documentation of uterotonics among health care providers
- Share challenges and lessons learned from the Smiles for Mothers experience in building the capacity of health care providers









Key activities

- Curriculum development
- Clinical training and mentorship

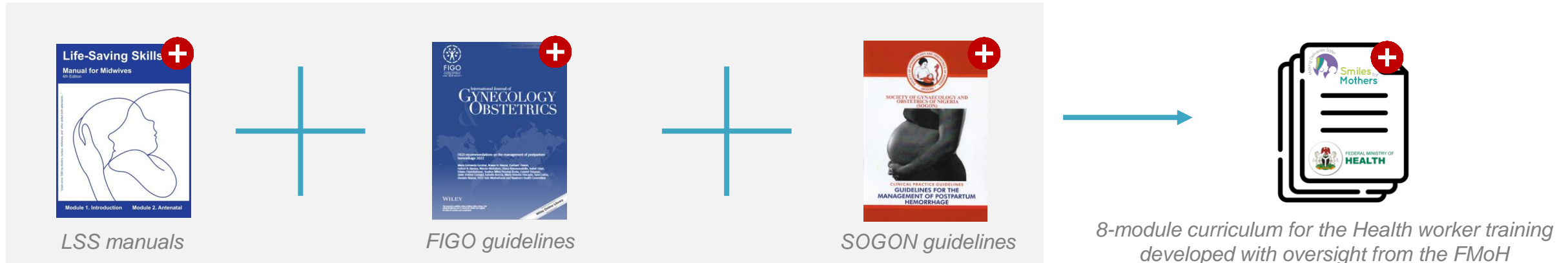


Materials included

-  Training agenda
-  Training modules
-  Training pre and post tests
-  Mentoring workbook
-  Partographs
-  Demonstration videos

6.1 Health care provider training – Curriculum development

Develop the health worker training curriculum using existing resources materials



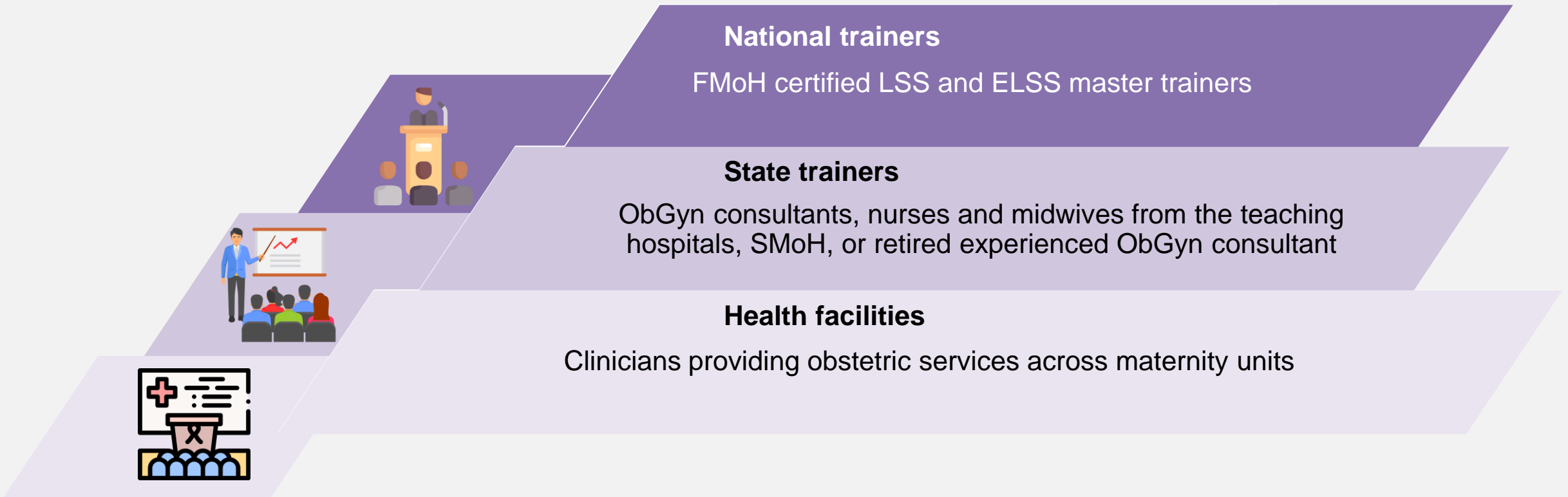
The curriculum comprised the following modules:

- + Module 1: EmONC
- + Module 2: Antenatal Care
- + Module 3: Postnatal Care (Post-partum family planning focus)
- + Module 4: Maternal and Perinatal Death Surveillance Review (MPDSR)
- + Module 5: Quality of Care (QOC)
- + Module 6: Data tools and Data Management Module (Presentation and Group work)
- + Module 7: Pharmacovigilance Module (Presentation and review of ADR form)
- + Module 8: Supply Chain Module (Presentation and Case studies)



6.1 Health care provider training – Identifying participants

Conduct training from the National to the states and health facilities



The trainings of the health care providers were cascaded to ensure a wider reach for a short amount of time

6.1 Health care provider training – Delivery approach

Conduct training using a mix of didactic training and in-facility practical sessions

Didactic Session




- The didactic sessions involve the facilitators introducing the healthcare workers to the training modules and also answering any immediate questions from the participants.
- This session also includes live and video demonstrations, role plays using case scenarios/case studies and some group work activities

In-facility training sessions

- Involves the deploying the training cohorts to selected facilities for clinical practical sessions under the guidance and supervision of the trainers.
- Trainees are batched in groups to observe vaginal and caesarian section deliveries and are guided on how to perform a range of EmONC services

Other resources used for the training

besides the training curriculum include:

- Mentoring Workbook 
- Demonstration videos 
- Partographs 
- Markers, notepads & pens
- Fake blood
- Sanitary Pads and towels
- Samples of Heat stable Carbetocin
- Non-Pneumatic Anti-shock Garment

6.1 Health care provider training – Performance assessment

Administer pre and post assessments to each participant to assess the impact of the training on their knowledge, as well as skills-confidence level

Knowledge assessment

- The knowledge assessment comprised 30 questions covering the scope of the training curriculum.
- The same assessment was administered to the participants at the beginning and end of the training to assess the knowledge gained.
- The assessment results demonstrated a significant improvement in participants' knowledge of EmONC.

Confidence Assessment

- The confidence assessment measures the participants' self-appraisal or perceptions in their ability and confidence in providing specific EmONC services.
- The participants reported a significant increase in their confidence in their capacity for service delivery, particularly for AMTSL, use of the Partograph and administration of HSC for PPH prevention.

6.1 SfM Experience – Program state examples

The EmONC training was delivered using three key facilitation techniques

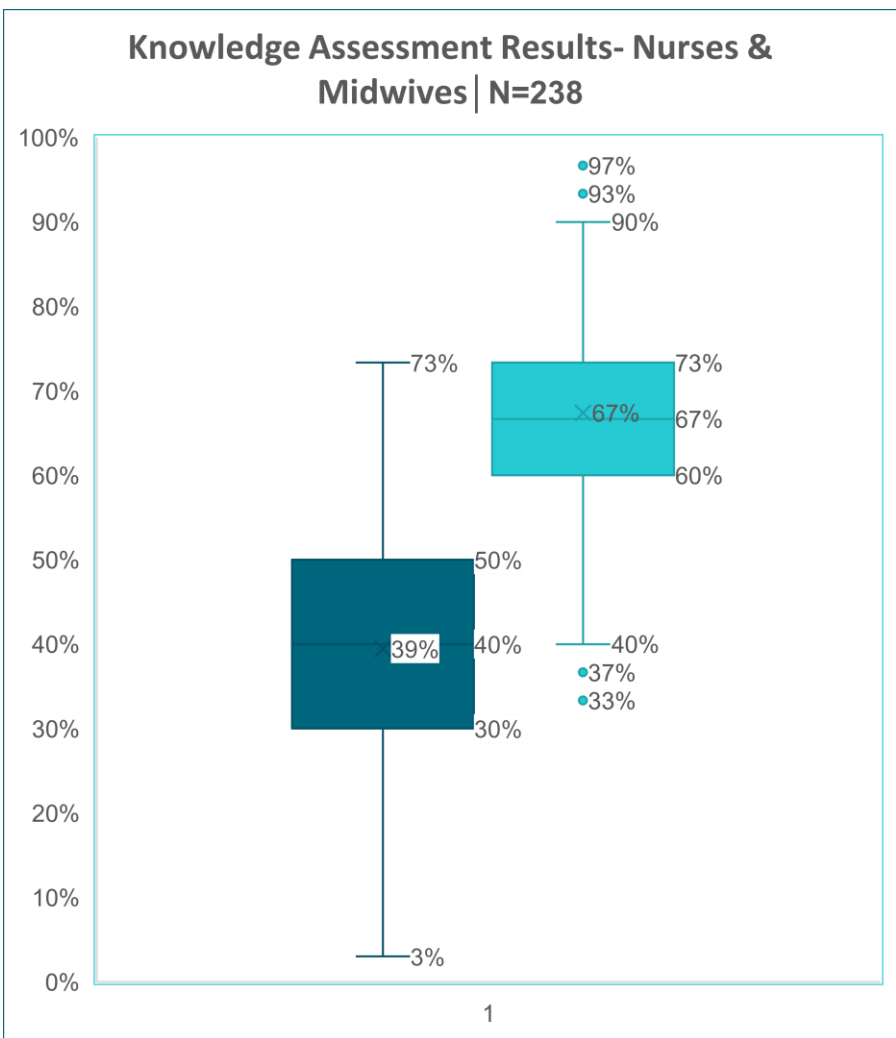
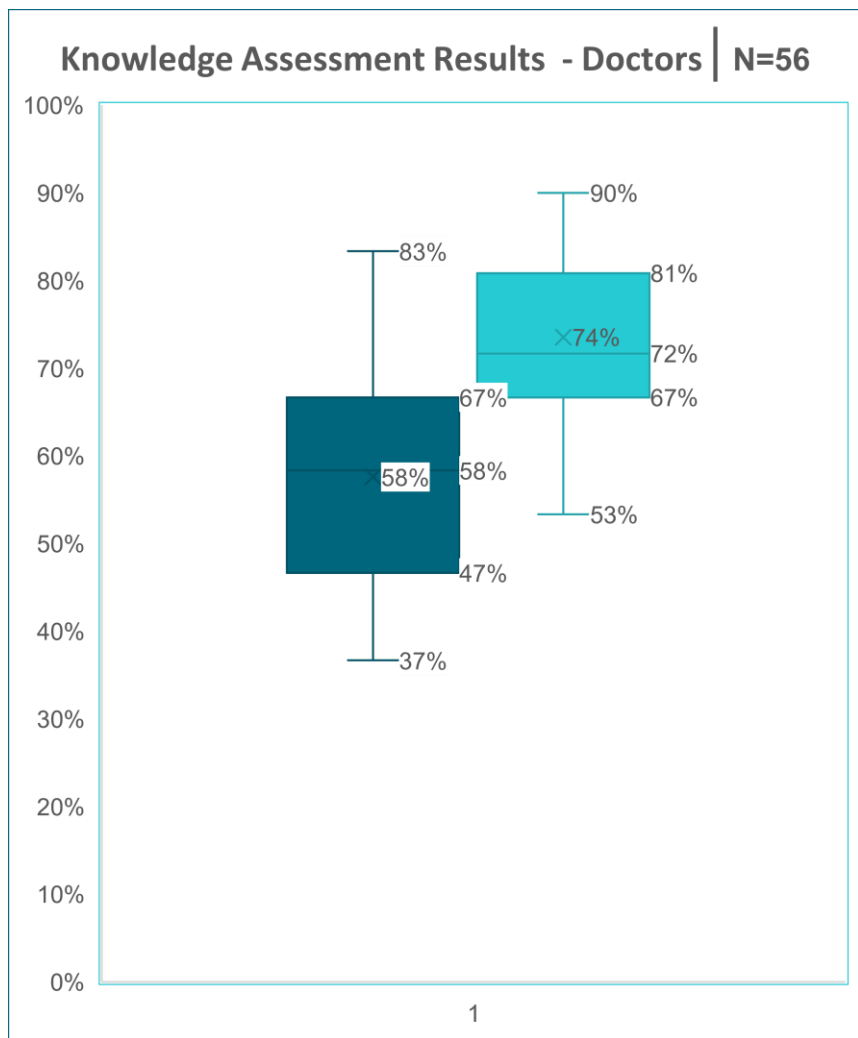
Techniques	Description	Modules	Examples
Lectures	<ul style="list-style-type: none"> An in-class session that provides in-depth overview into the training topics 	<ul style="list-style-type: none"> All modules 	<ul style="list-style-type: none"> For all modules
Demonstrations	<ul style="list-style-type: none"> Audio-visuals: Videos were used to demonstrate best practices in conducting clinical activities Live Demo: Job aides and other resources were used to demonstrate best practices 	<ul style="list-style-type: none"> Caesarean section Sepsis PPH Labour and delivery 	<ul style="list-style-type: none"> Performing a Caesarean Section Preoperative aseptic techniques Blood loss estimation Application of NASG Partograph filling
Case Study Reviews	<ul style="list-style-type: none"> Using the training workbook, participants tackled clinical scenarios individually or as small groups 	<ul style="list-style-type: none"> All modules 	<ul style="list-style-type: none"> Diagnosing and Managing PPH Recognizing Danger Signs

- The training was designed as a 3-day training with 2 and half days of in-class sessions and a half day visit to health facilities to observe deliveries and carry out AMTSL using heat-stable carbetocin
- The 8-module curriculum approved by the FMoH was used as the reference material for the training. Resources such as laminated partographs, training workbooks, NASG, injection pads and HSC were used during the training,

SfM Experience

6.1 SfM Experience – Program state examples

Knowledge assessment results in Kano state demonstrated significant improvement in participants' knowledge in EmONC



Kano Example

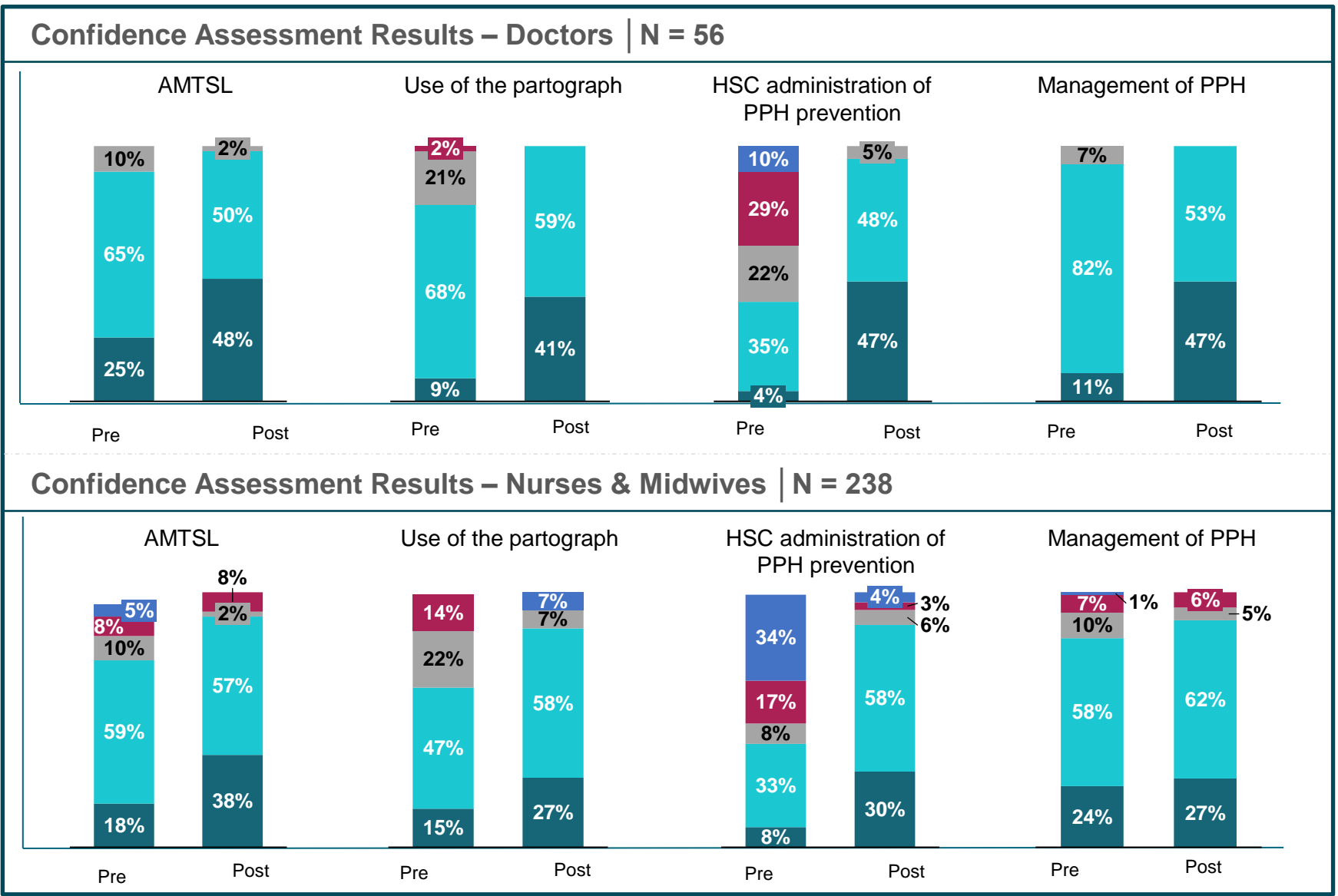
- The knowledge assessment results demonstrated a 24-percentage point increase overall (10-percentage point increase for doctors and 28-percentage point increase for nurses & midwives).
- The average score increased from 43% to 68% (58% to 74% for doctors, and 39% to 67% for nurses & midwives).

SfM Experience

Kano Example

6.1 SfM Experience – Program state examples

In Kano state, participants' confidence levels in providing EmONC services increased



- extremely confident
- very confident
- somewhat confident
- not very confident
- not at all confident

- The participants reported a significant increase in their confidence in their capacity for service delivery, particularly for AMTSL, use of the Partograph and administration of HSC for PPH prevention.
- Following training, 95% of doctors were at least “very confident” to use HSC; the proportion of doctors reporting “extremely confident” increased by 43 percentage points.
- Similarly, following training, 88% of nurses and midwives were at least “very confident” to use HSC, from 41% prior to training.
- The outstanding trainees who did not display confidence were prioritized for supportive supervision and mentoring after the training

6.2 Clinical mentorship

Training should be backed-up with close mentoring to reinforce the skills acquired during the training and create more learning opportunities

Objectives

1. Reinforce knowledge and skills gained by health care workers during the EmONC training
2. Foster team growth and overall improvement in service delivery and health outcomes
3. Provide the opportunity to establish mentorship structures for continuous building of competences

Period: Clinical Mentoring will be conducted in 3 stages





Approach

- Use a hybrid mentoring approach for capacity building
- Ensure mentees have regular contacts with a facility-based clinical mentor
- Provide external support from a more experienced/senior clinical mentor
- Outline tools and resources for each stage of the clinical mentoring cycle for each stakeholder

6.2 SfM Experience – Implementation Research

SfM Experience

Implementation Research (IR) was carried out to generate context-specific evidence for safe and effective use of uterotonics to provide and manage PPH

Study Questions 	Objectives 	Data collection types targeted a variety of stakeholders as respondents in order to best respond to the aims of the study		
<p>1 How acceptable is heat-stable Carbetocin to clinicians administering the uterotonic prophylactically?</p>	<p>Ascertain acceptability of HSC to physicians, nurses, midwives in secondary health facilities for prophylactic use</p>	Chart Abstraction	Clinician Assessment	Facility Assessment
<p>2 What are the uterotonic drug use practices of clinicians in public health facilities for postpartum haemorrhage prevention?</p>	<p>Describe the current clinical administration practices for three prophylactic uterotonics in use in secondary and tertiary public health facilities: heat-stable Carbetocin, oxytocin, and misoprostol</p>	940 respondents	177 respondents	18 respondents
<p>3 What are the factors that enable the use of uterotonics in health facilities?</p>	<p>Investigate the factors that enable the appropriate use of uterotonics in health facilities i.e., understand structural, behavioral, and procedural factors that support clinicians to use uterotonics</p>	Training Evaluation	In-depth Interviews	Key Informant Interviews
		770 respondents	18 respondents	18 respondents

Collection and analysis of both quantitative and qualitative data were carried out to better understand and report on factors that determine the clinical management decisions on the utilization of a newly introduced medicine (HSC) for the prevention of PPH

6.2 SfM Experience – Implementation Research

SfM Experience

Assessment of clinicians acceptability of heat-stable Carbetocin for prophylactic use

Acceptance of heat-stable Carbetocin n(%)			
Uterotonic	Carbetocin	Oxytocin	Misoprostol
Easy to administer	175 (99%)	176 (99%)	175 (99%)
Safe for use during AMTSL	170 (96%)	151 (85%)	174 (98%)
High risk of side effects	6 (3%)	66 (37%)	31 (18%)
Side effects are easy to manage	102 (58%)	157 (89%)	141 (80%)
Effective in preventing blood loss	167 (94%)	175 (99%)	171 (97%)
Expensive	32 (18%)	27 (15%)	16 (9%)

Comments on acceptability of heat-stable Carbetocin for prophylactic use

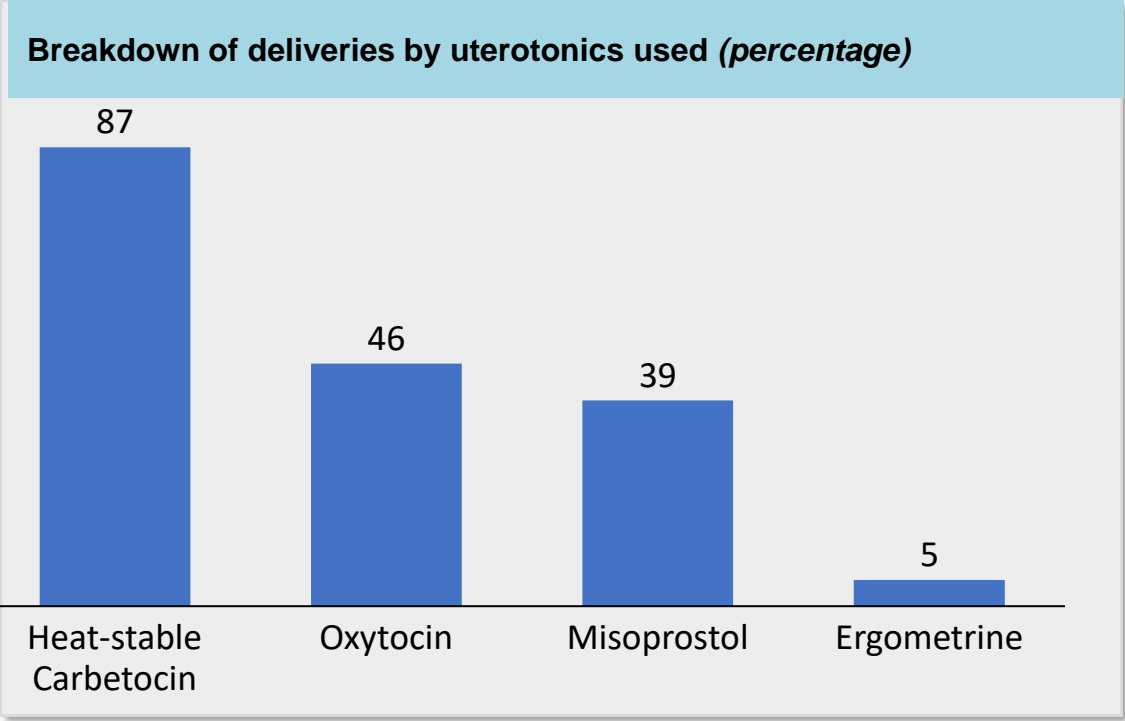
“Well, I would like to tell you that it is very, very effective and fast. Very fast. And the chances of bleeding is minimal, because I told you that if patient still bleeds after administering, it's due maybe to tear or retained tissue”. [GH New Bussa, Principal Medical Officer]

“Since they introduced carbetocin to us, it has really helped. It is a big relief to the patient and the husband, and we've been using it and so far, I have not noticed any side effect on any patient”. [Gbagada GH, labour unit head; Deputy Director of Nursing Services]

“I think it is a wonderful drug that we have here. Where you might appreciate it more is in the theatre. The occasions we had CS, you know, when you are looking at the uterus live, most of the cases we give Carbetocin and you look at the uterus, it is so contracted”. [Bida GH, Principal Medical Officer]

6.2 SfM Experience – Implementation Research

Clinicians provided a description of intrapartum uterotonic drug use during the clinician assessments while chart reviews provided information on practices during AMSTL and conditions for use



Comments on clinical administration practices for three prophylactic uterotonics in use in secondary and tertiary health facilities

“Okay, with the introduction of the heat stable Carbetocin, postpartum, I give Carbetocin 100 microgram IV, deliver the placenta and then observe the patient. If I achieve a very good result, good uterine contraction, then I know there is no problem, vital signs are good, every thing is fine

“Well, oxytocin is an injectable uterotonic agent that is usually used as a prophylaxis for postpartum haemorrhage and then we also use it for induction of labour or augmentation of labour. Yes, so, while misoprostol, is in tablet form and we use it either sublingual or vaginally in the posterior fornix”. [Bichi GH, Facility Manager; Chief Medical Officer]

“Once the patient is 8cm to 9cm dilated, then you set up your drip, then you can put oxytocin inside for it to be going slowly. Immediately after delivery, you give your heat-stable Carbetocin and if the patient is okay, there is no need adding anyone again”.

Feedback on availability storage and ease of access

- Most of the KII and IDI respondents informed that uterotonics are always available at their facility
- One respondent complained about ease of access, as heat-stable Carbetocin is only available in the pharmacy and not in the labour unit
- A respondent noted that in some cases, one type of uterotonic drug might be stocked out while others are readily available
- The uterotonics commonly available across all facilities are Oxytocin, Misoprostol, and HSC
- In some facilities in Lagos, Ergometrine and a brand of Carbetocin, Pabal are also commonly available



“Presently now, heat-stable Carbetocin is mostly available”.
[SMJGH, Assistant Chief Nursing Officer]

Source: Team analysis

6.3 Lessons learned


- **A mix of didactic training, on-the-job training, and mentoring yields better results in achieving the overall training objective of passing knowledge**
 - Government needs to institutionalize the use of didactic training alongside on-the-job training and mentoring as the standard training approach
- **Trainings should target the different cadres of health care workers to ensure uniform understanding and continuity of best practices**
 - Some of the trainees, especially junior doctors and nurses, lacked prior knowledge on topics such as quality of care, pharmacovigilance, and MPDSR
 - Provision should also be made for in-facility step-down trainings in cases where there are insufficient resources to train all health workers across the state
- **Health workers' training curriculum should also include modules on proper clinical documentation.**
 - Many clinicians struggled to complete the partograph and were generally unaware of how clinical data is used across national data-collection platforms
 - More effort should be channeled by the government and partners to fill the gap with proper clinical documentation through routine trainings, demonstrations of the use of data for action, and regular supervision of health facilities
- **The involvement of relevant stakeholders at the national and state levels, including institutions of higher learning is critical to ensure the institutionalization of training on new policies and guidelines**
 - Government and partners should periodically explore updating the preservice training curriculum to include new policies and guidelines

Demand Generation

- 7.1 Development of a program communication plan
- 7.2 Lessons learned

SECTION 7 **Section Overview**

Demand Generation

 Relevant documents



Objectives of playbook chapter

- Describe the approach for developing a robust communications plan to drive advocacy efforts
- Describe the advocacy approach to key stakeholders for the adoption of the WHO recommendation on use of uterotonics for PPH prevention
- Highlight continued engagements with facility-based clinicians on their experience with the available uterotonics
- Share lessons learned from SfM's advocacy experience in the adoption of the WHO recommendations on use of uterotonics for PPH prevention









Key activities

- Development of a program communication plan
- Advocacy to national and state-level stakeholders
- Targeted healthcare worker engagement



Materials included

-  Smiles for Mothers' 2-pager brief
-  Smiles for Mothers' program pitch deck
-  Smiles for Mothers' program newsletters
-  Learning exchange documents and technical reports
-  Smiles for Mothers' communications plan
-  Smiles for Mothers year 1 brief

7.1 Development of a program communication plan

Advocacy is very critical to demand generation. To drive demand for the implementation of an innovation, it is important to understand the relevant stakeholders' preferences

Stakeholder communication plan/advocacy plan comprise three main components



Message

Define the key messages for the advocacy and demand generation. These messages need to align with the program goals



Stakeholders mapping

Identify the relevant stakeholders, understand their roles and define expectations for each stakeholder



Channel of communication

Identify the best approach of communication with the stakeholders and frequency of communication

7.1 Development of a program communication plan – Key messages

There is a need to clearly define program's key messages, communication objectives, and rationale. This is very crucial to identifying the relevant project stakeholders.

Key messages	Communication objectives	Rationale
<p>1</p> <p>The adoption and the implementation of the 2018 WHO recommendations on the use of uterotonics for PPH prevention</p>	<ul style="list-style-type: none"> To inform all relevant stakeholders of the 2018 WHO recommendations on the use of uterotonics for the prevention and management of postpartum haemorrhage To share the implementation experience from the rollout of the 2018 WHO recommendations on the use of uterotonics in Kano, Lagos, and Niger states To provide a rationale for the introduction of heat-stable carbetocin for the prevention of postpartum haemorrhage 	<ul style="list-style-type: none"> To inform policy change and systems improvement for PPH response To guide state governments and implementing partners on the adoption of the 2018 WHO recommendations using experiences from the Smiles for Mothers project To inform policy updates and potentially catalyze the adoption of heat-stable Carbetocin as a uterotonic option for the prevention of postpartum haemorrhage
<p>2</p> <p>The use of the Human-Centered Design (HCD) as a tool for designing and implementing public health interventions</p>	<ul style="list-style-type: none"> To inform all relevant stakeholders on the use of human centered design approach as a tool for designing and implementing interventions To share the lessons learned and the impact from the innovations developed during the project using the human-centered design approach 	<ul style="list-style-type: none"> To educate the relevant stakeholders on the Human-Centered Design approach To accelerate the adoption of HCD for designing and implementing public health interventions To improve government's capacity to use HCD

7.1 SfM Experience – Key messages

The key messages must be aligned with the project deliverables

Key messages	Sub-themes	Sample topics (project deliverables)
The adoption and implementation of the 2018 WHO recommendations on the use of uterotonics	Financing and resource management	<ul style="list-style-type: none"> Costed road maps for new drugs introduction Results from the cost-effectiveness model analysis for heat-stable carbetocin introduction Business case for heat-stable carbetocin Financing plan for uterotonics and phased introduction of HSC
	Patient Literacy and community sensitization	<ul style="list-style-type: none"> Status update on community sensitization meetings Community sensitization plan Patient literacy materials on pregnancy and safe management of complications
	Service delivery	<ul style="list-style-type: none"> Systems strengthening plan for MPDSR or QI teams Availability and uptake of uterotonics (including heat-stable carbetocin) in health facilities Innovative approaches to health worker training on the new WHO recommendation Lessons learned from the updates of the national protocols Safety update report on the use of heat-stable carbetocin
	Supply chain	<ul style="list-style-type: none"> Situational analysis report from the quantification of heat-stable carbetocin Pharmacovigilance plan for heat-stable carbetocin introduction Strengthening cold chain system for oxytocin Innovations for the optimization of the supply chain for uterotonics Innovations for improving uterotonics data reporting
The human-centered design, a tool for designing and implementing public health interventions		<ul style="list-style-type: none"> Methodologies, tools and guides for HCD application Innovation roadmaps Stakeholders' ecosystem journey maps

Each message will be disseminated in line with the defined timelines for the completion of the deliverables

7.1 Development of a program communication plan – Stakeholders mapping

The RACI framework can be used to categorize stakeholders based on their level of involvement in the program sub-themes

✓ Highly involved (Responsible, Accountable and consulted) ✓ Less involved (Informed only) NA Not Applicable

Key message	Sub-themes	Target audience										
		National policy makers	State policy makers	Health Managers	Donor Organizations	Implementing partners	Health workers	Civil Society Organizations	Professional associations	Academia and researchers	Governor's wives	Communities
2018 WHO recommendations on the use of uterotonics for the prevention of postpartum haemorrhage	Financing and resource management	NA	✓	✓	✓	✓	NA	NA	NA	NA	NA	NA
	Patient Literacy and community sensitization	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Service delivery	✓	✓	✓	✓	✓	✓	NA	✓	✓	NA	NA
	Supply Chain Management	✓	✓	✓	✓	✓	✓	NA	✓	✓	NA	NA
The use of human-centered design as a tool for designing and implementing public health interventions	✓	✓	✓	✓	✓	NA	NA	✓	✓	NA	NA	

7.1 SfM Experience – Stakeholders mapping







SfM Experience

The target audience cuts across all relevant stakeholders in the maternal health space

Level	Designation of target audience	Expected role on the project		
National policy makers	<ul style="list-style-type: none"> Honorable Minister for Health Head of Department of Family Health, FMoH Head of Reproductive Health Division, FMoH Head of Safe Motherhood Unit, RH Division, FMoH 	<ul style="list-style-type: none"> Endorse project implementation in Kano, Lagos, and Niger Facilitate the review of all relevant national protocols and guidelines in line with the 2018 WHO recommendations Promote scale-up of project innovations to the remaining states in Nigeria Oversee project implementation at the state level 		
	<ul style="list-style-type: none"> Head of Food and Drugs Department, FMoH Head of Pharmaceutical Services Division, FMoH Assistant Director, Dept. of Food and Drugs, FMoH 	<ul style="list-style-type: none"> Facilitate the review of all relevant national protocols and guidelines to include heat-stable carbetocin Disseminate updated document to states for adoption 		
	<ul style="list-style-type: none"> Executive Secretary, NPHCDA Director Community Health Services, NPHCDA Program Manager, NEMCHIC 	<ul style="list-style-type: none"> Oversee project implementation at the PHC levels Support alignment of project innovations with NEMCHIC strategies Promote scale-up of project innovations to other states in Nigeria 		
	<ul style="list-style-type: none"> Director General, NAFDAC Director, Pharmacovigilance 	<ul style="list-style-type: none"> Approve and register heat-stable carbetocin for vaginal delivery Facilitate and ensure publication of information on quality uterotonics 		
	State policymakers (Executive leaders)	<ul style="list-style-type: none"> State Commissioners for Health Permanent Secretaries Heads of agencies (SPHCMB/DAs, HMBs, DMAs) 	<ul style="list-style-type: none"> Endorse and oversee project implementation at the state level Update all necessary state protocol and guideline in line with the 2018 WHO recommendations Mobilize resources to implement project innovation and procure uterotonics 	
		State Health managers	<ul style="list-style-type: none"> Directors of Family Health Directors Medical Services Directors of Pharmaceutical Services Director of Drugs, Drugs Management Agencies 	<ul style="list-style-type: none"> Facilitate planning and discussions to drive policy changes on the use of uterotonics in the state Implement and track the use of the updated state's policy at the facility and community levels Manage day-to-day implementation of the project innovations across all state levels and track results
			<ul style="list-style-type: none"> Directors, Community Health Services Directors, Planning and Research Services State MNCH coordinators State Reproductive Health coordinators Chairmen, MPDSR committees 	

7.1 Development of a program communication plan

There are various communication channels to engage stakeholders and also disseminate program lessons

Categories	Medium	Definition
Events 	1 Seminars/webinars	▪ A gathering of people primarily for the purpose of discussing a topic or teaching a new concept
	2 Conferences	▪ A meeting with a larger audience primarily for consultation and exchange of idea on a particular theme
	3 Liaison/review meeting	▪ A small group meeting with key stakeholders to align on specific project ideas
	4 Learning exchange meetings	▪ A knowledge sharing/problem solving forum with stakeholders on a topic of interest
Print media 	5a Briefs	▪ A document that outlines a summary of the project ideas
	5b Program reports	▪ A document that details the status update of the project
Publications 	6 Published scientific articles	▪ An academic documentation of a study published in a journal
Electronic media 	7a Update e-mails	▪ An electronic messaging platform to defined stakeholders
	7b E-newsletters	▪ An electronic report detailing the highlights of activities/events conducted
Online media 	8a Medium	▪ A web-platform used for displaying and archiving information related to the project
Broadcast media 	9 Video documentaries	▪ A short motion picture used for visual documentary of specific information
	10 Radio talk shows	▪ An interactive radio program in which listeners are invited to contribute via call or physical presence

The program also leveraged the Nigeria Health Watch existing platforms – Radio shows, blogs, social media handles, and events to disseminate the program key messages

7.1 SfM Experience – Dissemination of program learnings to stakeholders

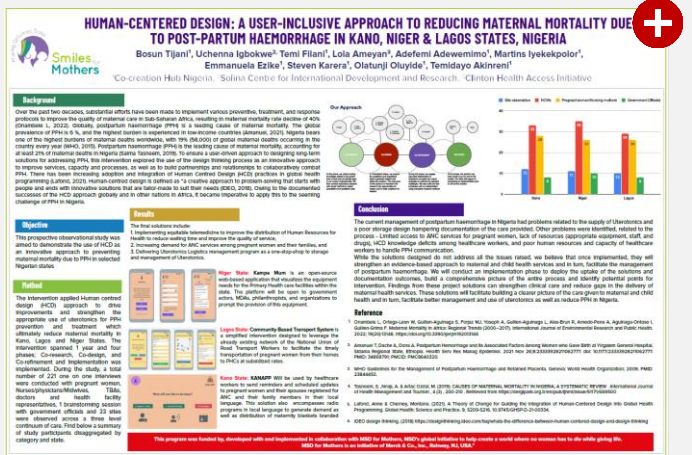
SfM Experience



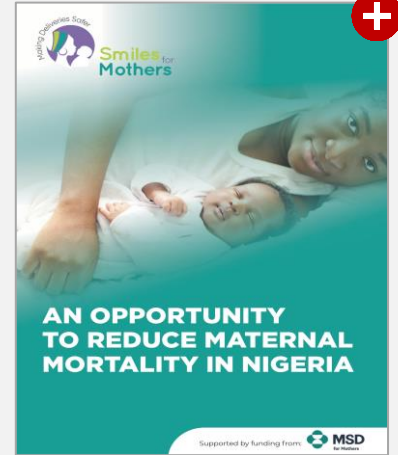
Panel session with UNFPA, Sosocares, ARC-ESM and rep from Yobe state DMA



Participants in state-based groups engage in discussions at the Learning Exchange workshop



Human Centered Design poster



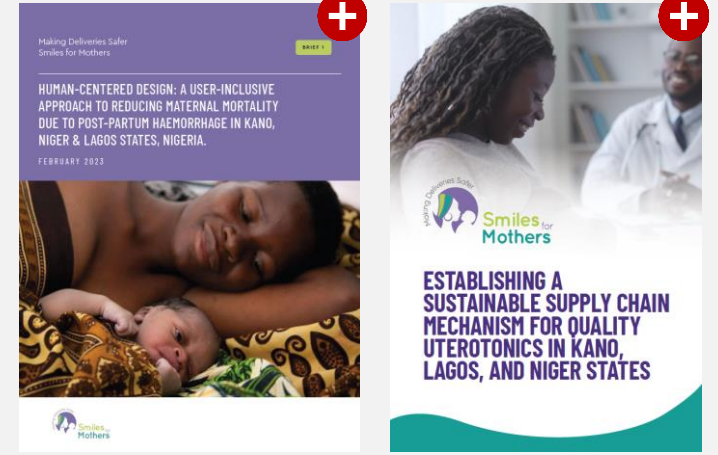
Front cover of the year 1 program brief



Screenshot of the fifth edition SfM monthly newsletter



Screenshot of the human-centered design (HCD) webinar



Supply Chain and Human-centered Design briefs

7.1 SfM Experience – Heat-stable Carbetocin Launch Event

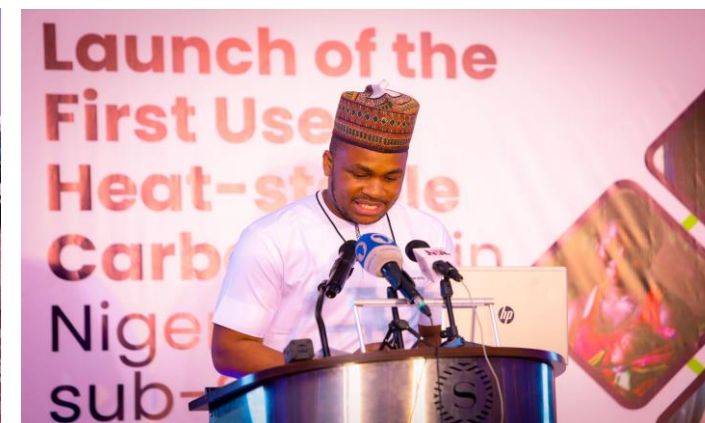
SfM Experience

- Smiles for Mothers program in collaboration with the Federal Ministry of Health, the State Ministries of Health and health agencies of Kano, Niger, and Lagos States, World Health Organization, MSD for Mothers, Ferring Pharmaceuticals, and IDA Foundation to mark the first use of heat-stable Carbetocin (HSC) in Nigeria and sub-Saharan Africa.
- The goal of the event was to spotlight efforts to improve maternal health outcomes in Nigeria by ensuring the availability of uterotonics and improving healthcare provider knowledge and practices.

Pictures from the event



Participants at the HSC Launch Event



SfM program director giving a speech



Stakeholders at the event



SfM team at the event

7.2 Lessons learned


- **Mapping out a clear communication strategy for stakeholders helps to ensure targeted engagements throughout the program implementation**
 - A strategic communication plan helps define the engagement scope for each stakeholder
- **Strategic and continuous engagement with stakeholders helps identify new opportunities to leverage for the scale-up of innovations**
 - There is a need to coordinate with donors and implementing partners to integrate resources for the scale-up of program innovations
 - Seeking feedback from stakeholders on a regular basis helps to strengthen their commitment
- **Tracking stakeholder engagement helps refine communication approaches**
 - Analyzing stakeholder engagement with the different communication approaches is key to improving advocacy

Client's Journey

- 8.1 Development of patient literacy materials
- 8.2 Demand generation for facility based antenatal services and delivery
- 8.3 Lessons learned

SECTION 8 **Section Overview**

Client's Journey

 Relevant documents



Objectives of playbook chapter

- Share the process and tool for developing the patient literacy materials
- Describe how the patient literacy materials will be used as a community engagement tool to generate demand for facility-based antenatal services and delivery
- Share challenges, lessons learned and recommendations for implementing a community engagement tool to increase demand for facility-based antenatal services and delivery



Key activities

- Development of patient literacy materials
- Demand generation for facility based antenatal services and delivery



Materials included



Patient Literacy Materials

8.1 Development of patient literacy materials

Develop Patient Literacy Materials through research and stakeholder consultations in each state



Development process

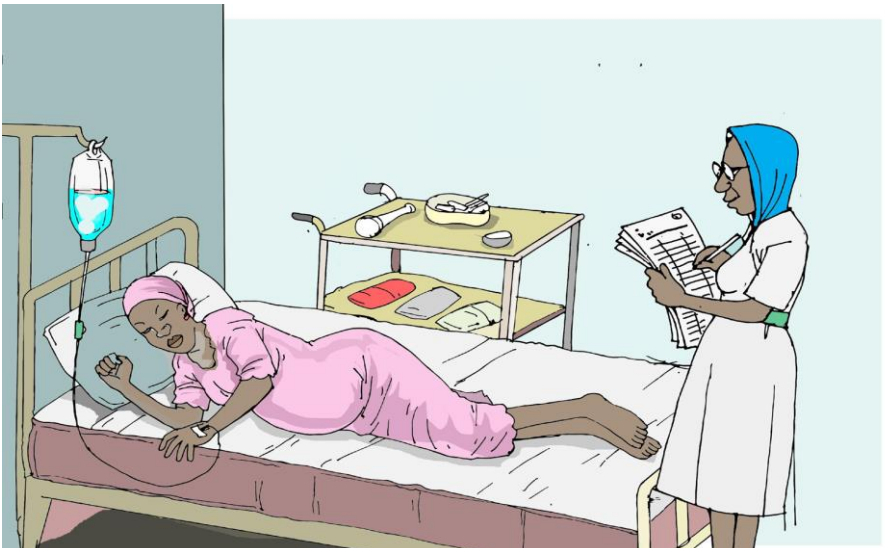
Conversations with women in the communities to understand the knowledge gap and their delivery experiences

Synthesized concise messages from the conversations

Refined messages through engagements with key opinion leaders

Final set of images across 4 themes

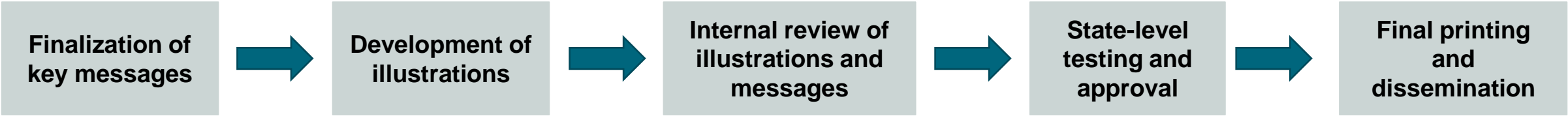
The patient literacy materials are used as a community engagement tool to generate demand for facility-based antenatal services and delivery



SfM Experience

8.1 SfM Experience – Development of patient literacy materials

Multi-stakeholder consultations informed revisions



- Kano**
- Worked with State Health Educator to select 2 communities
 - Translated key messages to Hausa Language
 - Liaised with TBAs and health facilities to identify 20 women who qualify as target audience
 - Conducted testing sessions
 - Updated documents and finalize with State Health Educators
 - Received government approval for the materials

- Lagos**
- Worked with State Health Educator to select 2 LGAs
 - Liaised with LGA Health Educators to select participants
 - Conducted pilot testing sessions with 16 women
 - Updated documents and review with State Health Educators
 - Translated materials into Yoruba and Pidgin English
 - Finalized and received government approval for the updated materials

- Niger**
- Selected 3 communities where 31 women participated in the focus group discussions
 - Translated key messages into Hausa, Nupe, and Gbagyi
 - Liaised with state HCD champions to test the patient literacy materials
 - Reviewed and finalized documents with state to make updates

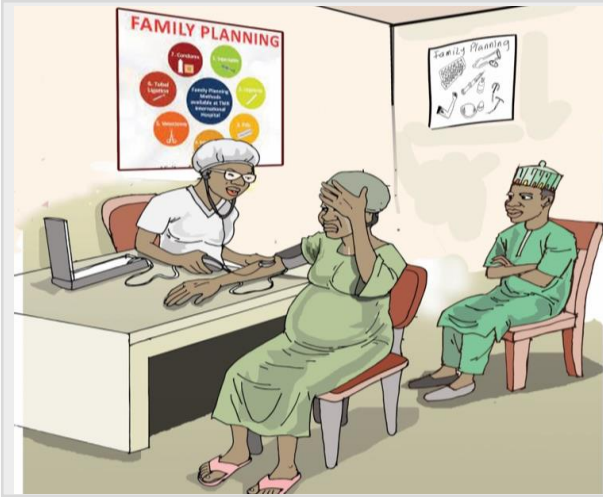


Testing of patient literacy materials in Ibeju-Lekki LGA, Lagos State

The Patient Literacy Material is designed to be relevant the local community context and can be translated into various local languages to address specific knowledge gaps related to maternal health.

8.2 Demand generation for facility-based antenatal services and delivery

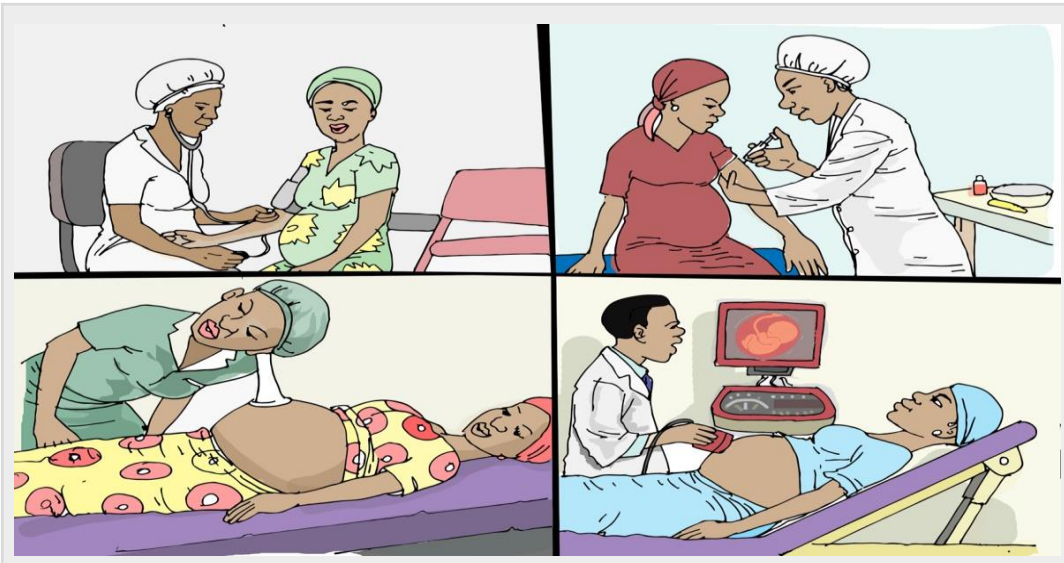
Design patient literacy materials to drive uptake of ANC services and delivery at the health facilities



During antenatal sessions, you will receive information about what to expect throughout pregnancy, during labour and after delivery, and how to have a safe pregnancy and delivery.



You could be at risk of PPH if you have low blood levels in pregnancy (anemia), many previous births, hypertension, pre-eclampsia in pregnancy or a family history of PPH, etc. Register in a facility near you and complete 8 antenatal visits.



The health care worker will examine you during the antenatal sessions to ensure that you remain healthy, identify if you are at risk of serious illness and help you to prevent complications.



You should ensure to keep fit and active before pregnancy so that you can remain healthy. You can speak to a healthcare worker for guidance on exercise.

SfM Experience

8.2 SfM Experience – Demand generation for facility-based antenatal services and delivery

Patient literacy materials are used to educate women on the importance of seeking care at the health facilities

The patient literacy materials were primarily used within communities, to educate women who may not ordinarily attend health facilities in order to generate demand for facility-based antenatal services and delivery. They were disseminated to different health facilities in the program states to raise awareness about the use of uterotonics to prevent PPH.



The program worked with state officers in the community engagement space to identify 90 community engagement personnel (30 in each program state) who were local to communities surrounding the 18 program implementation facilities.

Over a **6-month period**, the community engagement personnel reached **13,985** women of reproductive age, and men with relevant information to increase demand for facility-based services. The health literacy enhancement efforts especially targeted wellness in pregnancy, danger signs of pregnancy, and health care services required to significantly reduce maternal and newborn mortality in Nigeria.

8.3 Lessons learned

- **Women in the community remain open-minded and embrace opportunities to gain more knowledge on their reproductive life, and respectful maternity**
 - There is a need for integration of community engagement platforms and resources as well as improve coordination of community engagement activities across programs.
 - Government and partners need to channel more resources to strengthen community engagement in order to promote health knowledge in communities.
- **The use of patient literacy materials (PLMs) is a good first step in addressing beliefs and perceptions in the community about facility deliveries**
 - This would help drive demand for in-facility deliveries especially if engagement is sustained.
- **The adoption of the responsive feedback approach in developing patient literacy materials helped to ensure relevant, concise, fit-for-purpose information material that met the expectations of various stakeholders**
- **The focus on purposeful visuals and translation into the local languages helps to enhance the ease of use of the PLMs and drives target users' interest**
 - Community volunteers needs to be empowered to deliver health talks in the community using PLMs (flip charts and posters).

9

Conclusion

9.1 General lessons learned

- A diverse set of stakeholders, including government and partners play a role in the contextualization, dissemination, and application of a new guideline.
- Government ownership and early buy-in of stakeholders is essential for a holistic and rapid review of any guideline or document.
- Sustainable financing for life-saving commodities requires understanding the total commodity requirements through effective quantification or commodity forecasting; an investment case is also critical to enable policymakers to make the right choice on uterotonics and also help drive the interest of potential investors.
- Supply planning should factor in potential delays in the supply chain processes that may extend the lead time for delivery of supplies, including unforeseen geopolitical events such as wars and pandemics like COVID-19.
- A mix of didactic training, on-the-job training, and mentoring yields better results in achieving the overall training objective of passing knowledge.
- Strategic and continuous engagement with stakeholders helps identify new opportunities to leverage for the scale-up of innovations.
- The use of patient literacy materials (PLMs) is a good first step in addressing beliefs and perceptions in the community about facility deliveries the scale-up of innovations.

10

Appendix

10.1 Supporting documents

 Click the text to access the documents on the shared drive

Chapter 1 - Introduction 


WHO recommendations for the prevention of PPH
 WHO model list of essential medicines

Chapter 2 - Conceptualization 

Costed roadmap guide/template
 Journey Map
 Conceptualization report
 Policy adoption journey
 Product pathways
 Project kick-off agenda and document
 Stakeholder ecosystem map

Chapter 3 - Policy Review 

Life Saving Skills Manual
 NAFDAC approval
 Nigeria essential medicines list
 States essential medicines list

Chapter 4 - Sustainable Financing 


Cost-effectiveness and clinical impact models
 DRF playbook
 Forecast and quantification models
 State specific roadmaps for sustainable financing

Chapter 5 - Supply Chain 

ADR reporting form
 ADR e-reporting form
 Health Facility Pre & Post Test Assessment Questions
 Health facility training Workbook
 Med safety application
 NPSCMP SOPs
 Paper-based and electronic LMIS tools
 Pharmacovigilance plan for HSC introduction
 Pharmacovigilance training material
 Process flow map for mentoring
 Supply chain training materials - Managers & Logisticians
 Supply chain training materials – Pharmacists & pharmacy technicians

Chapter 6 - Service Provision 

Demonstration videos
 Partographs
 FIGO guidelines
 Mentoring workbook
 SOGON guidelines
 Training agenda
 Training modules
 Training pre and post tests

Chapter 7 - Demand Generation 

Learning exchange documents and technical reports
 Smiles for Mothers communication plan
 Smiles for Mothers' 2-pager brief
 Smiles for Mothers' program newsletters
 Smiles for Mothers' program pitch deck
 Smiles for Mothers year 1 brief

Chapter 8 - Client's Journey 

Patient Literacy Material

10.2 Supporting documents

Scan the QR code to access the supporting documents on the shared drive

