

Training supply recommendations for DMPA-SC rollout

Practice injections, procurement, and disposal for health worker and self-injection client training

Subcutaneous DMPA (DMPA-SC)[†] is a new, three-month injectable contraceptive that is easy to use and uniquely suited for self-injection. DMPA-SC injections require learning a few specific critical steps. Demonstration and practice injections have been part of training programs for both health workers and self-injecting clients to date.

This memo summarizes PATH's recommendations based on our analysis of relevant lessons learned from five countries (Burkina Faso, the Democratic Republic of the Congo [DRC], Nigeria, Senegal, and Uganda).

Types of devices for demonstration and practice

In some settings, pilot and research activities have received donated or heavily subsidized water-filled Uniject™[†] devices for demonstration and practice. PATH has discontinued use of water-filled devices for demonstration and practice and advises use of active DMPA-SC devices (non-expired and filled with real product) for the following reasons:

- Procuring, distributing, and managing a separate supply of water-filled devices increases costs and logistical and supply chain burdens.
- Using active product is most effective for training and practice because of the unique viscosity of DMPA and the ability to see the suspension (a milky-white liquid) when shaking the device before injection—a critical step for a successful injection.
- Using active product during training eliminates the risk that women could be unintentionally given water-filled devices to take home for self-injection.

In some places, expired DMPA-SC devices have also been considered for demonstration and practice, but this would still require considerable supply chain management and a consistent supply of expired devices over time. In addition, this creates greater potential for health workers and self-injectors to mix up expired with unexpired devices if both are in the system.

Recommendation: PATH recommends use of active DMPA-SC devices (NOT expired or water-filled devices) for demonstration and practice, especially for self-injection clients.

Summary recommendations

- Use active DMPA-SC devices to train health workers and clients (not expired or water-filled devices).
- Health workers can demonstrate injections as part of client training, rather than requiring all clients to practice. If clients need additional support learning to self-inject, provide them with an opportunity to practice on a model.
- Order an additional one to two DMPA-SC devices per trainee (e.g., health workers, self-injectors) in procurements.
- Use printed training aids and training videos to help ensure competency of both health workers and self-injection clients.
- Use locally available injection practice models that help replicate the experience of injecting into subcutaneous fat (e.g., condoms filled with salt or sugar).
- Follow local standards for medical waste disposal for used training devices and injection models.

Number of devices for demonstration and practice

PATH reviewed information on health worker training and/or self-injection research data from Burkina Faso, the DRC, Nigeria, Senegal, and Uganda. In research studies, most health workers and self-injecting women learned the injection technique by practicing with just one or two devices. A recent self-injection program implemented in Uganda—aimed at identifying best practices for self-injection programs—found that client practice did not increase clients' self-injection competence compared to health worker demonstration of the injection technique. However, some clients and health workers might need additional support to learn the technique.

PATH suggests that programs:

- Offer injection demonstration as the default option for clients learning to self-inject. If clients need additional support to learn the injection technique, then provide an opportunity to practice.
- Account for training supply needs in all DMPA-SC orders: work with implementing partners to estimate the number of health workers to be trained and the likely number of self-injectors to be trained.‡
- Investigate norms regarding practice injections for intramuscular DMPA (DMPA-IM) training in your country and consider whether there are any relevant lessons for DMPA-SC.

Recommendation: PATH recommends that procurement agencies and country programs order an additional one to two active DMPA-SC devices per trainee (e.g., health workers, self-injectors) to account for demonstration and practice injections.

Additional training materials

Training models

Country introductions and research studies have used a variety of injection models for demonstration and practice, including condoms filled with salt or sugar (Senegal and Uganda), latex gloves filled with cotton (Senegal), small locally made pillows filled with sand (DRC), foam (Burkina Faso), and empty plastic bottles (Nigeria).

Training aids for self-injection clients and health workers

Results from a new self-injection program in Uganda demonstrated that using training videos, printed training aids, and calendars as teaching and take-home tools improved women's self-injection competency four months after training. Women reported that they found the training aids and calendar useful when reinjecting independently and troubleshooting challenges. [Client training aids](#) and [calendars](#) can be printed locally for a low cost. [Health worker training aids](#) are also key to

ensuring competency. [Training videos](#) are available online for both clients and health workers. All training aids are available in English and French and can be customized as needed.

Recommendation: PATH recommends use of locally available injection practice models that help replicate subcutaneous injections—preferably condoms or latex gloves filled with salt or sugar. Teaching and take-home tools such as videos and printed training aids should also be used to help ensure competency of both health workers and self-injection clients.

Disposal of sharps and injection models

The WHO/UNICEF/UNFPA joint [statement](#) on the use of autodisable syringes in immunization services recommends the use of safety boxes for disposal of sharps to reduce the risk posed to health staff and the general public. Consistent with these guidelines, during country introductions and research, implementers reported they collected used DMPA-SC devices in sharps/safety boxes or other puncture-proof containers such as plastic bottles and sent these containers to a health facility for burning. Injection models that had been used with real DMPA devices during training were also handled as medical waste, as they contained small amounts of DMPA.

Recommendation: PATH recommends that local standards for medical waste disposal be followed for used training devices as well as injection practice models containing actual product. For example, training devices may be collected in safety boxes, and sent to the appropriate health facility with infrastructure for burning.

*. Marketed by Pfizer as Sayana® Press. Sayana Press is a registered trademark of Pfizer Inc.
†. Uninject is a trademark of BD.

‡. Quantification for programs including self-injection will also need to consider the number of devices women will be permitted to take home after being trained.

About PATH

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