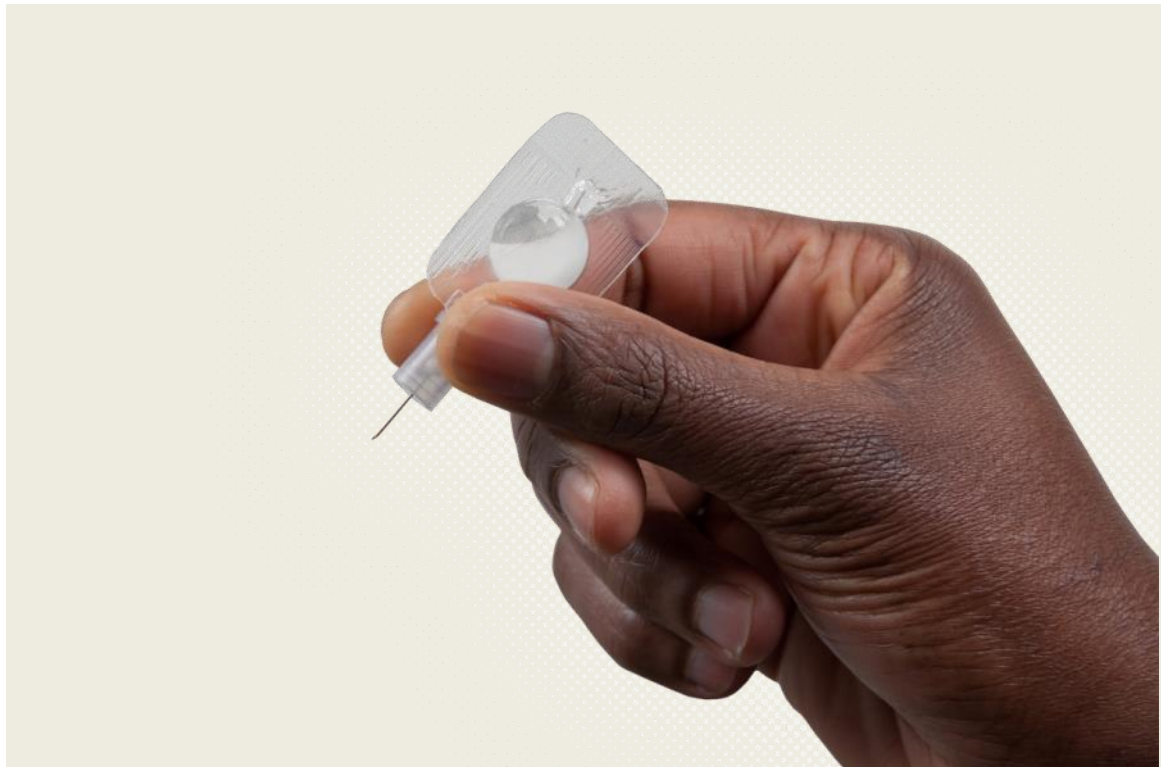


# Subcutaneous DMPA (DMPA-SC)

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## A Guide for Trainers of Providers



Version 4.5

November 2018

For country adaptation



## **Acknowledgements and Copyright**

The content in these materials were originally developed by FHI 360 and PATH and made possible through the generous support of the American people through the United States Agency for International Development (USAID) under the Advancing Partners & Communities (APC) cooperative agreement number AID-OAA-A-12-00047, funded September 28, 2013, and implemented by JSI Research and Training Institute, Inc., in partnership with FHI 360 and under the terms of HealthTech Cooperative Agreement #GPH-A-00-01-00005-00. The information provided is not official US Government information and does not represent the views or positions of USAID or the US Government.

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## Background

### About this guide

This trainer's guide provides content for training on the progestin-only injectable contraceptive subcutaneous DMPA (DMPA-SC, brand name Sayana<sup>®</sup> Press), 104 mg of depot medroxyprogesterone acetate DMPA in the Uniject<sup>™</sup> injection system.\* These materials were first used in 2012 to train facility- and community-based providers on use of DMPA-SC (formerly depo-subQ in Uniject) in acceptability studies in Senegal and Uganda. Those studies revealed that these materials were effective in training providers to deliver DMPA-SC safely and effectively, even among community-based health workers who had never given injections. As of 2013, the studies had completed and these training materials were updated with information from the studies and modified for training outside a study scenario.

Because these training materials focus on content that is unique to DMPA-SC, some content that is the same for both the intramuscular formulation of DMPA (depo-IM or DMPA-IM) and DMPA-SC is not included (see the “Worksheet for adaptation” on page 11 for details). In order to design a comprehensive training, especially for those who have never administered DMPA, relevant material on these topics must be added using materials on depo-IM already available in the country. Materials intended for delivery of DMPA (especially depo-IM) at the community level are also available from K4Health and FHI 360<sup>†</sup> and may be adapted for use with DMPA-SC.

### What are progestin-only injectable contraceptives?

Progestin-only injectable contraceptives are a highly effective, relatively long-lasting, reversible, and private method of contraception. They contain synthetic steroid hormones that are usually given by injection into the muscle of a woman's hip, upper arm, or buttocks, and that are then released slowly into the bloodstream from the injection site. Progestin-only injectables should not be confused with “combined” injectables, which contain both estrogen and progestin. There are two types of progestin-only injectable contraceptives: those containing DMPA and those containing norethisterone ethanate (NET-EN). More information on progestin-only injectables and DMPA can be found on the “DMPA Fact Sheet.”

### What is DMPA-SC?

DMPA-SC is a new form of the progestin-only injectable contraceptive DMPA. It has been approved by the United States Food and Drug Administration (FDA) and the European Medicines Agency (EMA). DMPA-SC consists of a low dose of DMPA in Uniject (a single-use, prefilled injection system). DMPA-SC is injected into the fatty tissue directly under the skin (subcutaneous or SC injection) with a short needle (3/8 inches or 9.5 mm) instead of a deep intramuscular (IM) injection of Depo-Provera<sup>®</sup> or other brands of DMPA. DMPA-SC is administered into the fatty tissue of the thigh, abdomen, or the back of the upper arm. DMPA-SC is given subcutaneously because it contains less medicine than depo-IM. The subcutaneous injection allows the lower

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\* Sayana Press and Depo-Provera are registered trademarks of Pfizer Inc. Uniject is a trademark of BD.

<sup>†</sup> Training resources for community-based provision of DMPA are available from K4Health and FHI360 at: <http://www.k4health.org/toolkits/communitybasedfp> and <http://www.k4health.org/sites/default/files/DMPAGuide1.pdf>.

dose to be absorbed by the body in such a way that it provides essentially the same contraceptive action, benefits, and possible side effects as depo-IM.

### Definitions

DMPA	The generic name for the contraceptive depot medroxyprogesterone acetate, a common progestin-only injectable contraceptive that is usually given by injection into the muscle (intramuscularly).
Depo-IM	The term used in this training to discuss any (generic or branded) DMPA available for use with standard vial and syringe with intramuscular (IM) needle.
Depo-Provera	Pfizer's brand name for DMPA delivered intramuscularly.
Sayana Press	Pfizer's brand name for DMPA delivered in the fatty layer under the skin (subcutaneously or SC).

As with depo-IM, DMPA-SC is given every three months to prevent pregnancy. Because it is prefilled, single-use, small, and easy to use, DMPA-SC is expected to increase access to injectable contraceptives by making it simpler and safer for health workers, especially community health workers (CHWs), to administer, store, transport, and dispose of this form.

### Training objectives

The purpose of these training materials is to ensure that participants acquire the knowledge and skills they need to provide DMPA-SC to their clients, including the ability to:

- Describe the different types of injectable contraceptives.
- Explain how depo-IM and DMPA-SC are similar and how they are different.
- List counseling messages about DMPA and DMPA-SC.
- Demonstrate how to screen clients for eligibility for DMPA-SC reinjection.
- Show how to handle sharps safely, including DMPA-SC.
- Show how to give an injection with DMPA-SC.

The training approaches include presentations, role plays, discussions, and hands-on practice. Hands-on practice includes injection practice with non-human injection models and mock counseling sessions with partners. Supervised injection practice and counseling sessions with actual clients is also recommended, but that is beyond the scope of this training and must be organized separately.

## How to use this training guide

### Experience level of the trainer

Individuals conducting this training must have the following minimum skills and experience:

- Familiarity with DMPA.
- Nursing or other clinical background.
- Experience as a trainer in family planning programs.
- Experience training the level of health worker being trained (e.g., CHWs, nurses).
- Background in competency-based training.
- Fluent in the language of the participants.

### Intended audience

These training materials have been designed and demonstrated to be effective in training facility- and community-based providers who may or may not have had prior experience providing injections or injectable contraceptives. The materials may also be useful in training other types of health workers and their supervisors.

This training focuses on administration of DMPA-SC, including how it is similar to and different from depo-IM. The materials assume that providers being trained already know how to offer informed-choice counseling on available family planning methods, and how to screen and counsel clients for safe use of the methods that they already provide (e.g., condoms, oral contraceptive pills).

These materials were developed and tested in Senegal and Uganda, so they are especially relevant to those countries' requirements and situations. However, most information is based on internationally approved recommendations, including those of the World Health Organization (WHO). Therefore, the materials may be used in any setting where the style and level of information is useful, provided that they are reviewed and updated for cultural and situational relevance, and for compliance with requirements of the national health authority. See the next section, "How to Tailor the Training Materials for your Audience."

### Duration of training

Generally, training should take one to two days. Training time has been estimated for each module and appears in the agenda of the introductory slides and at the beginning of each training lesson in this guide. However, duration of training can vary widely due to budget, trainee experience and education level, and the breadth of content being delivered. Once you have tailored your materials to your audience, it is best to pretest them with a sample of providers from the target group to help determine the time required.

### Visual cues for the trainer

Throughout this trainer's guide you will see visual cues that will help you find the information you need quickly during the training, as follows:

## ■ SLIDE: How to give an injection with Uniject

Any text under a square bullet and called “SLIDE” includes instructions on what to discuss or what activity to do while showing the associated slide. For example, if you see the heading above, you will want to show the participants the slide titled “How to give an injection with Uniject” and follow the instructions provided under that heading.

### ***Italic text:***

*Any paragraphs in italic text (like this text) represent information that you should say aloud to the participants. You can read this information word-for-word, or you can use your own words. Just make sure that all of the key information is delivered.*



### **PREPARE IN ADVANCE**

A “prepare in advance” box with a check mark icon indicates materials or information you will need to prepare ahead of time for each lesson.



### **INFORMATION FOR THE TRAINER**

An “information for the trainer” box with an information icon flags suggestions or background information you should know prior to the training lesson.

## **Suggestions for a productive training**

Prepare yourself by studying the content and assemble all of the materials you will need in advance to hand out at the appropriate times (see “prepare in advance” boxes at the beginning of each lesson).

### **Before the training begins:<sup>‡</sup>**

- Arrive early to be sure the facility is ready and the equipment is set up and in working order.
- Anticipate potential problems and develop solutions.
- Practice responses to tough questions.
- If you are co-facilitating the training, be sure to prepare and practice together.

### **Set the stage:**

- Learn participants’ names and use eye contact to establish rapport.
- Create an informal, comfortable learning environment.
- Establish ground rules for all participants and trainer (group norms).
- Start with a “getting to know you” activity. Some example activities are included in the training handouts.

<sup>‡</sup> Adapted from Seattle-King County Department of Public Health. Speakers’ Training: Train the Trainer. The AIDS Prevention Project. Seattle, April 1993.

### **Interaction with the training participants:**

- Involve the participants as much as possible with activities and group discussions.
- Encourage participation and compliment participants on the quality of their questions.
- Match the content and pace of the training to the participants' needs.
- Put yourself in the participants' shoes. Consider their motivations or possible fears.
- Ensure that the content and your demeanor are free of value judgment.
- State the instructions clearly and repeat key messages.

### **Delivery:**

- Know the material well so that you can provide accurate and complete information. Be the expert!
- If you do not know or are unsure of the answer to a question, do not guess. Tell the training participants that you will find out.
- Use your own words and add your own ideas. Try not to read everything directly from the training guide.
- Avoid distracting movements (hands to mouth, tugging on hair, pacing) and adopt a natural (relaxed) posture.
- Use a participatory method of demonstration and practice to ensure participants retain new skills.

### **Demonstrate and practice:**

- Step 1: Tell the participants the purpose and learning objectives of the exercise.
- Step 2: Demonstrate the skill while giving verbal instructions. Use role playing to show how the skill will be applied in a real-life situation. The participants observe the trainer and ask questions before practicing a procedure. Note: The trainer should not demonstrate incorrect procedures at any time.
- Step 3: Conduct a trainer/participant talk-through. Have the participants pair off to practice the skill with their partner. One partner performs the skill while the other partner reads the step-by-step instructions to that person.
- Step 4: Use guided practice to assess competency. In this final step, participants practice the skill while the trainer observes and provides advice as necessary.



#### **PREPARE IN ADVANCE**

Several days before the training:

1. Review the agenda and content of the training lessons in advance.
2. Prepare the training room. Test the projector or other devices that will be used during the training.
3. Prepare copies of all of the slides for participants to follow along as you move through the training lessons and activities. You may wish to print two or six slides per page to save paper.



4. Prepare enough copies of the handouts so that each participant may have a set to take away and refer to later. Handouts needed are listed at the beginning of every lesson.
5. Prepare the appropriate number of sample Unijects, mock injection materials, safety boxes, and any other supplies that will be required for the training. Supplies needed are listed at the beginning of each lesson.

## How to adapt the training materials for your audience

These materials are made up of eight distinct lessons, each of which may be removed or modified according to the needs of your trainees. Your target training audience should be carefully evaluated and the training content adapted specifically for them. Suggestions on content needed by type of trainee are provided in the “Worksheet for adaptation” (on page 11).

### Instructions for adaptation

Once you have planned the general content areas that will be needed by your trainees, complete the following steps:

1. Review the materials to ensure that they comply with your country’s guidelines for clinical administration of DMPA. Some topics to consider include:
  - These materials use WHO’s recommended reinjection grace period for DMPA of 13 weeks and up to 4 weeks late. This extended grace period is important for ensuring that more women who are late for their reinjection may receive uninterrupted contraceptive coverage while they are still at very low risk of returning to ovulation or becoming pregnant.
  - These materials include the back of the upper arm as an injection location. This injection location has been validated with a pharmacokinetic study, and may be considered a more acceptable injection location to many women.
  - These materials advise that the injection cannot be given if a woman is more than four weeks late and pregnancy cannot be ruled out. In some countries, reinjection is still allowed under certain conditions.
2. Review the materials to ensure the level of information in each content area is appropriate. The content is written to be as simple as possible to be relevant for health workers with less training. You may wish to add more technical detail, or remove any slides with concepts that your trainees already know well.
  - If you review and update any medical procedures or guidelines, make sure these are consistent with your country's guidelines, and with WHO's<sup>§</sup> if they do not conflict.
  - When you add or remove entire lessons from the training, or significantly change a lesson causing it to be much shorter or longer, update the agenda in the introductory slides to reflect which lessons will be given and how long they will take.
  - When you add or remove slides, update the slide numbers in the relevant section of the trainer's guide.
  - When you update spoken content in the trainer's guide, also update the corresponding speaker's notes in the slides.
3. Conduct a pre-test with members of your target audience. Follow the steps above to make updates based on learning from the pre-test.

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<sup>§</sup> WHO's guidelines on family planning topics are available at:  
[http://www.who.int/reproductivehealth/publications/family\\_planning/en/](http://www.who.int/reproductivehealth/publications/family_planning/en/)

## Worksheet for adaptation

Once you have evaluated the skill level of your trainees and the content in this training, you can use the worksheet below to plan which content areas you will deliver to your trainees, which content will come from this set, and which content will need to be gathered elsewhere.

Content areas	Trainee type			Available in this material set?	Lesson no.	Is the content in this set sufficient for your trainees? If not, what is missing and how will they learn it?
	DMPA-experienced providers (suggested)	DMPA-naïve providers (suggested)	Your trainees (mark an X in needed content areas)			
Injectable contraceptives—what they are and what they do		X		Yes	1	
Uniject—key features and benefits	X	X		Yes	2	
Similarities and differences between depo-IM and DMPA-SC	X	X		Yes	3	
Screening clients who wish to continue using DMPA-SC		X		Yes	4	
How to switch between depo-IM and DMPA-SC	X	X		Yes	4	
Counseling on DMPA		X		Yes	5	
Safe storage, handling, waste, management of sharps		X		Yes	6	
How to give an injection with DMPA-SC	X	X		Yes	7	
Injection practice with non-human models	X	X		Yes	7	
Supervised injection practice with humans	X	X		No	-	
Screening clients who wish to use DMPA for the first time		X		No	-	
Recordkeeping, including case reporting and stock management		X		No	-	
<b>Other content needs and sources? (fill in)</b>						

## Introduction



### PREPARE IN ADVANCE

- Select a “getting to know you” game and prepare any required materials.

**Time allotted: 30 minutes**

### ■ SLIDE 3: Welcome

1. Introduce yourself and any co-trainers. Describe your background in the subject of the training. It may help trainees feel comfortable if you share something about yourself. Let them know you welcome their questions.
2. Explain the training schedule and how long it will take. Let them know when there will be breaks, about lunch plans, where the restrooms are.
3. Tell the participants:
  - *DMPA is a type of injectable contraceptive to prevent pregnancy. DMPA has been used worldwide for many years as depo-IM (DMPA injected deep into a muscle).*
  - *DMPA-SC is a small injection system called Uniject that is already filled with DMPA.*
  - *DMPA-SC is a lower-dose form of DMPA. It has a short needle (9.5 mm) that is made to give an injection into the fatty tissue right under the skin, not into a muscle like with depo-IM.*
  - *During this training, we will explain how depo-IM and DMPA-SC are similar and how they are different.*
  - *You will learn how to prepare and give a DMPA-SC injection.*
  - *You will not inject any clients during this training. You will have the chance to practice on an injection model.*
  - *We will talk more about the training agenda after we play a game to get to know each other better.*
4. Ask the participants if they have any questions.
5. Lead a “getting to know you” activity to help you and the participants to get to know each other.

### ■ SLIDE 4: Training objectives

1. Review the training objectives with the participants.
2. Ask if the participants have anything to add or have other expectations for this training.
3. Add objectives to the list if it is possible or find another way to address participant expectations through additional training or information resources.

■ **SLIDE 5: Training agenda**

1. Review the training agenda and timing with the participants.
2. Ask if the participants have any questions before beginning the first lesson.

# Lesson 1

## What is DMPA?

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**Time allotted: 1.5 hours**



### **PREPARE IN ADVANCE**

- Lesson 1 slide handouts for each participant.
- One copy of the “DMPA Fact Sheet” for each participant.

#### ■ **SLIDE 2: Lesson 1: Learning objectives**

1. Tell the participants:

*Many of you may not be familiar with injectable contraceptives, so in this lesson we will review what you will need to know to be comfortable talking with your clients about what injectable contraceptives are and what they do.*

2. Review the learning objectives for this lesson and ask participants if they have any additional objectives or questions.

#### ■ **SLIDE 3: What are injectable contraceptives?**

1. Review the characteristics of injectable contraceptives from the slide and the “DMPA Fact Sheet” with the participants.
2. Ask the participants if they have any questions.

#### ■ **SLIDE 4: Two types of injectable contraceptives**

1. Review the two major types of injectable contraceptives with the participants.
2. Tell the participants:

*Since this training deals only with the progestin-only injectable contraceptive DMPA, we will focus on this type of contraceptive during the rest of the lesson.*

#### ■ **SLIDE 5: How do progestin-only injectables work?**

1. Review the slide with the participants.

#### ■ **SLIDE 6: What is DMPA?**

1. Review the slide with the participants.
2. Make sure that participants understand that depo-IM and DMPA-SC are both the same type of drug (the progestin-only injectable, DMPA).

■ **SLIDE 7: Why women might like DMPA**

1. Tell the participants:

*The clients that you will see might already be using depo-IM so might already be aware of its benefits. But it will be helpful to remind the clients of the benefits while you are counseling them.*

2. Review the reasons that women might like DMPA with the participants.

■ **SLIDE 8: Why women might not like DMPA**

1. Review the reasons women might not like DMPA with the participants

■ **SLIDE 9: Group activity: Practice talking about DMPA**

1. Review the instructions for the activity with the participants.
2. Walk around the room while the participants are practicing with the fact sheet to make sure they are giving complete and correct information to each other. Give them suggestions about what to say, if needed.
3. Let the participants know when to switch places so that each partner has the same amount of time to practice talking about injectable contraceptives.
4. Before moving to the next activity, ask the participants if they have any questions about the information in the fact sheet.

■ **SLIDE 10: Lesson 1 quiz: What have you learned about DMPA?**

1. Review the questions one-by-one with the participants. Encourage participants to give the answer aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussion if applicable.
2. Below are the answers to the quiz questions. Make sure each concept is covered thoroughly during the quiz:
  - What are injectable contraceptives?
    - *(See the “DMPA Fact Sheet” to check the answers to this question. Participants do not need to memorize the section, but they should demonstrate a good understanding of the answers.)*
  - What type of injectable contraceptive is DMPA?
    - *Progestin-only.*
  - How does DMPA work?
    - *Prevents ovulation or the release of the woman’s egg.*
    - *Thickens the mucus at the cervix to prevent sperm from entering the uterus.*
    - *Thickens the uterine wall to prevent an egg from attaching and growing there.*
  - What are some different names of DMPA?
    - *Depo-Provera, DMPA-IM, depo-IM, Sayana Press, DMPA-SC.*
  - What are some reasons that women may like DMPA?
    - *Safe.*
    - *Effective.*

- *Easy to use.*
  - *Relatively long lasting.*
  - *Reversible.*
  - *Can be discontinued without a provider's help.*
  - *Does not interfere with sex.*
  - *Can be used privately.*
  - *Can be used by breastfeeding women.*
  - *Eventually most women stop having monthly bleeding.*
- What are some reasons that women may dislike DMPA?
  - *Causes side effects, mainly menstrual changes.*
  - *Action cannot be stopped immediately.*
  - *Might take more time to become pregnant after stopping.*
    - *Most women will get pregnant within 5 to 6 months of the last injection.*
    - *It is possible to get pregnant in the first month after a missed injection.*
  - *Provides no protection against STIs/HIV.*



## Lesson 2

### What is Uniject?

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**Time allotted: 30 minutes**



#### PREPARE IN ADVANCE

- Lesson 2 slide handouts for each participant.
- One or two sample Unijects for participants to examine.
- One or two standard DMPA vials and autodisable syringes for comparison.
- Have a safety box available for the trainer to dispose of trainer's used, uncapped syringes.



#### INFORMATION FOR THE TRAINER

This lesson introduces participants to Uniject. It provides information on what Uniject is, how it works, and the anticipated benefits of using Uniject. When presenting the Uniject to community-based providers, it is important to emphasize the simple preparation, savings in time, and improved injection safety of Uniject compared with standard needle and syringe.

Since this lesson introduces participants to Uniject, make some Unijects and the autodisable syringes and DMPA vials available for the participants to examine. You may ask participants to pass the devices around the room while you are going through this lesson, or you may prefer to allot special time before the lesson begins for participants to examine the devices.

#### ■ SLIDE 2: Lesson 2: Learning objectives

1. Tell the participants:

*In this lesson we will discuss Uniject, which is the injection system that you will use to give DMPA-SC.*

2. Review the learning objectives for this lesson and ask participants if they have any additional objectives or questions.

#### ■ SLIDE 3: What is Uniject?

1. Tell the participants:

*The Uniject is a small prefilled injection system that is filled with an injectable drug. In the case of DMPA-SC, Uniject is filled with DMPA.*

*Uniject is:*

- **Single dose**, which makes it easier to inject individual clients.
- **Prefilled** to make sure that the correct dose is given.
- **Simple to use** to make it easy for health workers who do not give many injections.
- **Not reusable** to prevent diseases such as HIV and hepatitis B or C from being passed from one patient to another from needle reuse.
- **Small in size** for easy transport and disposal.

#### ■ SLIDE 4: Names of the parts of Uniject

1. Review each part of Uniject with the participants.
2. Tell the participants:

*There are several different parts of Uniject and it is important to know their names and what they do.*

- **Reservoir:** An injectable drug is prefilled in the reservoir of the Uniject. After the Uniject has been inserted in the patient for an injection, the reservoir should be squeezed with the thumb and forefinger to inject the drug. With DMPA, although the Uniject reservoir is only 3/4 full, it contains a full dose of contraceptive. It is normal to have a large air bubble, but the injection should be given with the needle pointing downward. That way, less air from the air bubble will be injected.
- **Valve:** There is a valve inside the Uniject that you cannot see, which prevents the Uniject from being refilled after it has been used. This autodisable feature is similar to the syringes used for DMPA injections and helps prevent the spread of diseases like HIV/AIDS from reuse of needles.
- **Port:** When giving an injection, Uniject should be held by the port both when the needle is inserted and removed from the client.
- **Needle:** Since DMPA-SC is a subcutaneous injection, the needle is shorter (3/8 inch or 9.5 mm) than the needle for depo-IM injections.
- **Needle shield:** The needle shield keeps the Uniject needle sterile and helps prevent needlesticks before the Uniject is used. Just as for other kinds of syringes, the needle shield should not be put back on the Uniject after it has been removed.

#### ■ SLIDE 5: Expected benefits of Uniject

1. Tell the participants:

*There are several advantages to giving DMPA in the Uniject.*

- DMPA-SC is expected to allow more women to receive contraceptives because:
  - It can be used by nurses as well as community-based providers with less training than nurses.
  - DMPA-SC may make it quicker and easier for busy health workers to deliver an injectable contraceptive.
  - DMPA-SC can be used by community-based providers in home visits.
- DMPA-SC helps make certain an injection is safe because it is prefilled with the correct dose, is sterile, and cannot be reused.

- *Uniject has been safely and successfully used by trained health workers and community health workers in different countries to give medicines and vaccines.*
- *Clients may prefer the smaller needle used for the subcutaneous injection.*

■ **SLIDE 6: Lesson 2 quiz: What have you learned about Uniject?**

1. Review the questions one by one with the participants. Encourage participants to give the answer aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussion if applicable.
2. Below are answers to the quiz questions. Make sure each concept is covered thoroughly during the quiz:
  - Where should you hold the Uniject while you are preparing it and injecting it?
    - *At the port.*
  - Is it normal to see a large air bubble in the Uniject reservoir?
    - *Yes.*
  - How is the length of the Uniject needle for DMPA-SC different from a needle for depo-IM?
    - *The Uniject needle for DMPA-SC is shorter than a depo-IM needle.*
  - What are some of the expected benefits of Uniject? (participants do not need to memorize them all, just contribute some of the ideas):
    - *Expands access:*
      - *Easier to use.*
      - *Quicker administration.*
      - *Can be used by CHW's and other non-facility based health workers.*
      - *Contributes to safety.*
      - *Prefilled with correct dose.*
      - *Assures sterile injection.*
      - *Less waste to dispose of.*
    - *Contributes to safety:*
      - *Prefilled with correct dose.*
      - *Assures sterile injection.*
      - *Less waste to dispose of.*

## Lesson 3

### Depo-IM and DMPA-SC: Two formulas of the same contraceptive

---

Time allotted: 1 hour



#### PREPARE IN ADVANCE

- Lesson 3 slide handouts for each participant.

#### ■ SLIDE 2: Lesson 3: Learning objectives

1. Tell the participants:

*In this lesson we will discuss what DMPA-SC is, and how it is similar to depo-IM. We will also point out how they are different.*

2. Review the learning objectives with the participants.

#### ■ SLIDE 3: What is DMPA-SC?

1. Tell the participants:

- *DMPA-SC is a new formula of DMPA.*
- *DMPA-SC is lower-dose than depo-IM. It contains 104 mg of DMPA rather than the 150 mg in depo-IM. The dose is smaller, but it is equally effective to depo-IM because it is injected in a different way.*
- *DMPA-SC is given into the fatty tissue below the skin. This is called a subcutaneous (SC) injection.*
- *The subcutaneous form of DMPA is only available in Uniject (DMPA-SC) in most places.*

2. Ask the participants if they have any questions.

#### ■ SLIDE 4: How depo-IM and DMPA-SC are similar

1. Review the similarities with the participants.
2. Ask the participants if they have any questions.

#### ■ SLIDE 5: How depo-IM and DMPA-SC are different

1. Review the differences with the participants.
2. Make special note that side effects are the same between the two formulations EXCEPT that DMPA-SC may cause temporary mild to moderate skin irritation at the injection site. Ask the participants if they have any questions.



### INFORMATION FOR THE TRAINER

Understanding and remembering the similarities and differences between depo-IM and DMPA-SC can be difficult, especially for health workers who have never worked with injectable contraceptives before. If you think your participants are struggling with the content or if they perform poorly on the quiz (next slide), try asking them to work with a partner or in groups. One participant should look at the two slides on similarities and differences between depo-IM and DMPA-SC in their slide handouts and quiz their partner or group members on the similarities and differences between depo-IM and DMPA-SC. Once a respondent is comfortable with the content, they should switch places and repeat the exercise until all partners know the content.

### ■ SLIDE 6: Lesson 3 quiz: What have you learned about depo-IM and DMPA-SC?

1. Review the questions one by one with the participants. Encourage participants to give the answer aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussion if applicable.
2. Below are answers to the quiz questions. Make sure each concept is covered thoroughly during the quiz:
  - How often do you give a DMPA-SC injection?
    - *3 months, the same as depo-IM.*
  - How are depo-IM and DMPA-SC injection sites different?
    - *DMPA-SC is delivered under the skin at the back of the upper arm, the abdomen, or the anterior thigh, whereas depo-IM is delivered into the muscle of the arm, the hip, or the buttocks.*
  - What extra side effect might a woman experience with DMPA-SC compared to depo-IM?
    - *Minor or moderate skin irritation at the injection site for a few days.*
  - How else is DMPA-SC different from depo-IM?
    - *DMPA-SC is a subcutaneous injection, whereas depo-IM is intramuscular.*
    - *DMPA-SC is DMPA prefilled in Uniject, whereas depo-IM is DMPA in a vial filled by the provider and is given from a standard syringe.*
    - *DMPA-SC is lower dose than depo-IM.*

## Lesson 4

### Screening clients who wish to continue using DMPA

Time allotted: 1.5 hours



#### PREPARE IN ADVANCE

- Lesson 4 slide handouts for each participant.
- Handouts of the 2013 and 2014 practice calendars for each participant.
- Handouts of the reinjection job aid. (There is one for facility-based providers and one for community-based providers. Choose the one that is most appropriate for the providers being trained.)

#### ■ SLIDE 2: Lesson 4: Learning objectives

1. Review the learning objectives with the participants.

#### ■ SLIDE 3: Who can use DMPA

1. Tell the participants:

*Most women can use DMPA safely, including a woman who:*

- *is breastfeeding a baby who is at least six weeks old,*
- *has or has not had children,*
- *cannot or does not want to use other methods,*
- *has a sexually transmitted infection including HIV,*
- *is taking medicines, including ARVs to treat AIDS.*

2. Make note that eligible women can choose to use either depo-IM or DMPA-SC.

#### ■ SLIDE 4: Who should not continue using DMPA (part 1)

1. Review with the participants the conditions that women may have developed since their last injection that make it unsafe for them to continue using injectable contraceptives.

#### ■ SLIDE 5: Who should not continue using DMPA (part 2)

1. Review with the participants the conditions that women may have developed since their last injection that make it unsafe for them to continue using injectable contraceptives.
2. Make note that these women should not continue to use either depo-IM or DMPA-SC.
3. Tell the participants:

*Later in this training you will learn to use job aids that will help you decide whether a woman is eligible for a DMPA injection. Before this, we will talk about how to*

*calculate the correct timing for your client's reinjection and how to schedule her next injection.*



### INFORMATION FOR THE TRAINER

Remembering who can or cannot use DMPA can be difficult, especially for health workers who have never worked with injectable contraceptives before. If you think your participants are struggling with the content or if they perform poorly on the quiz at the end of this lesson, try asking them to work with a partner or in groups. One participant should look at the three previous slides on who can and cannot use DMPA in their slide handouts and ask their partner(s) to list as many examples of those who can or cannot use as they remember. Once a respondent is comfortable with the content, they should switch places and repeat the exercise until all partners know the content.

#### ■ SLIDE 6: Check that your client is on time for reinjection

1. Tell the participants:

*It is important that your client does not arrive late for her injection of DMPA. If you do not know her reinjection date, you will need to find out when she had her last injection, and calculate her reinjection date.*

2. Review the points on the slide with the participants.
3. Ask the participants if there are any questions.

#### ■ SLIDE 7: What if my client is more than four weeks late for reinjection?

1. Review the points on the slide with the participants.
2. Depending on the type of provider being trained, discuss how to rule out pregnancy. Facility-based providers may be able to use pregnancy tests or a pelvic exam. Community-based providers will probably use the pregnancy checklist in the reinjection job aid.
3. Ask the participants if there are any questions.

#### ■ SLIDE 8: What if my client is more than four weeks late and pregnancy cannot be ruled out?

1. Review the points on the slide with the participants.
2. Depending on the type of provider being trained, discuss what the client should do next to find out if she is pregnant. Community-based providers may need to refer her to a facility for a pregnancy test or pelvic exam, or tell her to use a backup method until her next menstrual cycle.
3. Review relevant information with the participants on the job aid for reinjection.
4. Ask the participants if there are any questions.

## ■ SLIDE 9: Group activity: Check that your client is on time for reinjection

1. Hand out the practice calendars to each participant.
2. Ask the participants to work with a partner to find the answers to the questions on the slide and write them down in the table on their slide handouts.
3. Walk around the room to make sure everyone is on track and to answer any questions.
4. At the end of the exercise, review the answers together and answer any additional questions. Answers to the questions are:
  - Use the practice calendars with a partner to calculate the reinjection window if your client received her last injection on the following dates:

DMPA given	Reinjection date	Last day to inject without ruling out pregnancy
10 December 2013	11 March 2014	8 April 2014
9 January 2014	10 April 2014	8 May 2014
12 March 2014	11 June 2014	9 July 2014
4 July 2014	3 October 2014	31 October 2014

- What should you do if your client received her last injection on 12 March 2014 and arrives for reinjection on 13 July 2014?
    - *You must rule out pregnancy before giving her the injection. If pregnancy cannot be ruled out, counsel her on backup methods and tell her when she can come back for the injection.*
5. If any participants are having trouble finding the answers, review the content again and practice counting to the injection dates together using the practice calendars.

## ■ SLIDES 10 and 11: Example calendars

## ■ SLIDE 12: Decide the next injection date

1. Tell the participants:

*After giving the DMPA injection, you will need to calculate when your client should get her next injection.*

2. Review the points on the slide with the participants.
3. Ask the participants if there are any questions.

## ■ SLIDE 13: Group activity: Decide the next injection date

1. Ask the participants to work with a partner to find the answers to the questions on the slide and write them down to report at the end of the exercise.
2. Walk around the room to make sure everyone is on track and to answer any questions.
3. At the end of the exercise, review the answers together and answer any additional questions. Answers to the questions are:



- Use the practice calendars to calculate the next injection date if you give your client DMPA-SC on each of the following dates:

Injection date	Next injection date
21 November 2013	20 February 2014
7 February 2014	9 May 2014
16 June 2014	15 September 2014
10 September 2014	10 December 2014

- How should you help your client remember when to get her next injection?
    - *Write her next injection date and the type of injection she just received (DMPA) on her reminder card.*
  - What should your client do if she is late for reinjection?
    - *Use condoms or do not have sex until she can return for another injection.*
4. If any participants are having trouble finding the answers, review the content again and practice counting to the reinjection date together using the practice calendars.

## ■ SLIDES 14 and 15: Example calendars

## ■ SLIDE 16: Lesson 4 quiz: What have you learned about screening clients?

1. Review the questions one by one with the participants. Encourage participants to give the answer aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussion and information sharing.
2. Below are answers to the quiz questions. Make sure each concept is covered thoroughly during the quiz:
  - What are some examples of women who can use DMPA?
    - *Women who:*
      - *are breastfeeding a baby who is at least six weeks old,*
      - *have or have not had children,*
      - *cannot or do not want to use other methods (i.e., those containing estrogen),*
      - *have a sexually transmitted infection including HIV,*
      - *are taking medicines, including ARVs to treat AIDS.*
  - What are some examples of women who should stop using DMPA?
    - *Women who have:*
      - *migraine headaches (that began or got worse after getting the injection),*
      - *had a heart attack or stroke,*

- *a serious liver condition,*
  - *high blood pressure,*
  - *breast cancer,*
  - *lupus.*
- What should you do if your client has one of the health problems that make her ineligible for DMPA?
  - *Refer her to a provider who can counsel her on the options she can use with her medical problem.*
  - *Remind her to use a backup method like condoms until she can see the provider.*
- What should you do if your client is 3 weeks late for her reinjection?
  - *She can still get the injection.*
- What should you do if your client is 5 weeks late for reinjection?
  - *Pregnancy must be ruled out before giving the injection.*
  - *If pregnancy is ruled out and the injection is given, the client must also use a backup method for seven days.*
  - *Discuss what to do if pregnancy cannot be ruled out. Remember to discuss the need for a backup method during the delay before reinjection.*

## Lesson 5

### Counseling clients about DMPA

**Time allotted: 1.5 hours**



#### PREPARE IN ADVANCE

- Lesson 5 slide handouts for each participant.
- Handouts of “DMPA Fact Sheet” for each participant.
- Handouts of “Common Questions about DMPA-SC” for each participant.



#### INFORMATION FOR THE TRAINER

This section is for counseling for DMPA generally plus counseling specific for DMPA-SC. The content is intended as a reminder of the importance of counseling and referral and to build upon previous training on counseling for family planning.

It is critical that clients receive accurate information and counseling at all stages of contraceptive use—every time they get an injection, and when they transition to a new method. Providers must be able and willing to assist women who are experiencing side effects or those who have concerns about the safety of their contraceptive. It is very important to create confidence and share knowledge, so that the client returns with questions and concerns, if necessary. This increases client satisfaction and client continuation.

#### ■ SLIDE 2: Lesson 5: Learning objectives

1. Review the learning objectives with the participants.
2. Ask if there are any questions.

#### ■ SLIDE 3: Counseling is important

1. Tell the participants:
  - *Remember that client counseling is important even if it is not their first time getting the injection.*
  - *It is important to continue to counsel and support the client when she is experiencing a side effect such as irregular bleeding or amenorrhea.*
  - *In most cases, the provider needs to give reassurance, attention, and a listening ear. Show real interest and concern, share knowledge, and encourage the client to come back anytime she has any questions, concerns, or problems.*

■ **SLIDE 4: Counseling helps clients continue use**

1. Before you show the contents of this slide, ask the clients if they know the number one reason why women stop using injectable contraceptives.
  - *The answer is: changes in vaginal bleeding.*
2. Review the points on the slide with the participants.

■ **SLIDE 5: Side effects of DMPA**

1. Tell the participants:

*It is very important to tell your client about possible side effects. Women who are not counseled about side effects are twice as likely to stop using injectable contraceptives.*

2. Review the common side effects of injectable contraceptives with the participants.
3. Make note that all of these side effects are the same with both DMPA-SC and depo-IM.

■ **SLIDE 6: Key counseling messages for the client (part 1)**

1. Review the counseling messages with the participants.

■ **SLIDE 7: Key counseling messages for the client (part 2)**

1. Review the counseling messages with the participants.
2. Ask the participants if they have any questions.

■ **SLIDE 8: Preventing against STIs and HIV**

1. Review the key points on the slide and tell participants:

*During counseling sessions, make sure your clients understand that hormonal contraception does not prevent against sexually transmitted infections (STIs) including HIV. To prevent STIs, clients should use male or female condoms in addition to DMPA-SC. This is especially important for women in places where HIV is common.*

2. Encourage participants to offer condoms to clients for protection from STIs.
3. Ask participants if they have any questions.

■ **SLIDE 12: What if my client wants to switch to depo-IM? (instructions for referral)**

1. Tell the participants:

*It might happen that your client is not happy with DMPA-SC and wants to switch to depo-IM. It is safe to switch between DMPA-SC and depo-IM as long as she is eligible for reinjection of DMPA. Before making the switch, it is important to find out why your client does not like DMPA-SC. Ask questions and counsel her to make sure that switching will solve the problem. For example, she might not like DMPA-SC because her monthly bleeding has changed. Switching to depo-IM will not solve this*

*problem and it may be more appropriate to reassure her that bleeding changes are normal, and to counsel her on other methods if she still has concerns.*

2. Review the points on the slide with the participants.
3. Ask the participants if there are any questions.

■ **SLIDE 13: What if my client wants to switch to depo-IM? (instructions for depo-IM providers)**

1. Tell the participants:

*It might happen that your client is not happy with DMPA-SC and wants to switch to depo-IM. It is safe to switch between DMPA-SC and depo-IM as long as she is eligible for reinjection of DMPA. Before making the switch, it is important to find out why you client does not like DMPA-SC. Ask questions and counsel her to make sure that switching will solve the problem. For example, she might not like DMPA-SC because her monthly bleeding has changed. Switching to depo-IM will not solve this problem and it may be more appropriate to reassure her that bleeding changes are normal, and to counsel her on other methods if she still has concerns.*

2. Review the points on the slide with the participants.
3. Ask the participants if there are any questions.

■ **SLIDE 14: Group activity: Counseling clients**

1. Tell the participants to use the slides in their Lesson 5 handouts to practice talking about side effects and counseling messages.
2. Tell the participants to take a few minutes to review the messages on the slides.
3. Ask the participants to find a partner to practice role playing in a counseling lesson with a client interested in DMPA-SC.
4. Tell the participants that they have about 15 minutes for each person to role play both provider and client.
5. Walk around the room to provide advice and answer questions.
6. When the lesson is over, ask the participants if they have any questions about the messages.
7. Hand out “Common Questions about DMPA-SC” and the “DMPA Fact Sheet,” and briefly review them with the group. Answer any questions they have about the information.
8. Brainstorm with the group what they should do if a client asks a question about DMPA or DMPA-SC that they do not know the answer to. Where can they go to find the answer or get advice?

■ **SLIDE 15: Lesson 5 quiz: What have you learned about counseling clients?**

1. Review the questions one by one with the participants. Encourage participants to give the answer aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussion if applicable.

2. Below are answers to the quiz questions. Make sure each concept is covered thoroughly during the quiz:
  - What are some side effects of DMPA?
    - *Prolonged or heavy vaginal bleeding, irregular bleeding, or spotting.*
    - *Headaches and dizziness.*
    - *Changes in mood and sex drive.*
    - *Weight gain.*
    - *Abdominal bloating and discomfort.*
    - *Amenorrhea (no bleeding).*
  - What is the most common reason your client might stop using DMPA, and what can you do to help her with this?
    - *The most common reason is changes in bleeding. You can help a woman who still likes the method by telling her that most changes in bleeding are normal. However, if she is very uncomfortable with the side effect, she may wish to try a different method. Give her counseling on other methods available to her.*
  - What should you do if your client is having one or two side effects but still wants to continue DMPA?
    - *Reassure your client that side effects are normal, but if her side effects get worse she should come back (or get emergency care right away if she needs it) and consider another method. It is okay to give her the injection.*
  - What are the key counseling messages that should be given to your clients?
    - *No protection from STIs/HIV. You must also use condoms if you or your partner are at risk.*
    - *Do not massage the injection site.*
    - *Skin may be irritated where injected for a few days.*
    - *Return for your next injection on time (no more than two weeks early or four weeks late).*
    - *If you have any problems or concerns or very heavy vaginal bleeding, see me or (provide referral information if needed). Tell the provider that you received DMPA-SC.*
    - *If the client is switching between DMPA-SC and depo-IM:*
      - *DMPA-SC and depo-IM are equally effective.*
      - *You might have a slight change in vaginal bleeding.*
  - Where can you look to find more answers to questions about DMPA and DMPA-SC?
    - *In the “Common Questions about DMPA-SC” fact sheet.*
    - *In the “DMPA Fact Sheet.”*
    - *(Also review conclusions from the brainstorm about where to find more information and advice.)*

## Lesson 6

### Safe storage of DMPA-SC and safe handling of sharps

Time allotted: 30 minutes



#### PREPARE IN ADVANCE

- Lesson 6 slide handouts for each participant.
- Enough flattened safety boxes for the safety box assembly exercise.



#### INFORMATION FOR THE TRAINER

This lesson is intended to provide information on how to safely store and handle DMPA-SC and other sharps waste. While this lesson makes reference to Uniject, the content applies to all infectious and sharps waste.

#### ■ SLIDE 2: Lesson 6: Learning objectives

1. Tell the participants:

*You might not have worked with many sharps or injections before. In the next lesson, you will learn how to give an injection with DMPA-SC. Before we do that, we will review the best ways to handle sharps to prevent needlestick injuries and infections.*

2. Review the learning objectives with the participants.

#### ■ SLIDE 3: Safe storage and transport of DMPA-SC

1. Review the safe storage and transport guidelines with the participants.

#### ■ SLIDE 4: Safe handling of needles

1. Review all of the safe handling and disposal procedures with the participants.
2. If participants will be keeping safety boxes in their homes, make sure they know the procedures for disposing of them and getting a new box. Also discuss how they will keep any sharps in their homes away from children and animals (pets or house pests).

#### ■ SLIDE 5: Preventing infection

1. Review the guidelines for preventing infection with the participants.

#### ■ SLIDE 6: Caring for a needlestick injury

1. Review the guidelines for caring for needlestick injury with the participants.

■ **SLIDE 7: Group activity: Practice assembling a safety box**

1. Tell the participants:
  - *Sharps waste must be disposed of immediately to prevent injury.*
  - *The best way to dispose of sharps is with a safety box.*
  - *In this activity we will practice putting together a safety box. Follow the instructions on the safety box to put it together.*
2. Distribute safety boxes to participants and have each of them practice putting one together.
3. Clarify instructions if necessary.

■ **SLIDE 8: Lesson 6 quiz: What have you learned about safe storage of DMPA-SC and safe handling of sharps?**

1. Review the questions one by one with the participants. Encourage participants to give the answer aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussion if applicable.
2. Below are answers to the quiz questions. Make sure each concept is covered thoroughly during the quiz:
  - How should DMPA-SC be stored and transported?
    - *Store at room temperature.*
    - *Store and transport out of direct sunlight and heat.*
    - *Store out of reach of children and animals.*
  - What are the ways to handle needles safely?
    - *Discard the needle immediately.*
    - *Do not touch the needle.*
    - *To not recap the needle.*
    - *Do not overfill the safety box.*
    - *Do not dispose of sharps in anything other than a safety box.*
  - What can you do to help prevent infection from a needlestick injury?
    - *Wash hands with soap and running water before and after giving an injection.*
    - *Handle sharps carefully to reduce needlesticks.*
    - *Always use a safety box.*
  - What should you do in case of a needlestick injury?
    - *Wash the wound with soap and running water right away.*
    - *Do not put anything else on the site after washing with soap and water.*
    - *Report needlestick injuries immediately to your supervisor.*



## Lesson 7

### How to give an injection with DMPA-SC

Time allotted: 2 hours



#### PREPARE IN ADVANCE

- Lesson 7 slide handouts for each participant.
- 3-6 unopened Unijects per participant.
- Enough safety boxes for each participant to have one within arm's reach.
- Enough arm models for each pair of participants. Make sure that the "skin" of the injection model can be pinched for the subcutaneous injection. If you do not have commercially made injection models available, a method for making your own is described below.
- Enough handouts of "DMPA-SC Injection Job Aid for Providers" for each participant.
- Enough copies of the checklist for DMPA-SC injection practice for the trainers and the participants to use during the "Practice giving injections" group activity.

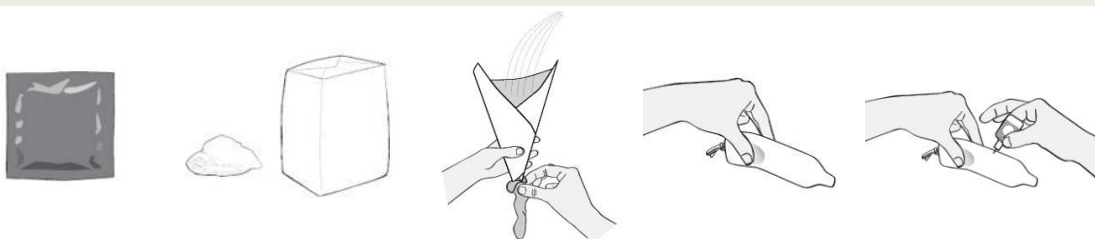
#### How to make a practice subcutaneous injection model

If you do not have injection models to practice on, a simple, low-cost substitute could be soft bread roll, or a condom or balloon filled with sugar, salt, or cotton. Sand or dirt should not be used because it might cause a blockage in the needle. Fruit is not recommended for injection practice unless it is easy to pinch.

To make a practice injection model with a condom:

1. Open a condom packet and unroll the condom. If it is lubricated, you might want to rinse it with water and let it dry so it is easier to fill and use.
2. Stuff the condom with cotton or, for sugar or salt, wrap a piece of paper into a cone shape and insert it into the top of the condom.
3. Fill the condom until it is at least 3/4 full, with enough room to tie off the end.

The homemade injection model should be stiff but still pliable so that it is easy to pinch.





### INFORMATION FOR THE TRAINER

In this lesson, training participants will learn and practice the steps for administering DMPA-SC. This lesson is divided into steps and includes a job aid. Review the handouts/slides that are associated with each step. Have your own set of injection materials and show the participants how to complete each step as you review. Have the participants observe you as you discuss and demonstrate each step. Then, the participants will practice the procedure with a partner, taking turns observing and practicing on a model.

#### ■ SLIDE 2: Lesson 7: Learning objectives

1. Review the objectives with the participants.

*I will be demonstrating how to activate and use Uniject and you will each have a chance to try a few injections at the end of the demonstration*

2. Review the objectives with the participants.
3. Distribute copies of “DMPA-SC Injection Job Aid for Providers.” Instruct the participants to use it to follow along during the demonstration.
4. Ask the participants if they have any questions.

#### ■ SLIDE 3: Prepare the supplies needed for injection

1. Tell the participants (no demonstration needed):

*Make sure you have all the supplies you need before you begin the injection steps:*

- Soap for handwashing.
- DMPA-SC.
- Cotton swabs for cleaning the injection site if dirty (optional for training).
- A safety box for disposing needles.
- A trash bin for disposing other waste.

#### ■ SLIDE 4: Handwashing

1. Tell the participants (no demonstration needed):

- Wash your hands after you have set out your supplies and before you give the injection. This helps prevent infection.
- Wash your hands well with soap and water.
- Let your hands air dry.

#### ■ SLIDE 5: Choose an injection site

1. Review the possible injection sites with the participants.

2. Tell the participants:

- *Let your client choose her preferred injection site among the possible injection sites.*
- *If your client is very thin and it is difficult to pinch enough fat at the site she prefers, ask her if you can try the other sites to get a better pinch.*
- *Remember that DMPA-SC should NOT be injected in the buttocks, hip, or deltoid muscle like with depo-IM.*

■ **SLIDE 6: Clean the injection site if needed**

1. Tell the participants (no demonstration needed):

*There is no need to clean the injection site with water before giving the injection, unless you can see the skin is dirty.*

■ **SLIDE 7: Open the pouch**

1. While demonstrating, tell the participants:

- *Check the date the DMPA solution expires. If the dose has expired, do not use it.*
- *Open the pouch by tearing the small notch and remove the Uniject.*
- *Be sure the DMPA is at room temperature.*

■ **SLIDE 8: Review the parts of Uniject**

1. Review the parts of the Uniject with the participants so that they will understand the vocabulary used in the injection instructions.

■ **SLIDE 9: Mix the solution**

1. While demonstrating, tell the participants:

- *The DMPA solution must be mixed right before it is injected. If you mix it and there is a delay, you must mix it again before you give the injection.*
- *To mix the solution, hold the Uniject by the port and shake it vigorously for 30 seconds.*
- *Do not flick or bend the Uniject. This can damage the Uniject.*
- *After mixing, look to make sure the DMPA is completely mixed and that there is no leaking or damage. If there is leaking or damage, dispose in a safety box and get a new dose.*
- *The Uniject has a full dose of DMPA but it only takes 3/4 of the space in the reservoir. The remaining space is filled with air. This is normal.*

■ **SLIDE 10: Activate the Uniject**

1. While demonstrating, review the activation steps carefully with the participants.

2. Emphasize that it is important to activate the Uniject with the needle pointing straight up. This prevents the drug from spilling out of the needle. If the Uniject is activated this way, drug will not spill even after the Uniject is pointed downward for injection.
3. Emphasize that it is important to hold the Uniject by the port, not by the reservoir, during activation.
4. Emphasize the importance of fully closing the gap between the needle shield and the port.
5. Tell the participants:

*The most common mistake that providers make with Uniject is not closing the gap all the way during the activation step. Now I will show you a few slides to demonstrate why this can be a problem.*

#### ■ SLIDE 11: What is the gap?

1. While demonstrating with your own Uniject, discuss the images provided and make sure that the participants know what the gap is.

#### ■ SLIDE 12: Why is it important to close the gap completely during activation?

1. Show how to fully close the gap with your own Uniject and explain what happens inside the Uniject when the gap is closed:

*When the gap is fully closed, the back side of the needle is pushed into the reservoir. If it is pushed all the way, it will pierce through a barrier and release the drug so that the liquid can go through the needle and into the client during injection.*

#### ■ SLIDE 13: What happens if the gap is not completely closed during activation?

1. With a new Uniject, show what it looks like to close the gap only partway, then remove the cap and try to demonstrate how the drug will not come out of the needle. While doing this, tell the participants:

*If the gap is not fully closed, the back side of the needle will not get pushed all the way into the reservoir. It will not pierce through the barrier and the drug will not come out when you try to inject it. This will cause the client to be uncomfortable and you will have to throw away the Uniject and try it again.*



#### INFORMATION FOR THE TRAINER

Similar to IM injections, there is no need to aspirate or remove the air bubble before injecting. Aspiration is not needed because the short needle and method of injection make it very unlikely to inject into a blood vessel. Eliminating the air bubble before injecting is not recommended because this may cause the client to get a slightly lower dose. Instead, providers must always inject with the needle pointing downward to minimize the amount of air that might be injected. Subcutaneous injection of air is not recommended but is also not harmful in very small amounts.

■ **SLIDE 14: Gently pinch the skin at the injection site**

1. While demonstrating with your arm model, tell the participants:

*Make sure the participant is in a comfortable position for injection.*

- *If the injection will be in the arm, make sure the arm is hanging downward and relaxed.*
- *If the injection is in the anterior thigh, make sure the client is in a sitting position so that the thigh muscle is relaxed.*
- *Gently pinch the skin at the injection site to create a “tent” for inserting the needle.*
- *The pinch is important to make sure the DMPA is injected into the fat, and not into the muscle.*

■ **SLIDE 15: Positioning the needle for insertion**

1. While demonstrating with an injection model, tell the participants:

- *Always hold the Uniject by the port, not by the reservoir when inserting the needle.*
- *DMPA-SC is inserted straight into the skin at a downward angle.*
- *The needle should be pointed downward to avoid injecting air. For injections at the arm and abdomen, the downward angle should be slight to ensure the needle is fully inserted. For injection at the thigh, the client should be sitting so that the injection can be given straight down.*
- *The Uniject port should touch the skin completely to ensure the needle is fully inserted at the correct depth.*

■ **SLIDE 16: Insert the needle (arm)**

1. Ask for a volunteer to help you demonstrate the three injection sites.
2. While demonstrating the correct pinch, injection angle, and Uniject orientation on the participant’s arm with a capped Uniject, tell the participants:

- *The needle should be inserted at a downward angle into the tent of skin in between the tip of the thumb and the tip of the forefinger of the hand pinching the injection site.*
- *The Uniject port should touch the skin to be sure the needle is fully inserted at the correct depth.*
- *It is important to continue holding Uniject by the port as you insert the needle.*

■ **SLIDE 17: Insert the needle (abdomen)**

1. While demonstrating the correct pinch, injection angle, and Uniject orientation on the participant’s abdomen with a capped Uniject, tell the participants:

- *The needle should be inserted at a downward angle into the tent of skin in between the tip of the thumb and the tip of the forefinger of the hand pinching the injection site.*

- *The Uniject port should touch the skin to be sure the needle is fully inserted at the correct depth.*
- *It is important to continue holding Uniject by the port as you insert the needle.*

■ **SLIDE 18: Insert the needle (thigh)**

1. While demonstrating the correct pinch, injection angle, and Uniject orientation on the participant's thigh with a capped Uniject, tell the participants:
  - *The needle should be inserted at a downward angle into the tent of skin in between the tip of the thumb and the tip of the forefinger of the hand pinching the injection site.*
  - *The Uniject port should touch the skin to be sure the needle is fully inserted at the correct depth.*
  - *It is important to continue holding Uniject by the port as you insert the needle.*

■ **SLIDE 19: Squeeze the reservoir**

1. While demonstrating, tell the participants:
  - *Still pinching the skin, move your thumb and forefinger from the port of the Uniject to the reservoir.*
  - *Squeeze the reservoir slowly to inject the contraceptive. This should take about 5-7 seconds.*
  - *There may be a little medication left in the reservoir. This is normal.*
  - *Remove the Uniject and then release the pinched skin.*
  - *The injection site should NOT be massaged by the provider or the client as this may make the body use the contraceptive faster and make it protect the woman for a shorter time.*

■ **SLIDE 20: Discard the Uniject**

1. While demonstrating, tell the participants:
  - *Uniject should be disposed of with the same care as any other sharp, infectious waste.*
  - *Do not put the needle shield back onto the used Uniject.*
  - *Immediately dispose of the Uniject in a puncture-proof container.*
2. Ask the participants if they have any questions about the steps for administering DMPA-SC before they practice on their own.

■ **SLIDE 21: Group activity: Practice giving injections on models**

1. Distribute copies of the checklist for DMPA injection practice, the “DMPA-SC Injection Job Aid for Providers,” as well as sample Unijects, practice arms, and safety boxes for each participant to use.

2. Explain to the participants how to use the checklist to make notations about what they observe.
3. Ask the participants to take turns practicing in pairs—one practicing the subcutaneous injection while the other observes using the checklist for DMPA injection practice and the “DMPA-SC Injection Job Aid for Providers” to provide feedback to their partner.
4. Walk around the room with a copy of the checklist to observe and ensure the participants are using the proper techniques. Correct any improper techniques. Make sure to check the participants’ insertion points and emphasize the correct positioning of the needle. Incorrect placement increases the risk of needlestick injury.
5. If you notice any special problems, interrupt the practice and carefully go through the relevant slides again, demonstrating with a new Uniject and asking the participants to follow along with their own.
6. Make sure you or another trainer observes **each participant** administer the injection from start to finish, following all of the steps in order and correctly, before ending the lesson.
7. After the activity is complete, ask participants to ensure that they have disposed of all used and uncapped Unijects in the safety boxes.

■ **SLIDE 22: Group activity: Practice finding the injection site**

1. Ask the participants to find a partner to practice finding the injection site.
2. Ask the participants to practice gently pinching their partner’s skin at the injection site. **No injections will be given.**
3. Walk around the room to observe the location, size, and direction of the participants’ pinches and provide corrections where necessary.



**INFORMATION FOR THE TRAINER**

The images below illustrate proper pinch size and direction.



■ **SLIDE 23: Participant demonstration 1: Giving DMPA-SC**

1. Ask for a pair of volunteers to come to the front of the room and demonstrate how to pinch the three injection sites.
2. Ask pincher to demonstrate with a capped Uniject or one finger of their free hand where the needle will be injected and how it will be angled.
3. Ask the group if they agree with the techniques or to provide input if any of the techniques are incorrect.

4. Repeat with another pair of volunteers if necessary.

■ **SLIDE 24: Participant demonstration 2: Giving DMPA-SC**

1. Ask a volunteer to come to the front of the room and talk through the process of giving an injection with DMPA-SC. Give them a new, packaged Uniject and a practice injection arm to work with.
2. If the volunteer misses any steps, ask them to pause their demonstration. Ask the group if they know what other steps should be included.
3. Repeat with another volunteer if necessary.
4. If any of the steps seem unclear, revisit the relevant slides with the participants.



## Lesson 8

### Conducting reinjection visits

**Time allotted: 30 minutes**



#### PREPARE IN ADVANCE

- Lesson 8 slide handouts for each participant.
- Handouts of “DMPA ReInjection Job Aid” for each participant. (There are two reinjection job aids: one for facility-based providers and one for community-based providers. Choose the one that is most relevant.)
- Handouts of “Reinjection timing recommendations for DMPA-SC”
- Participants should also have all of the other handouts from the training in order to practice a full mock-reinjection visit.

#### ■ SLIDE 2: Group activity: Conducting reinjection visits

1. Hand out copies of “DMPA ReInjection Job Aid” and “Reinjection timing recommendations for DMPA-SC” to each participant.
2. Tell the participants:

*Before you begin working with clients, it will be important for you to review and learn all of the content provided in this training. To complement this learning, you may wish to keep this job aid with you during injection visits to help remind you of all the major steps for conducting a good injection visit.*

3. Review the “DMPA ReInjection Job Aid” together with the participants line by line, asking the participants to take turns reading the steps aloud.
4. After a participant reads a step containing additional bulleted information, read the bullet aloud and ask a probing question to encourage the participants to follow the instructions in the bullet. For example, if you ask, “If today is her reinjection date, what should you do next?,” participants should reply, “Go to Step 2” (facility-based job aid) or, “Go to Step 4” (community-based job aid). Repeat this process until all of the steps and bulleted instructions on the job aid have been reviewed.
5. Ask the participants to find a partner to practice role playing a reinjection visit with a client interested in getting reinjected with DMPA. Participants should use the tools they have learned to use in the training as appropriate, including the calendars for finding reinjection dates, and the counseling messages learned in the counseling session. For Step 4, participants should talk through the steps of giving an injection but do not need to practice with real Unijects again.
6. Walk around the room in the room to provide advice and answer questions.
7. Let the participants know when to switch places so each partner has a chance to play the client and the provider.

8. When the activity is over, ask the participants if they have any questions about the information in the handout.
9. Ask participants to describe how they can use the job aid to remind themselves how to conduct reinjection visits with clients.

■ **SLIDE 3: Final discussion**

1. Ask the participants for questions and feedback about DMPA-SC and the injection procedure.
2. Ask if they have any questions about the job aids, or about conducting injection visits.
3. Ask questions to see how well participants understood the key messages:
  - Understand that DMPA-SC and depo-IM work the same way, can be used by the same types of women, and have many of the same possible side effects.
  - Use proper subcutaneous injection technique to give a DMPA injection with Uniject.
  - Understand differences between depo-IM and DMPA-SC including:
    - Differences in side effects: Side effects are the same **except** that clients using DMPA may experience irritation at the injection site.
    - DMPA is lower dose than depo-IM, but both drugs are equally effective.
4. Discuss with them any practicum that they will receive where they will have opportunities to counsel clients and give the injection under supervision.
5. Ask how well prepared the participants feel to give the injection.
6. Ask the participants once more if they would like more information about anything discussed in the training.

■ **SLIDE 4: Thank you!**

1. Thank the participants for coming and dismiss them from the training.

## Lesson 9

### How to counsel clients on DMPA-SC self-injection

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**Time allotted: 2 hours**



#### **PREPARE IN ADVANCE**

Documents available at [www.path.org/resources/dmpa-sc-training-materials](http://www.path.org/resources/dmpa-sc-training-materials):

- Lesson 9 slide handouts for each participant.
- Client instruction booklet.
- Blank calendars.
- Observation checklist for DMPA-SC self-injection practice.
- “Reinjection timing recommendations for DMPA-SC” (optional).

Supplies:

- Injection models (see “Lesson 7: How to give an injection with DMPA-SC” for instructions on making an injection model).
- Examples of homemade sharps containers.
- Soap and water.

#### ■ **SLIDE 2: Learning objectives**

1. Cover the learning objectives.
2. Emphasize the importance of taking time to train clients thoroughly to ensure their success with self-injection on their own.

#### ■ **SLIDE 3: Prepare materials needed for client counseling**

1. Hold up the three key documents needed to train clients:
  - Self-injection instruction booklet.
  - Reinjection calendar.
  - Observation checklist for self-injection practice.

2. Tell the participants:

*You will need to give the instruction booklet and reinjection calendar to your clients. The observation checklist is for your use to evaluate each client. These materials will help you train clients to self-inject DMPA-SC and to calculate and remember their reinjection date. Later in today’s training, we will discuss how to use these materials during the client counseling session.*

3. Hand out the three documents to participants.

■ **SLIDE 4: Prepare supplies needed for client counseling**

1. Show providers the supplies they will need for training sessions with clients.

■ **SLIDE 5: DMPA-SC storage**

1. Tell the participants:

*Before we discuss the client counseling session, we are going to address the logistics of storage and disposal of DMPA-SC. It is important to explain these tasks to your clients.*

2. Emphasize that DMPA-SC should be stored in a safe place, away from extreme heat or cold.
3. Discuss with participants possible locations where their clients could safely store DMPA-SC at home.
4. Providers should also explain to their clients that they and others should avoid touching the needle to prevent a needlestick injury or infection.

■ **SLIDE 6: DMPA-SC disposal**

1. Refer to **Step 11** in the instruction booklet. Explain the options for DMPA-SC disposal.
  - After the injection, clients should immediately discard device in a puncture-proof container such as a wide-mouth bottle or jar with a lid that can fit in a purse.
  - They should keep the container in a safe place, away from children, until:
    - They can give it to a health worker to be thrown out at a clinic.

**OR**

  - The client can throw out the device in a pit latrine if there are no other options. It should not be thrown in a toilet.
2. Show examples of homemade puncture-proof sharps containers, such as:
  - Wide-mouth soda bottles with lids.
  - Petroleum jelly containers with lids.
3. Emphasize the importance of explaining to clients that the used DMPA-SC device is hazardous and that safe disposal is critical.
4. Ask participants for their ideas on practical local and safe solutions for disposal (e.g., commonly available puncture-proof containers and common sharps disposal practices).

■ **SLIDE 7: Demonstrate injection technique**

1. Remind participants that they should have injection models ready before they meet with clients.
2. Providers should have their clients follow along in the booklet during the injection demonstration. Explain that it is important for clients to become familiar with the booklet so they can use it as a guide when they are injecting on their own—the booklet will serve as their primary resource.
3. Demonstrate the injection to the group according to **Steps 1–10** in the booklet. You may want to ask another trainer or participant to hold up the booklet pages while you demonstrate the injection. Encourage participants to follow along using their booklets.

## ■ SLIDE 8: Client practice on an injection model

1. Explain that the client will use instruction booklet **Steps 1–10** to practice with a device and injection model until she can successfully give an injection. The provider can turn the pages while the client goes through the steps.
2. The provider should record the client’s performance using the self-injection observation checklist. Hold up the checklist and make sure participants have copies to review.
3. The first five observation columns are for client practice on an injection model. Clients should practice as many times as needed to achieve injection competence—it could be more or less than five times.
4. The sixth observation column (SI) is for client self-injection.
5. For each practice attempt, write S (satisfactory), U (unsatisfactory), or ND (not done) in the box for each step.
6. After each practice injection, circle any of the **5 critical steps highlighted in bold** that the client did NOT do correctly. Then review those steps with the client before her next practice injection. The critical steps are:
  - Step 2: Selects an appropriate injection site and cleans it if needed.
  - Step 4: Mixes the liquid by shaking the device vigorously for about 30 seconds.
  - Step 5: Pushes the needle cap and port together to activate the device.
  - Step 7: Pinches the “skin” at the injection site to form a “tent”.
  - Step 9: Presses the reservoir slowly to inject for about 5 to 7 seconds.
7. Steps that have been shown in research to be most prone to error include mixing the solution, activating the device, and pressing the reservoir slowly. Be sure to emphasize these.
8. Ask participants if they have questions about how to train their clients.

## ■ SLIDE 9: Client self-injection

1. When the client is able to successfully give an injection using the model, she will be ready to give herself an injection, using the booklet for guidance.

## ■ SLIDES 10–12: Group activity: Practice training clients how to self-inject

1. Ask the participants to find a partner to practice role playing. Participants should take turns as “provider” and “client” to go through the booklet steps. Participants should use the information they have learned in the previous slides, focusing on **Steps 1–10** in the client instruction booklet.
  - The provider should first orient their client on how to properly inject by following the steps in the instruction booklet.
  - The provider should go through each step with the device while turning through the booklet pages (and encourage clients to assist in turning the pages, especially for Steps 7–10). This will help clients become familiar with the booklet so they can use it as a reference when they are injecting on their own.
  - Providers should use the self-injection checklist to monitor each client’s performance.
  - Then the client should inject the model, using the booklet as a guide for each step. The provider should turn the pages while the client goes through the steps.

- The provider should discuss with the client her options and plans for DMPA-SC storage and disposal.
- 2. Walk around the room to provide guidance and answer questions.
- 3. Tell participants when to switch places so each partner has a chance to role play as the client and the provider.
  - When they switch, encourage participant pairs to discuss with each other what went well, what was challenging, and what could be improved.
- 4. When the activity is over, ask for two volunteers to present their role play in front of the entire group.
  - If the group is very large, participants could break into smaller subgroups for these presentations.
- 5. Encourage participants to give helpful feedback to the pair.
- 6. Ask participants if they have questions about the information in the self-injection booklet.
- 7. After they have had a chance to practice in role plays, ask participants to describe ways they can help clients learn to self-inject.

■ **SLIDE 13: Teach your client how to calculate reinjections**

1. As you cover the information on the slides, hold up the blank DMPA-SC calendar and the self-injection checklist, and turn to **Step 12** in the booklet.
2. Emphasize the importance of training clients to calculate their reinjection dates, even if it might seem easier for providers to calculate the dates for their clients.
  - We want clients to be independent and in charge of their health.
  - Each client should be empowered to calculate her reinjection date to help ensure protection from pregnancy.

■ **SLIDES 14 and 15: Teach your client how to calculate reinjections**

1. Explain to participants the process of circling the current injection date, counting three months, and circling the next injection date.
2. Use the calendar image on slide 15 to help illustrate this process.
3. Ask participants if they anticipate any challenges for their clients, such as counting months or writing dates. Ask for their ideas on how to help guide clients in this process.

■ **SLIDE 16: Help your client remember her reinjection date**

1. After covering the slide content, ask participants if they have ideas for techniques that clients, particularly those who are low literate, can use to remember their reinjection dates.

■ **SLIDES 17–21: Explain the reinjection window to your client**

1. Review with participants the information about the reinjection window in the booklet and slides.
2. The World Health Organization reinjection recommendations for all DMPA products:
  - DMPA reinjections should be administered every 3 months (13 weeks).
  - Reinjections can be given up to 2 weeks early.

- Reinjections can be given up to 4 weeks late without requiring additional contraceptive protection.

While DMPA can be given up to 4 weeks late if necessary, this does not mean that the regular DMPA injection interval can be extended by 4 weeks. It is intended only as a backup for women who are not able to make their 3-month injection.

3. Further information is available in “Reinjection timing recommendations for DMPA-SC”. You may wish to share printed copies of this handout with participants.
4. When explaining the reinjection window, emphasize again the importance of empowering clients with full information to be in charge of their health.
  - For example, a client should not have to return to the clinic if she is only a day or a week late for her injection.
  - We also want to avoid a situation in which the client decides not to give herself the injection at all because she missed her reinjection date, not understanding that she has up to 4 weeks after the date.
5. Use the calendar images on slides 19 and 20 to illustrate the reinjection window and how to train clients to recalculate their reinjection date if they miss their scheduled injection.
6. Ask participants for ideas regarding how they can help clients understand the reinjection window and how to recalculate their reinjection.

### ■ **SLIDES 22 and 23: Group activity: Counseling clients on reinjection calculation**

1. Ask the participants to find a partner. Participants should either be the “provider” or the “client.”
2. Make sure all participant pairs have a booklet and a blank calendar.
3. Give each pair one of two scenarios (time permitting, all pairs could do both scenarios):
  - Your client was scheduled to give herself an injection on June 6. However, she calls you and says she actually gave herself the injection on June 21. How would you advise her?
    - The provider should use the yearly calendar and booklet to explain that the injection is still within the reinjection window. Then the provider should help the client recalculate her next injection date.
  - Your client has limited reading skills. How would you train her to use the DMPA-SC calendar to schedule her injection?
    - The provider and client should discuss strategies the client typically uses to remember important appointments or dates.
4. Walk around the room to provide guidance and answer questions.
5. When the activity is over, ask for feedback from participants on how they handled each scenario and discuss as a group.

### ■ **SLIDE 24: Common side effects and other information**

1. Explain that providers should cover the counseling messages they have learned in previous DMPA-SC or depo-IM trainings when meeting with self-injection clients.
  - For reference, refer to “Lesson 5: Counseling clients about DMPA and DMPA-SC”.
2. Review the **Common DMPA-SC side effects** page at the end of booklet, reading the side effects out loud.

■ **SLIDE 25: Returning to fertility after stopping use of DMPA-SC**

1. Emphasize the importance of explaining clearly to clients that it may take time for women to become pregnant after discontinuing DMPA-SC.
2. People are often misinformed about this topic, so it is important to make sure clients understand.

■ **SLIDE 26: HIV and STI prevention**

1. Participants should explain to their clients that DMPA-SC does not protect from HIV and other sexually transmitted infections (STIs), and that women at high risk for HIV infection should use condoms in addition to DMPA-SC.
2. Encourage participants to offer condoms to clients for protection from HIV and other sexually transmitted infections.

■ **SLIDES 27–28: HIV prevention**

1. Review the counseling messages on the slide—further information on this topic is covered in Lesson 5.
2. Remind the participants:

*WHO advises that, in countries and populations where HIV is common, providers should clearly inform women how to protect themselves from HIV so that each woman can make a fully informed choice.*

3. Ask participants if they have any questions.

■ **SLIDE 29: Before your client leaves**

1. Discuss with participants who (e.g., a health worker or clinic) clients should contact if they have questions or concerns. Point out the last page in the booklet where a phone number can be provided.
2. Remind participants to check the expiration date before giving DMPA-SC packages to clients. Providers need to make sure that DMPA-SC units will not expire before the client's last scheduled self-injection.

■ **SLIDE 30: Client self-injection package**

1. Discuss the process for sending clients home with self-injection supplies and information.
2. The number of DMPA-SC units given to clients for future self-injections will be determined according to the local family planning program—be sure to adapt accordingly.

■ **SLIDE 31: Topics to cover with your client**

1. Review the key topics with participants and ask if they have any questions.

■ **SLIDE 32: Thank you**

1. Thank participants for their time and congratulate them for completing this lesson.