

Federal Ministry of Health, Nigeria

DMPA-SC: A GUIDE FOR TRAINERS OF INJECTION-EXPERIENCED PROVIDERS

 Faity Planing Methods

Modern Family Planning Methods: Safe and Trusted **JAN 2019**

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FOREWORD

The Federal Government of Nigeria through the Federal Ministry of Health in collaboration with a relevant stakeholders has taken steps towards the introduction and scale up of another variety of Injectable Contraceptives, the Depot-medroxyprogesterone Acetate-Subcutaneous (DMPA-SC) into the country's family planning method mix. The steps which commenced with a pilot programme implemented in the South West and South East Zones in 2015 was in line with the determination of Government towards finding sustainable solutions to the very poor maternal health indices in the country. The aim has been to make available a wide variety of contraceptive commodities expected to help in promoting equity of access and improve uptake of family planning services by Nigerians of reproductive age.

The success recorded in the course of piloting necessitated the convening of a Visioning Meeting in February 2017 during which stakeholders reached a consensus on the need for nationwide provision of DMPA-SC through a variety of service delivery channels including health facilities in the public and private sectors as well as community-based distribution structures. The DMPA-SC Introduction and Scale-Up Strategic Plan were subsequently developed to serve as a guide and provide necessary direction towards an effective and efficient provision of DMPA-SC alongside other existing family planning services.

The DMPA–SC Training Guidewhich has been developed for use in building the capacity of service providers is considered by the Federal Ministry of Health and other stakeholders as a very important tool in facilitating the comprehensive rollout of the DMPA-SC Strategic Plan even to the hard-to-reach parts of the country. It is a proven fact that correct use of the Training Guides or Manuals usually enhances quality and cost-effectiveness of health service delivery. It becomes important therefore for all to see the DMPA-SC Training Guide as central to the successful delivery of DMPA-SC information, services and commodities to potential users in every Nigerian community. I sincerely believe

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that this will contribute significantly to our ability to meet and even surpass our national target of 27% modern Contraceptive Prevalence Rate by 2020.

I am convinced that proper utilization of the Training Guide will go a long way in equipping service providers and other implementers at all levels of the healthcare service delivery with the skills and knowledge to adequately respond to service delivery requirements as well as issues that may arise from the implementation of the DMPA-SC Strategic Plan in Nigeria. Consequently, I strongly commend the DMPA-SCTraining Guide to all stakeholders across public, private and social marketing sectors for use in conducting capacity building interventions for their service providers. I assure every stakeholder that the Federal Ministry of Health will as always provide the leadership in the coordination of mechanisms to promote compliance with the contents of the Training Guide.

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Professor Isaac F. Adewole, FAS, FSPSP, FRCOG, D.SC (Hons) Honourable Minister

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The development of the Depot-medroxyprogesterone Acetate-Subcutaneous (DMPA-SC) Training Guide for use in capacity building of service providers in Nigeria was one of the key outcomes of the coordinated efforts of the Federal Ministry of Health in collaboration with relevant stakeholders towards a further expansion of the country's family planning method mix. The Ministry takes cognizance of the understanding, zeal and determination exhibited by the numerous stakeholders in the process of developing the Training Guide and appropriately obliged to acknowledge and appreciate them individually and collectively. We are highly appreciative of all the Ministries, Departments and Agencies (MDAs) of the Federal Government of Nigeria, State Ministries of Health, Development Partners, Implementing Partners, Civil Society Organizations and Non-Governmental Organizations who made valuable inputs at different stages of the development of the Training Guide.

The Ministry's special recognition and thanks go to the PSN-PACFAH Access Collaborative Project of John Snow Incorporated for the technical and financial support provided to facilitate the initiation and finalization of the Training Guide. Our sincere commendation goes to Dr. Adewole Adefalu for the tremendous work done to ensure a successful development process. The Consultant, Professor Olayemi Oladapo, is particularly recognized in a very special way for working tirelessly in providing needed technical support towards the eventual finalization of the Training Guide as well as the Training Roll-Out Plan.

The Ministry extends special recognition and gratitude to the staff of the Reproductive Health Division, Family Health Department in the Federal Ministry of Health under the leadership of Dr. Kayode Afolabi, Director and Head of Reproductive Health Division for effectively and efficiently coordinating the implementation of the various tasks involved in producing the training manuals.

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INTRODUCTION

Time: 30 minutes

This manual is for those with prior training in the use of family planning methods especially DMPA-SC.

Time	Teaching Method	Content	Materials Needed
10 min.	Lecture	 Introduction 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. 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, etc. 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 (Sayana Press®) is delivered in an all- in-one injection system called Uniject that is already filled with DMPA that can be injected subcutaneously. 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. 	DMPA SC, demo placebo.

 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. Ask the participants if they have any questions. Lead a "getting to know you" activity to help you and the participants get to know each other. 	
 SLIDE 4: Training objectives 2. Review the training objectives with the participants. Ask if the participants have anything to add or have other expectations for this training. Add relevant objectives to the list if it is possible or find another way to address participant expectations through additional training or information resources. 	Handouts
 SLIDE 5: Training agenda 3. Review the training agenda and timing with the participants. Ask if the participants have any questions before beginning the first lesson. 	

LESSON 1: WHAT IS DEPOT MEDROXYPROGESTERONE ACETATE (DMPA)?

Time: 90 minutes

Learning Objectives

- 1. Explain what injectable contraceptives are.
- 2. Explain what the Acronym DMPA stands for and what kind of injectable contraceptive DMPA is.
- 3. Describe how DMPA works.
- 4. List the different names of DMPA.
- 5. Explain why women might like or not like DMPA.

Time	Teaching Method	Content	Materials Needed
5 min.	Icebreaking	Introduction	
		1. Ask the participants to participate in jokes or exercises.	
5 min.	Lecture	SLIDE 2: Lesson 1: Learning objectives 2. Tell the participants:	PowerPoint presentation and Slide Handouts
		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.	
		 Review the learning objectives for this lesson and ask the participants if they have any additional objectives or questions. 	
5 min.	Lecture	SLIDE 3: What are injectable contraceptives? 4. Review the characteristics of injectable	DMPA Fact Sheet,
		 contraceptives from the slide and the "DMPA Fact Sheet" with the participants. 5. Ask the participants if they have any questions. 	PowerPoint presentation and Slide Handouts

Time	Teaching Method	Content	Materials Needed
5 min.	Lecture	SLIDE 4: Two major types of injectable contraceptives	PowerPoint
		 Review the two major types of injectable contraceptives with the participants. Tell the participants: Since this training deals only with the progestinonly injectable contraceptive DMPA, we will focus on this type of contraceptive during the rest of the lesson. 	presentation and Slide Handouts
5 min.	Lectures	SLIDE 5: How do progestin-only injectables work?	
		8. Review the slide with the participants.	
5 min.	Lectures/	SLIDE 6: What is DMPA?	
	Brainstorming	 Review the slide with the participants. Make sure that the participants understand that Depo-IM and DMPA-SC are different presentations of the same drug (the progestin-only injectable, DMPA). 	
5 min.	Lectures	SLIDE 7: Why women might like DMPA	PowerPoint
		 11. Tell the participants: <i>The clients that you will see might already be</i> <i>using Depo-IM so might already be aware of its</i> <i>benefits. But it will be helpful to remind the</i> <i>clients of the benefits while you are counseling</i> <i>them.</i> 12. Review the reasons women might like DMPA with the participants. 	presentation and Slide Handouts
5 min.	Lecture	SLIDE 8: Why women might not like DMPA	PowerPoint
		Review the reasons women might not like DMPA with the participants.	presentation and Slide Handouts
30	Presentations	SLIDE 9: Group activity: Practice talking about DMPA	DMPA Fact
min.		 13. Review the instructions for the activity with the participants. 14. 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. 15. Let the participants know when to switch places so that each partner has the same amount of time to practice talking about injectable contraceptives. 	Sheet

Time	Teaching Method	Content	Materials Needed
		16. Before moving to the next activity, ask the participants if they have any questions about the information in the fact sheet.	
20 min.	Exercises and Brainstorming	participants if they have any questions about	DMPA Fact Sheet, PowerPoint presentation and Slide Handouts
		 growing there. What are some different names of DMPA? Depo-Provera (Depo-IM), Subcutaneous DMPA (DMPA-SC), available brand is Sayana Press® 	
		 What are some reasons that women may like DMPA? Safe. Effective. 	

Time	Teaching Method	Content	Materials Needed
		 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?

Time: 30 minutes

Learning Objectives

- 4. Explain what Uniject is and how it works.
- 5. Name the parts of a Uniject.
- 6. Explain the expected benefits of Uniject.

Time	Teaching Method	Content	Materials Needed
5 min.	Lecture	 SLIDE 2: Lesson 2: Learning objectives 7. Tell the participants: In this lesson we will discuss Uniject, which is the injection system that you will use to give DMPA-SC. 8. Review the learning objectives for this lesson and ask the participants if they have any additional objectives or questions. 	PowerPoint presentation, Slide Handouts, Flip charts and Markers
5 min.		 SLIDE 3: What is Uniject? 9. Tell the participants: The Uniject is a small, pre-filled 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 and clients. Non-reusable to prevent diseases such as HIV and hepatitis B or C from being passed from one client to another. Small in size for easy transport and disposal. 	PowerPoint presentation and Slide Handouts DMPA Vials Uniject Samples

Time	Teaching Method	Content	Materials Needed
10 min.	Demonstration	 SLIDE 4: Names of the parts of Uniject 10. Review each part of Uniject with the participants. 11. 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 client for an injection, the reservoir should be pressed 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 usage. This auto disable feature is similar to the syringes used for DMPA-IM injections and helps prevent the spread of diseases like HIV/AIDS from the 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 for DMPA-IM injections. Needle Cap: The needle shield keeps the Uniject needle sterile and helps prevent needle sterile and helps prevent needle sterile and helps prevent needle sterile 	PowerPoint presentation and Slide Handouts Uniject Samples Safety Box

Time	Teaching Method	Content	Materials Needed
		injury 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.	
5 min.	Lecture	 SLIDE 5: Expected benefits of Uniject 12. Tell the participants: There are several advantages of 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 who have spent less time in health related training. 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 during home visits. DMPA-SC helps to ensure 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 in different countries to give medicines and vaccines. Clients may prefer the smaller needle used for the subcutaneous injection. 	PowerPoint presentation and Slide Handouts
5 min.	Brainstorming/ Exercises	 SLIDE 6: Lesson 2 quiz: What have you learned about Uniject? 13. Review the questions one by one with the participants. Encourage the participants to give the answers aloud. If one participant does not have the correct answer or provides 	All Materials

Time	Teaching Method	Content	Materials Needed
		 an incomplete answer, try asking if another participant has more information. Encourage discussions if applicable. 14. Below are the answers to the quiz. 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 DMPA-IM?	
		 The Uniject needle for DMPA-SC is shorter than a DMPA-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 CHWs and other non-facility-based health workers. Contributes to safety. Prefilled with the correct dose. Assures of sterile injection (free from infection). Less waste to dispose of. 	

LESSON 3: DMPA-IM AND DMPA -SC: TWO PRESENTATIONS OF THE SAME FORMULA

Time: 60 minutes

Learning Objectives

- 1. Describe the key features of DMPA-SC.
- 2. Describe how DMPA-IM and DMPA-SC are similar and how they are different.

Time	Teaching Method	Content	Materials Needed
5 min.	Lecture	 SLIDE 2: Lesson 3: Learning objectives 15. Tell the participants: In this lesson we will discuss what DMPA-SC is, and how it is similar to DMPA-IM. We will also point out how they are different. Review the learning objectives with the participants. 	PowerPoint presentation and Slide Handouts
10 min.	Lecture	 SLIDE 3: What is DMPA-SC? 16. Tell the participants: DMPA-SC is a new presentation of DMPA DMPA-SC is of a lower-dose than DMPA-IM. It contains 104 mg of DMPA rather than the 150 mg in Depo-IM. The dose is smaller, but it is as equally effective as 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. 	PowerPoint presentation and Slide Handouts

Time	Teaching Method	Content	Materials Needed
	Lecture	 Currently, the subcutaneous form of DMPA is only available as Sayana Press®. Ask the participants if they have any questions. SLIDE 4: How DMPA-IM and DMPA- 	PowerPoint
15 min.		 SC are similar Review the similarities with the participants: Are progestin-only injectable contraceptives. Are made with the same drug, DMPA. Are delivered every 3 months (13 weeks). Have a similar reinjection grace period. Are equally effective. Have the same side effects, except that DMPA-SC might cause temporary irritation at the injection site. Ask the participants if they have any questions. 	presentation and Slide Handouts
	Lecture	 SLIDE 5: How DMPA-IM and DMPA-SC are different 17. Review the differences with the participants. Make special mention of the fact that side effects are the same between the two presentations EXCEPT that DMPA-SC may cause a temporary, mild to moderate skin irritation at the injection site. Ask the participants if they have any questions. 	PowerPoint presentation and Slide Handouts

Time	Teaching Method	Content	Materials Needed
15 min.		SLIDE 6: Lesson 3 quiz: What have you learned about DMPA-IM and DMPA-SC?	All materials, including MEC Wheel
		Review each question with the participants. Encourage the participants to give the answers aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussions if applicable. Below are the 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 DMPA- IM. 	
		How are DMPA-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 DMPA-IM?	
		 Minor or moderate skin irritation at the injection site for a few days. 	
		How else is DMPA-SC different	
		 from DMPA-IM? DMPA-SC is a subcutaneous injection, whereas DMPA-IM is intramuscular. DMPA-SC is DMPA prefilled (the single dose needed is already measured) as Uniject, 	

Time	Teaching Method	Content	Materials Needed
		whereas DMPA-IM is DMPA in	
		a vial/bottle but the right dose	
		must be measured by the	
		provider and is given from a	
		standard syringe.	
		• DMPA-SC is lower dose than	
		DMPA-IM.	

NOTE: 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.

LESSON 4: SCREENING CLIENTS WHO WISH TO CONTINUE USING DMPA

Time: 90 minutes

Learning Objectives

- 1. Describe who can and cannot continue using DMPA.
- 2. Demonstrate how to make sure the client is on time for her injection.
- 3. Demonstrate how to find the client's next injection date.
- 4. Explain what to do if the client is late for reinjection.

Preparation

- Lesson 4 slide handouts for each participant.
- Handouts of the 2018–2019 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.

Time	Teaching Method	Content	Materials Needed
5 min.	Lecture	SLIDE 2: Lesson 4: Learning objectives	
		Review the learning objectives with the participants.	
10 min	Lecture	 SLIDE 3: Who can use DMPA 5. 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 antiretrovirals (drugs used to treat HIV) Make note that eligible women can choose to use either DMPA-IM or DMPA-SC. 	PowerPoint presentatio n and Slide Handouts

Time	Teaching Method	Content	Materials Needed
3 min.	Lecture	SLIDE 4: Who should not continue using DMPA (part 1) Review with the participants the conditions that women may have developed since their last injection which make it unsafe for them to	PowerPoint presentatio n and Slide Handouts
7 min.	Lecture	 continue using injectable contraceptives. SLIDE 5: Who should not continue using DMPA (part 2) 6. Review with the participants the conditions that women may have developed since their last injection which make it unsafe for them to continue using injectable contraceptives. Make note that these women should not continue to use either DMPA-IM or DMPA-SC. 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. 	MEC wheel, PowerPoint presentatio n and Slide Handouts
5 min.	Demonstration	 SLIDE 6: Check that your client is on time for reinjection 7. 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. Remember that the injection is for 3 months or 13 weeks. Review the points on the slide with the participants. Ask the participants if there are any questions. 	Reinjection job aid and Calendar Handouts
5 min.	Demonstration	 SLIDE 7: What if my client is more than four weeks late for reinjection? 8. Review the points on the slide with the participants. 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. Ask the participants if they have any questions 	Reinjection job aid and Calendar Handouts

Time	Teaching Method		Content		Materials Needed
5	Demonstration	SLIDE 8: What if	my client is more th	an four weeks late	Reinjection
min.		and pregnancy c	annot be ruled out?		job aid and
		participant Depending on discuss what th she is pregnant need to refer he or pelvic exam, until her next m Review relevant on the job aid f	the type of provide e client should do t. Community-base er to a facility for a or tell her to use a nenstrual cycle. t information with	er being trained, next to find out if ed providers may a pregnancy test a backup method the participants	Calendar Handouts
10	Group Work	SLIDE 9:			All
min.	Brain Storming		heck that your clien	t is on time for	Materials
	brain scorring	reinjection			
		 10. Hand out the practice calendars to each participant. 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. Walk around the room to make sure everyone is on track and to answer any questions. 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 2018	11 March 2019	8 April 2019	
		9 January 2018	10 April 2018	8 May 2018	
		12 March 2018	11 June 2018	9 July 2018	
		4 July 2018	3 October 2018	31 October 20181	

Time	Teaching Method	Content	Materials Needed
		What should you do if your client received her last injection on 12 March 2018 and arrives for reinjection on 13 July 2018?	
		 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. If any participants are having trouble finding the answers, review the content again and practice counting to the injection dates togethe using the practice calendars 	r
3 min.	Demonstration	SLIDES 10 and 11: Example calendars	Calendar Handouts
7 min.	Demonstration	 SLIDE 12: Decide the next injection date Tell the participants: After giving the DMPA injection, you will need to calculate when your client should get her next injection. Review the points on the slide with the participants. 	Calendar Handouts
		Ask the participants if there are any questions.	
15	Group Work	SLIDE 13:	Calendar
min.	Brain Storming	 Group activity: Decide the next injection date 11. 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. Walk around the room to make sure everyone is on track and to answer any questions. 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: 	job aid
		Injection date Next injection date	
		21 November 2018 20 February 2019	
		7 February 2018 9 <i>May 2018</i>	
		16 June 2018 15 September 2018	

Time	Teaching Method	Content	Materials Needed
		10 September 2018 <i>10 December 2018</i>	
		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. If any participant is having trouble finding the answers, review the content again and practice counting to the reinjection date together using the practice calendars. 	
5 min.	Demonstration	SLIDES 14 and 15: Example calendars	Calendar Handouts
10 min.	Presentation	 SLIDE 16: Lesson 4 quiz: What have you learned about screening clients? 12. Review each question with the participants. Encourage the participants to give the answers aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussions and information sharing. Below are the 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 	All Materials, including MEC Wheel

Time	Teaching Method	Content	Materials Needed
		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: SAFE STORAGE OF DMPA-SC AND SAFE HANDLING OF SHARPS

Time: 30 minutes

Learning Objectives

- 1. Explain how to safely store and transport DMPA-SC.
- 2. List the ways of handling needles safely.
- 3. Describe how to protect yourself and your clients from infection and needlestick injury.
- 4. Demonstrate how to assemble the safety box.

Preparation

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

Time	Teaching Method	Content	Materials Needed
2 min.	Lecture	 SLIDE 2: Lesson 6: Learning objectives 5. 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 	PowerPoint presentation and Slide Handouts
		with DMPA-SC. Before we do that, we will review the best ways to handle sharps to prevent needlestick injuries and infections. Review the learning objectives with the participants.	
2 min.	Lecture	SLIDE 3: Safe storage and transport of DMPA-SC Review the safe storage and transport guidelines with the participants.	PowerPoint presentation and Slide Handouts
2 min.	Lecture	 SLIDE 4: Safe handling of needles 6. Review all the safe handling and disposal procedures with the participants. 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). 	PowerPoint presentation and Slide Handouts

Time	Teaching Method	Content	Materials Needed
2	Lecture	SLIDE 5: Preventing infection	Job aids
min.		Review the guidelines for preventing infection with the participants.	
2	Lecture	SLIDE 6: Caring for a needlestick injury	PowerPoint presentation
min.		Review the guidelines for caring for needlestick injury with the participants.	and Slide Handouts
15 min.	Group work Brainstorming	 SLIDE 7: Group activity: Practice assembling a safety box 7. 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. Distribute safety boxes to participants and have each of them practice putting one together. Clarify instructions if necessary. 	PowerPoint presentation, Slide Handouts, Safety Box and Post- exposure Prophylaxis Protocol
5 min.	Presentation	 SLIDE 8: Lesson 6 quiz: What have you learned about safe storage of DMPA-SC and the safe handling of sharps? 8. Review each question with the participants. Encourage the participants to give the answers aloud. If one participant does not have the correct answer or provides an incomplete answer, try asking if another participant has more information. Encourage discussions if applicable. Below are the 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. 	

Time	Teaching Method	Content	Materials Needed
		• 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. Do 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 needlestick injuries Always use a safety box. 	
		What should you do in case of a needlestick injury?	
		 Wash the wound with soap and running water immediately. 	
		 Do not put anything else on the site after washing with soap and running water. 	
		 Report needlestick injuries immediately to your supervisor and consult Post-Exposure Prophylaxis Protocol. 	

LESSON 6: HOW TO GIVE DEPOT MEDROXY PROGESTERONE ACETATE SUBCUTANEOUS (DMPA-SC) INJECTION

Time: 120 minutes

Learning Objectives

To:

- 1. Prepare the Uniject for injection.
- 2. Identify the three appropriate injection sites.
- 3. Give DMPA-SC in the correct way.
- 4. Follow safe disposal methods.

Preparation

- 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 model for subcutaneous injection

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

To make a practice model using 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 three-quarters 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.

Time	Teaching Method	Content	Materials Needed
2 min.	Lecture	 SLIDE 2: Lesson 7: Learning objectives 4. 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. 5. Distribute copies of DMPA-SC Injection Job Aid for the participants to use and follow during the demonstration. 6. Ask the participants if they have any questions. 	PowerPoint presentation and Printout of presentation slides Provider Job Aids.
2min.	Lecture	 SLIDE 3: Prepare the supplies needed for injection 7. Tell the participants (no demonstration needed): Make sure you have all the supplies you need before you begin the injection steps: Running water Soap for handwashing. DMPA-SC Cotton swabs for cleaning the injection site A safety box or puncture-proof container (plastic/tin) for disposing of the Uniject A bin for disposing of other waste. 	PowerPoint presentation and Printout of presentation slides, water and soap.
5 min.	Lecture	 SLIDE 4: Handwashing 8. Tell the participants: Set out your supplies. Wash your hands well with soap and running water. This helps prevent infection. Air dry your hands. 	PowerPoint presentation and Printout of presentation slides, water and soap

Time	Teaching Method	Content	Materials Needed
2 min.	Lecture	 SLIDE 5: Choose an injection site 9. Review the possible injection sites with the participants. 10. Tell the participants: Identify the injection sites: back of the upper arm, abdomen and front of the thigh. 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 skin 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 DMPA-IM. 	PowerPoint presentation and Printout of presentation slides
3 min.	Lecture	SLIDE 6: Clean the injection site 11. Tell the participants to clean the injection site with a skin antiseptic such as methylated spirit.	PowerPoint presentation and Printout of presentation slides, skin antiseptic, e.g. methylated spirit, cotton swabs and a bin.
5 min.	Demonstration	 SLIDE 7: Open the pouch 12. While demonstrating, tell the participants: Be sure the DMPA-SC is at room temperature. Check the expiry date on the DMPA-SC. DO NOT USE IT IF EXPIRED. 	Uniject, DMPA-SC and Job Aid

Time	Teaching Method	Content	Materials Needed
		 Open the pouch by tearing the small notch and remove the Uniject. 	
5 min.	Demonstration	SLIDE 8: Review the parts of the Uniject Review the parts of the Uniject with the participants so that they will understand the injection instructions.	Uniject DMPA-SC and Job Aid
5 min.	Demonstration	 SLIDE 9: Mix the solution 13. While demonstrating, tell the participants: 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. 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 	Uniject DMPA-SC, Printout of presentation slides and Job Aid
		 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 leakage or damage. If there is leakage or damage, dispose in a safety box and get a new dose. 	
10 min.	Demonstration	 SLIDE 10: Activate the Uniject 14. While demonstrating, review the activation steps carefully with the participants. 15. Emphasize that it is important to activate the Uniject with the needle pointing upwards. This prevents the solution from spilling out of the reservoir. If the Uniject is activated this way, the solution will not spill 	Uniject DMPA-SC, Printout of presentation slides and Job Aid

Time	Teaching Method	Content	Materials Needed
		 even after the Uniject is pointed downward for injection. 16. Emphasize that it is important to hold the Uniject by the port, not by the reservoir, during activation. 17. Emphasize the importance of fully closing the gap between the needlecap and the port. 18. Tell the participants: The most common mistake that providers make with Uniject is not closing the gap between the needlecap and the port completely during the activation step. Now I will show you a few slides to demonstrate why this can be a problem. 	
5 min.	Demonstration	SLIDE 11: What is the gap? While demonstrating with your own Uniject, discuss the images provided and make sure that the participants know what the gap is.	Uniject DMPA-SC, Printout of presentation slides, and Job Aid
5 min.	Demonstration	SLIDE 12: Why is it important to close the gap completely during activation? Show how to fully close the gap between the needlecap and the port with your own Uniject and explain what happens inside the Uniject when the gap is closed: When the gap is fully closed, the needle is pushed into the reservoir. If it is pushed completely, it will pierce through a barrier and release the solution into the client during injection.	Uniject DMPA-SC and Job Aid
5 min.	Demonstration	SLIDE 13: What happens if the gap is not completely closed during activation? With a new Uniject, show what it looks like to close the gap incompletely, then remove the cap and try to demonstrate how the solution will not come out of the needle. While doing this, tell the participants:	Uniject DMPA-SC and Job Aid

Time	Teaching Method	Content	Materials Needed
		If the gap is not fully closed, the needle will not get pushed 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.	
15 min.	Demonstration	 SLIDE 14: Gently pinch the skin at the injection site 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 front of the thigh, make sure the client is in a sitting position so that the thigh muscles are relaxed. Gently pinch the skin at the injection site to create a "tent" for inserting the needle. The pinch is injected into the fat, and not into the muscle. 	Practice Model e.g. Arm Model, Uniject DMPA-SC and Job Aid
5 min.	Demonstration	 SLIDE 15: Positioning the needle for insertion While demonstrating with a practice 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 on the arm and abdomen, the downward angle should be slightly bent to ensure the needle is fully inserted. For an injection on the thigh, the client should be sitting 	Arm Model, Uniject Sayana Press, Job Aid

Time	Teaching Method	Content	Materials Needed
		 so that the injection can be given straight downwards. The Uniject port should touch the skin completely to ensure the needle is fully inserted at the correct depth. 	
5 min.	Demonstration	 SLIDE 16: Insertion of the needle (arm) 19. Ask for a volunteer to help you demonstrate the three injection sites. 20. 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. Remind participants that the injection on ARM is given on the posterior aspect (back) of the ARM. 	Arm Model Uniject Sayana Press, Job Aid
5 min.		 SLIDE 17: Insertion of the needle (abdomen). 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. 	Practice Model, DMPA-SC and Job Aid

Time	Teaching Method	Content	Materials Needed
		 It is important to continue holding Uniject by the port as you insert the needle 	
5 min.	Demonstration	 SLIDE 18: Insertion of the needle (thigh) 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. 	Practice Model, Uniject DMPA-SC and Job Aid
5 min.	Demonstration	 SLIDE 19: Squeeze the reservoir 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 solution. This should take about 5-7 seconds. There may be a little solution 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 DMPA faster and make it protect the woman for a shorter time. 	Practice Model, Uniject DMPA-SC and Job Aid
5 min.	Demonstration	SLIDE 20: Discarding the Uniject 21. While demonstrating, tell the participants:	Safety Box, waste bin with

Time	Teaching Method	Content	Materials Needed
		 Uniject and other infectious wastes should be carefully disposed of. Do not recap the Uniject. Dispose of the Uniject immediately into a puncture- proof container. 22. Ask the participants if they have any questions about the steps for administering DMPA-SC before they practice on their own. 	appropriate liner, Uniject DMPA-SC and Job Aid
10 min.	Group Work	 SLIDE 21: Group activity: Practice giving injections on models 23. Distribute copies of the checklist for DMPA-SC injection practice, the "DMPA-SC Injection Job Aid for Providers," as well as sample Unijects, practice models, and safety boxes for each participant to use. 24. Explain to the participants how to use the checklist to make notations about what they observe. 25. Ask the participants to take turns practicing in pairs – one practicing the subcutaneous injection while the other observes using the checklist for DMPA-SC injection practice and the "DMPA-SC injection practice and the "DMPA-SC injection provide feedback to their partner. 26. Walk around the room with a copy of the checklist to observe and ensure that the participants are using the proper techniques. Correct any improper technique. Make sure to check the participants' insertion points and emphasize the correct positioning of the needle. Incorrect placement increases the risk of needlestick injury. 27. If you notice any special problems, politely interrupt the practice and carefully go through the relevant 	Arm Model Uniject DMPA-SC and Job Aid

Time	Teaching Method	Content	Materials Needed
		 slides again, demonstrating with a new Uniject and asking the participants to follow along with their own. 28. 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. 29. After the activity is completed, ask the participants to ensure that they have disposed of all used and uncapped Unijects in the safety boxes. 	
10 min.	Group Work	 SLIDE 22: Group activity: Practice finding the injection site 30. Ask the participants to find a partner to practice finding the injection site. 31. Ask the participants to practice gently pinching their partner's skin at the injection site. No injections will be given. 32. Walk around the room to observe the location, size, and direction of the participants' pinches and provide corrections where necessary. 	Arm Model Uniject DMPA-SC and Job Aid
10 min.	Demonstration	 SLIDE 23: Participant demonstration 1: Giving DMPA-SC. 33. Ask for a pair of volunteers to come to the front of the room and demonstrate how to pinch the three injection sites. 34. 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. 35. Ask the group if they agree with the techniques or to provide input if any of the techniques are incorrect. 	Uniject DMPA-SC and Job Aid

Time	Teaching Method	Content	Materials Needed
		36. Repeat with another pair of volunteers if necessary.	
10 min.	Demonstration	 SLIDE 24: Participant demonstration 2: Giving DMPA-SC 37. 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. 38. If the volunteer misses any step(s), ask them to pause their demonstration. Ask the group if they know what other steps should be included. 39. Repeat with another volunteer if necessary. 40. If any of the steps seem unclear, maximit the volunteer steps should be an an	Arm Model Uniject DMPA-SC and Job Aid
		39. Repeat with another volunteer if necessary.	

LESSON 7: CONDUCTING REINJECTION VISITS

Time: 60 minutes

Learning Objectives

At the end of this session, the participants will be able to:

- 1. Demonstrate adequate skills using the reinjection tools.
- 2. Conduct reinjection visits.

Teaching Session

Time	Teaching Method	Content	Materials Needed
Time 35 min.	_	 SLIDE 2: Group activity: Conducting reinjection visits 1. Hand out copies of "DMPA SC Reinjection Job Aid" and "Reinjection timing recommendations for DMPA SC" to each participant. 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. 	Materials Needed DMPA SC Job Aid, Reinjection Timing Recommendations for DMPA SC, All Materials
		Review the "DMPA SC Reinjection Job Aid" together with the participants line by line, asking the participants to take turns reading the steps aloud. 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.	

Time	Teaching Method	Content	Materials Needed
		Ask the participants to find a partner with whom to practice role playing a reinjection visit with a client interested in getting reinjected with DMPA SC. 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. Move around the room to provide advice and answer questions. Let the participants know when to switch places so each partner has a chance to play the client and the provider. When the activity is over, ask the participants if they have any questions about the information in the handout. Ask the participants to describe how they can use the job aid to remind themselves how to conduct reinjection visits with clients.	
25min.	Brainstorming Discussion	 SLIDE 3: Final discussion Ask the participants for questions and feedback about DMPA SC and the injection procedure. Ask if they have any questions about the job aids, or about conducting reinjection visits. Ask questions to see how well the participants understood the key messages: Understand that DMPA SC and DMPA-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 SC injection with Uniject. Understand differences between DMPA-IM and DMPA SC including: 	DMPA SC Job Aid, Reinjection Timing, Recommendations For DMPA SC All Materials

Time	Teaching Method	Content	Materials Needed
		 Differences in side effects: Side effects are the same except that clients using DMPA SC may experience irritation at the injection site. DMPA SC is of a lower dose than DMPA-IM, but both drugs are equally effective. Ask if participants are well prepared to give the injection. Create opportunities for a practical session during which participants may counsel clients and give the injection under supervision. Ask the participants once more if they would like more information about anything discussed in the training. 	
		SLIDE 4: Thank you! Thank the participants for coming and close the training session.	

LESSON 8: HOW TO COUNSEL CLIENTS ON DMPA-SC SELF-INJECTION

Time: 120 Minutes

Learning Objectives

In this session, you will learn how to advise clients on:

- 1. Proper storage of DMPA-SC.
- 2. Proper disposal of DMPA-SC.
- 3. Proper DMPA-SC self-injection technique.
- 4. How to calculate their reinjection date.
- 5. When to seek help from a provider.

Teaching Session

Time	Teaching Method	Content	Materials Needed
5 min.	Lecture	 SLIDE 2: Learning objectives Cover the learning objectives. Emphasize the importance of taking time to train clients thoroughly to ensure their success with self-injection on their own. 	PowerPoint presentation and Slide Handouts
5min.	Lecture	 SLIDE 3: Prepare materials needed for client counseling 3. Hold up the three key documents needed to train clients: Self-injection instruction sheet/job aid. http://sites.path.org/rh/files/2018/04/PATH_D MPA-SC_self-injection_job_aid_2018.pptx Reinjection calendar. Observation checklist for self-injection practice. 4. Tell the participants: You will need to give the job aid 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. 5. Hand out the three documents to the participants. 	PowerPoint presentation, Slide Handouts, Reinjection Calendar, Self-injection Instruction job aid, Observation Checklist for DMPA-SC Self-injection Practice

Time	Teaching Method	Content	Materials Needed
5 min.	Demonstration	SLIDE 4: Prepare supplies needed for client counseling Show providers the supplies they will need for training sessions with clients.	Soap and running water, DMPA-SC Injection
5 min.	Lecture	 SLIDE 5: DMPA-SC storage 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. Emphasize that DMPA-SC should be stored in a safe place, away from extreme heat or cold. Discuss with the participants the possible locations where their clients could safely store DMPA-SC at home. Providers should also explain to their clients that they and others should avoid touching the needle to prevent a needlestick injury or infection. 	PowerPoint presentation and Slide Handouts
5 min.	Lecture	 SLIDE 6: DMPA-SC disposal 10. Refer to Step 9 in the job aid and explain the options for DMPA-SC disposal. After the injection, clients should immediately discard the device in a puncture-proof container such as a wide-mouth bottle or jar with a lid for safe return to the clinic. They should keep the container in a safe place, away from children, until they can give it to a health worker to be disposed of at a clinic. 	Self-injection job aid SI demonstration video
		 Show examples of homemade puncture-proof sharps containers, such as: Wide-mouth bottle with lid e.g. Petroleum jelly bottle, body cream containers, etc. Emphasize the importance of explaining to clients that the used DMPA SC injection is hazardous and that safe disposal is critical. Ask the participants for their ideas on practical local and safe solutions for disposal (e.g., commonly available puncture-proof containers and common sharps disposal practices). 	

Time	Teaching Method	Content	Materials Needed
5 min.	Demonstration	 SLIDE 7: Demonstrate injection technique 14. Providers should have their clients study the job aid or SI demonstration video for some minutes. Explain that it is important for clients to become familiar with the job aid so they can use it as a guide when they are injecting on their own – the job aid will serve as their primary resource. 15. Demonstrate the injection to the group according to Steps 1–9 in the job aid or as found in the SI demonstration video. You may want to ask another trainer or participant to hold up the job aid while you demonstrate the injection. Encourage the participants to follow along using their copies of the job aid or the SI demonstration video. 	Self-injection job aid and SI demonstration video
10 min.	Demonstration	 SLIDE 8: Client self-injection practice 16. Explain that the client will use job aid Steps 1–9 or SI demonstration video to practice self-injection. The provider can point out images on the job aid or point the client's attention to the critical steps in the SI demonstration video while the client goes through the steps. 17. The provider should record the client's performance using the self-injection observation checklist. Hold up the checklist and make sure the participants have copies to review. 18. For the self-injection attempt, write S (satisfactory), U (unsatisfactory), or ND (not done) in the box for each step. 19. After the self-injection attempt, circle any of the 4 critical steps highlighted in bold that the client did NOT do correctly. Then review those steps with the client. The critical steps are: Step 3: Shake the DMPA-SC solution vigorously for about 30 seconds and check for damage and leakage. Step 4: Activate the device by pushing the needlecap and port together to close the gap. Step 6: Gently pinch the skin at the injection site to form a "tent" and inject the needle. Step 7: Press the reservoir slowly to inject for about 5 to 7 seconds. 	Self-injection Instruction job aid SI demonstration video

Time	Teaching Method	Content	Materials Needed	
		 the device, and pressing the reservoir slowly. Be sure to emphasize these. 21. Ask the participants if they have questions about how to train their clients. 		
5 min.	Lecture	 SLIDE 9: Client self-injection If the client is able to successfully self-inject, she is competent to practice self-injection. However, explain to the client that she will need to return to the provider for her next injection to ensure that she is still interested in continuing to self-inject DMPA-SC. Explain to the providers that if the client is able to successfully practice self-injection on her second visit, she can be given 2 additional doses to take home for her next two injections. 	PowerPoint presentation and Slide Handouts	
15 min.	Role Play	 SLIDES 10–12: Group activity: Practice training clients how to self-inject 22. Ask the participants to find a partner with whom to practice role playing. Participants should take turns as "provider" and "client" to go through the job aid steps. Participants should use the information they have learned in the previous slides, focusing on Steps 1–9 in the job aid. The provider should first orient their client on how to properly inject by following the steps in the job aid or SI demonstration video. The provider should go through each step with the device along with the job aid SI demonstration video (and encourage clients to assist in pointing out the images or highlight the critical steps in the SI demonstration video). This will help clients become familiar with the job aid 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 and guide to ensure the client can correctly inject herself using the job aid or SI demonstration video as a guide for each step. The provider should point out key steps using the images on the job aid or highlight the critical steps in the client specific steps in the SI demonstration video as a guide for each step. The provider should point out key steps using the images on the job aid or highlight the critical steps in the SI demonstration video as a guide for each step. The provider should point out key steps using the images on the job aid or highlight the critical steps in the SI demonstration video while the client goes through the steps. 	Self-injection Job aid SI demonstration video	

Time	Teaching Method	Content	Materials Needed
	 The provider should discuss with the client her options and plans for DMPA-SC storage and disposal. 23. Walk around the room to provide guidance and answer questions. 24. Tell the participants when to switch places so each partner has a chance to role play as the client and th provider. When they switch, encourage participant pairs to discuss with each other what went well, what was challenging, and what could be improved. 25. 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, the participants could break into smaller subgroups for these presentations. 26. Encourage the participants to give helpful feedback the pair. 27. Ask the participants if they have questions about the information in the self-injection job aid. 28. After they have had a chance to practice in role plays ask the participants to describe ways they can help clients learn to self-inject. 		
5 min.	Lecture	 SLIDE 13: Teach your client how to calculate reinjections 29. As you cover the information on the slides, hold up the blank DMPA-SC calendar and the self-injection checklist, and turn to Step 10 in the job aid. 30. 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. 	PowerPoint presentation and Slide Handouts
5 min.	Demonstration	 SLIDES 14 and 15: Teach your client how to calculate reinjections 31. Explain to the participants the process of circling the current injection date, counting three months, and circling the next injection date. 32. Use the calendar image on slide 15 to help illustrate this process. 	Reinjection Calendar

Time	Teaching Method	Content	Materials Needed
		33. Ask the 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.	
5 min.	Lecture Brainstorming	SLIDE 16: Help your client remember her reinjection date After covering the slide content, ask the participants if they have ideas for techniques that clients, particularly those with low literacy levels, can use to remember their reinjection dates.	PowerPoint presentation and Slide Handouts
5 min.	Lecture	 SLIDES 17–21: Explain the reinjection window to your client 34. Review with the participants, the information about the reinjection window in the job aid and slides. 35. 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. 	Reinjection Calendar, Self-injection Job aid, PowerPoint presentation and Slide Handouts
		 36. Further information is available in "Reinjection timing recommendations for DMPA-SC" (sites.path.org/rh/?p=436#reinject-timin.g). You may wish to share printed copies of this handout with the participants. 37. When explaining the reinjection window, emphasize again the importance of empowering clients with full information to be in charge of their health. o 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. o 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. 38. Use the calendar images on slides 19 and 20 to illustrate the reinjection window and how to train 	

Time	Teaching Method	- I ODTODT				
		clients to recalculate their reinjection date if they miss their scheduled injection. 39. Ask the participants for ideas regarding how they can help clients understand the reinjection window and how to recalculate their reinjection.				
10min.	Group Activity	 SLIDES 22 and 23: Group activity: Counseling clients on reinjection calculation 40. Ask the participants to find a partner. Participants should either be the "provider" or the "client." 41. Make sure all participant pairs have a job aid and a blank calendar. 42. 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 job aid 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. 43. Walk around the room to provide guidance and answer questions. 44. When the activity is over, ask for feedback from the participants on how they handled each scenario and discuss as a group. 	Reinjection Calendar, PowerPoint presentation and Slide Handouts			
5 min.	Lecture	 SLIDE 24: Common side effects and other information 45. Explain that providers should cover the counseling messages they have learned in previous DMPA-SC or DMPA-IM trainings when meeting with self-injection clients. o For reference, refer to "Lesson 5: Counseling clients about DMPA and Sayana Press," available at <u>sites.path.org/rh/?p=436</u>. 46. Review the Common DMPA-SC side effects page at the end of the job aid, reading the side effects out loud. 	PowerPoint presentation and Slide Handouts			

Time	Teaching Method	Content	Materials Needed	
5 min.	Lecture	SLIDE 25: Returning to fertility after stopping use of DMPA-SC	PowerPoint presentation and Slide Handouts	
		 47. Emphasize the importance of explaining clearly to clients that it may take time for women to become pregnant after discontinuing DMPA-SC. 48. People are often misinformed about this topic, so it is important to make sure clients understand. 		
5 min.	Lecture	SLIDE 26: HIV and STI prevention	PowerPoint	
		presentation and Slide Handouts		
5 min.	Lecture	SLIDE 27: Before your client leaves	PowerPoint	
		 52. Discuss with the participants who clients should contact (e.g., a health worker or clinic) if they have questions or concerns. Point out the importance of obtaining a phone number from the provider. 53. On the second self-injection visit, remind the 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 (in 9 months' time). 	presentation and Slide Handouts	
5 min.	Lecture	 SLIDE 28: Client self-injection package (given on the second self-injection visit) 54. Discuss the process for sending clients home with self-injection supplies and information. 55. Two additional units of DMPA-SC should be given to clients for future self-injections. The doses should give the woman a 9-month protection window from unplanned pregnancy (inclusive of the dose she 	PowerPoint presentation and Slide Handouts	

Time	Teaching Method	Content	Materials Needed	
		administers in the presence of the provider on the second visit).		
5 min.	Lecture	SLIDE 29: Topics to cover with your client Review the key topics with the participants and ask if they have any questions.	PowerPoint presentation and Slide Handouts	
		SLIDE 30: Thank you Thank the participants for their time and congratulate them for completing this lesson.		

Annex I



Depo - Medroxyprogesterone Acetate Subcutaneous (Sayana Press)

DMPA Fact Sheet¹

WHAT ARE INJECTABLE CONTRACEPTIVES?

Injectable contraceptives are an effective, long-lasting, reversible, and private way to prevent pregnancy. There are two kinds of injectable contraceptives: progestin-only injectables and combined injectables. Depot medroxyprogesterone acetate (DMPA) is a progestin-only injectable.

WHAT ARE PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES?

- Progestin-only injectable contraceptives are made with progestin. Progestin is like the natural hormone, progesterone, that is made by a woman's body.
- There are two types of progestin-only injectable contraceptives: norethisteroneenanthate (NET-EN) and DMPA.

WHAT IS DMPA?

DMPA is the most common progestin-only injectable. DMPA is also known as the shot, the jab, the injection, depo, Depo-Provera[®](DMPA-IM), and Sayana[®] Press (DMPA-SC).

- DMPA is given every 3 months (13 weeks).
- Most kinds of DMPA, like DMPA-IM, are injected in the muscle (intramuscular or IM) at the hip, upper arm, or buttocks.
- A few kinds of DMPA, like Sayana Press, are injected in the fatty tissue (subcutaneous or SC) at the front of the thigh, the back of the upper arm, or the abdomen.

HOW DOES DMPA WORK?

bleeding.

DMPA moves slowly into the blood from the injection site. The progestin in DMPA keeps a woman's eggs from leaving the ovaries. It also makes the mucus at the cervix thicker. This keeps sperm from entering the uterus and meeting an egg. Progestin also keeps the lining of the uterus from growing thick, which makes it difficult for a fertilized egg to grow there.

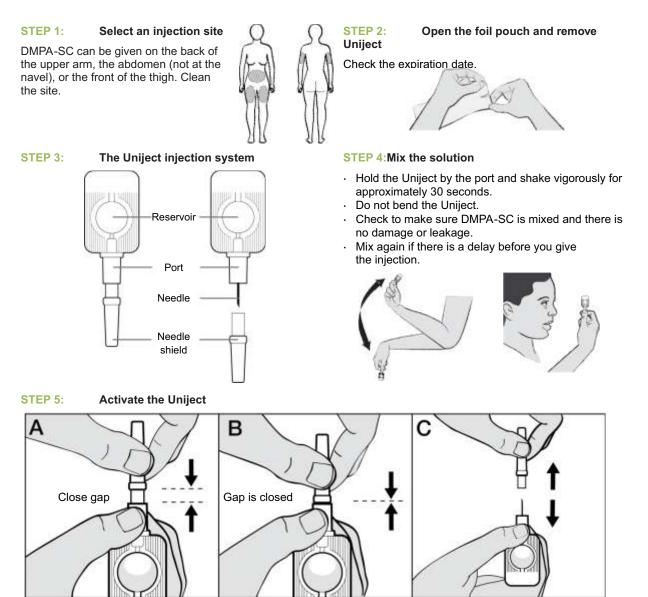
w	Why women might like DMPA		Why women might not like DMPA		
•	Safe. Effective.		Causes side effects, mainly menstrual changes.		
•	Easy to use.		 Action cannot be stopped immediately. 		
•	Long lasting.		 Might take more time to become pregnant after stopping. 		
•	Reversible.		 Most women will get pregnant within 5 		
·	Can be discontinued without a provider's help.		to 6 months of the last injection.		
1			 It is possible to get pregnant in the first 		
 Does not interfere with sex. 			month after a missed injection.		
•	Can be used privately.		 Provides no protection against STIs/HIV. 		
 Can be used by breastfeeding women. 			Condoms must also be used if a woman or		
	Eventually most women stop having monthly		her partner is at risk.		

Annex II

FOR PROVIDERS

DMPA-SCInjection Job Aid

-104 mg/0.65 ml suspension in the Uniject™ injection system



- Hold the Uniject by the port.
- Point the needle upward during activation to prevent dripping.
- Push the needle shield firmly into

 Remove the needle shield. the port.
- If the gap is not fully closed, you will not be able to squeeze the reservoir during injection.

STEP 6: Gently pinch the skin at the injection site

This creates a "tent" for inserting the needle.



STEP 7: Insert the needle at a downward angle

- Continue to hold the Uniject by the port and insert the needle straight into the skin at a downward angle.
- The port should have full contact with the skin to ensure the needle is inserted at the correct depth.







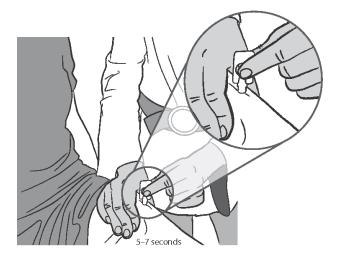
STEP 8: Squeeze the reservoir

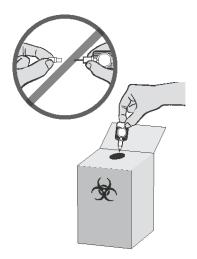
- · You should not aspirate.
- Squeeze the reservoir slowly (5 to 7 seconds).
- · It is OK if there is a little medication left in the reservoir.

STEP 9:

Discard the Uniject

- Do not replace the needle shield.
- Immediately discard the Uniject in a puncture-proof container.





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Annex III

DMPA Reinjection Job Aid

- STEP 1 Ask the client if she still wants to prevent pregnancy. Then ask if she wants to get another injection.
- STEP 2 Check your records to see when you last gave her an injection.
- STEP 3 If today is her scheduled return date, go to Step 4. If she is early or late for her injection, look at a calendar to find out if she is within the reinjection window.
 - Instructions to find out whether a client is within the reinjection window are in Box 1 on page 2 of this job aid.
- STEP 4 Explain that women with certain serious medical problems should not get the injection. Ask her whether a doctor or nurse has told her she has a medical problem.
 - If she has a medical problem, go to Box 3 on page 2.
 - If she has not been told she has a medical problem, go to Step 5.
- STEP 5 Give her the injection.
 - Follow the steps for safe injection you learned in training.

STEP 6 Talk to her about side effects.

- Remind her that most changes to bleeding are normal and not harmful. Talk to her about what to do if she has questions or does not feel well.
- Refer her to the health center for care of any side effects that are a problem for her.
- STEP 7 Look at the calendar to plan the date for her next injection. This will be 13 weeks from the date of visit. Remind her of the importance of coming back on time and discuss how she will remember.
 - Remind her that she can talk with you, a doctor, or a nurse if she has any questions or problems.
 - Tell her that if she is ever more than 4 weeks late for an injection, she should use condoms or not have sex until she gets another injection
- STEP 8 Remind her that the injection will not protect her from HIV or other STIs.
 - Tell her to use a condom in addition to the injection if she is at risk.

THE REINJECTION WINDOW

During the **reinjection window** you can safely give your client the injection without checking if she is pregnant. Your client is in the reinjection window if she returns up to:

14 days (2 weeks) early

or

28 days (4 weeks) late



What if she is not within the

You will need to ask her questions to make sure she is not pregnant before you can give her the injection.

See instructions in Box 2 on page 2.

BOX 1

How can I tell if a client is within the reinjection window?

A client is within the reinjection window—and can get another injection—if she is up to 14 days (2 weeks) early or up to 28 days (4 weeks) past her scheduled return date. If she is up to 4 weeks late, you do not need to check if she is pregnant before giving her another injection.

- . If she is within the reinjection window, go to Step 4 on page 1.
- If she is past the reinjection window, follow the steps in Box 2 below.

BOX 2

What if a woman wants another injection but she is more than four weeks late?

If a client is more than 4 weeks late for her scheduled reinjection, she can still get another injection on the day of visit if you can make sure that she is not pregnant. Use the steps below to decide if you can reasonably rule out pregnancy and give her the injection.

FIRST, look at a calendar and find her scheduled reinjection date. Count forward 4 weeks to find the last day of her reinjection window. Show her this date on the calendar and tell her to keep it in mind when you ask the four questions below.

NEXT, make sure she is not pregnant by asking these fourquestions:

- 1. Have you had no sex since the last day of your reinjection window?
- 2. Have you been using condoms or another method every time you had sex since the end of your reinjection window?
- 3. Did you have a baby less than 6 months ago, are you fully breastfeeding, and have you had no period since then?
- 4. Have you used emergency contraceptive pills after every sex act since the end of your reinjection window?

If the client answers **YES** to **ONE OR MORE** of these questions, she is probably not pregnant, and you can give her an injection. When you give her the injection, tell her to have no sex or use condoms for 7 days. After 7 days, the injection will keep her from getting pregnant. Go to Step 3 on the first page of this job aid.

If the client answers **NO** to **ALL FOUR** questions, tell her to see a doctor or nurse or wait for her next menstrual period to make sure she is not pregnant before she gets another injection. Remind her to use a back-up contraceptive method until she gets the next injection.

BOX 3

Does my client have a medical problem that would make it unsafe for her to get the injection?

Ask her whether a doctor or nurse has told her she has one of these medical conditions:

- · Migraine headaches (that began or got worse since getting the injection).
- · Heart attack or stroke.
- · Serious liver condition.
- · High blood pressure.
- · Breast cancer.
- · Lupus.

If your client has not heard a doctor or nurse use these words, most likely she does not have these conditions. Go to Step 4.

If she has one of these conditions, do not give the injection. Refer her to a doctor or nurse who can counsel her on the contraceptives she can use with her medical condition. Remind her to use a backup method (like condoms) until she sees the provider.

Source: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs/INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO; 2008 update.



Annex IV

FORFACILITYBASED PROVIDERS

DMPASC ReinjectionJob Aid

Clients should be scheduled for Depot Medroxy-Progesterone Acetate (DMPA) reinjections every 13 weeks. According to the 2008 W orld Health Organization guidelines, a clientcan receive a reinjection if she is up to 2 weeks early or 4 weeks past her scheduled reinjection date, without rulingout pregnancy. Clients arriving after the reinjection window may also be eligible if pregnancy can be ruled out.Follow the steps below for clients who are returning for reinjection. For clients seeking their first injection, use the *Checklist for Screening Clients who want to Initiate DMPA*.¹

STEP 1: Check your records to see when she received her last injection or ask if she knows her scheduled reinjection date.

- If she is up to 2 weeks before or up to 4 weeks past her scheduled reinjection date, she is within the approved window → Go to Step 2.
- If she is more than 4 weeks past her reinjection date, she is outside the approved reinjection window → See side 2 of this job aid.

STEP 2: Ask the client if she has had any new health problems.

- If no new health problems \rightarrow Go to Step 3.
- New health problems that may require switching methods include migraine headaches with an aura (if developed or worsened while using DMPA) or conditions described on the "Checklist for Screening Clients who w ant to Initiate DMPA. "
 If continuation is ruled out → Help her choose another method. If continuation is appropriate → Go to Step 3.

STEP 3: Reassure the client about side effects, particularly bleeding changes.

- Remind the client that heavy or irregular bleeding and eventual amenorrhea are common and will not harm the client's health. If the client has no concerns → Go to Step 4.
- If the client has concerns → Manage according to recommendations in the national prot ocols. If she wants to continue using DMPA → Go to Step 4.

STEP 4: Give the client a reinjection.

STEP 5: Counsel the client to use condoms, in addition to DMPA, to prevent STIs and HIV.

STEP 6: Plan for the next injection13 weeks from now.

- Encourage her to get the reinjection on time and talk with a provider anytime she has questions or concerns.
- Advise her to always come back no matter how late she is for her reinjection.

STEP 7: Tell the client that if she is ever more than 4 weeks late for an injection, she should use condoms or abstain from sex until she can come back for a reinjection.

EXAMPLE: HOW TO SCHEDULE A REINJECTION VISIT

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- Reinjection window (weeks 11 to 17 for DMPA).
- X Last day of reinjection window.
 - After reinjection window, rule out pregnancy.

If a client arrives more than 4 weeks after her scheduled reinjection date, she is outside of the approved reinjection window \rightarrow Follow the instructions on this page.

- Rule out pregnancy before giving the reinjection \rightarrow Use one of Options 1 through 4 below.[‡]
- Assess if returning within the reinjection window might remain a problem. If yes → Discuss other method options that might be more suitable.

OPTION1:Use modified pregnancy checklist

Rule out pregnancy by asking the client the following questions. When asking the questions, replace <u>day X</u> with the last day of the client's reinjection window (determined by counting 4 weeks from the client's scheduled reinjection date). If possible, refer to a calendar while talking with the client.

- Have you abstained from sex since <u>day X</u>?
- Have you been using a reliable contraceptive method (e.g.condoms) consistently and correctly since <u>day X</u>?
- Did you have a baby less than 6 months ago, are you fully breas tfeeding, and have you had no period since then?
- Have you used emergency contraceptive pills after every act of unprotected sex since <u>day X</u>?

If the client answers **YES** to at least one of the questionsabove \rightarrow Return to Step 2 on side 1 of this job aid. If sh e is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

If the client answers **NO** to all of the questions above, pregnancy is not ruled out \rightarrow Proceed to Option 2, 3, or 4.

OPTION2:Use pregnancy test

Use a pregnancy test to rule out pregnancy. If the pregnancy test is negative and there are no obvious clinical signs of pregnancy \rightarrow Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinje ction and instruct her to abstain from sex or use condoms for 7 days.

OPTION3: If pregnancy test not available: Bimanual pelvic examination

Conduct a bimanual pelvic examination to determine the size of the uterus for comparison at the follow -up visit. If s he has no signs or symptoms of pregnancy, give her condoms (or another backup method) to use and ask her to return in 4 weeks or when her period returns, whichever comes first.

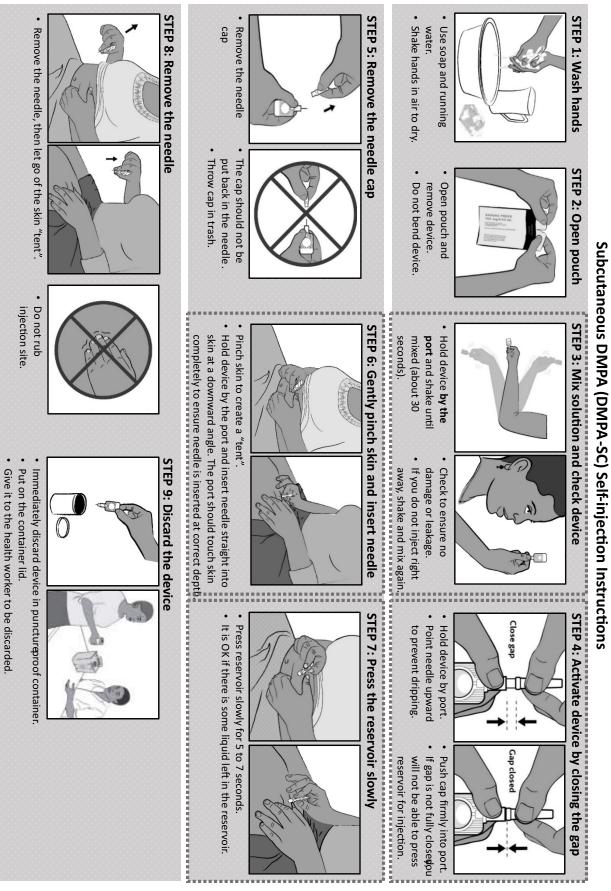
- If she returns during herperiod → Return to Step 2 on side 1 of this job aid. Give the reinjection if she qualifies and instruct her to abstain or use condoms for 7 days if her period started more than 7 days ealier.
- If her period does not resume after 4 weeks, conduct a second pelvic examination to determine if the uterus is enlarged. If the uterus is not enlarged, there are no signs or symptoms of pregnancy, and she has been using condoms (or another backup method) consistently a nd correctly → Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

OPTION4:If pregnancy test or bimanual pelvic examination not available: Abdominal examination

Give her condoms (or another backup method) and ask her to return in 12 to 14 weeks or during her next period, whichever comes first.

- If she returns during her period → Return to Step 2 on side 1 of this job aid. Give the reinject ion if she qualifies and instruct her to abstain or use condoms for 7 days if her period started more than 7 days earlier.
- If her period does not resume, conduct an abdominal examination. If the uterus is not enlarged, there are no signs or symptoms of pregnancy, and she has been using a backup method consistently and correctly \rightarrow Return to Step 2 on side 1 of this job aid. If she is eligible and wants to continue using DMPA, give the reinjection and instruct her to abstain or use condoms for 7 days.

[‡] Many women who have been using DMPA will have no period for several months, even after discontinuation. Asking the client to come back during her next period means her next injection could be unnecessarily delayed. She may be left without contraceptive protection.



STEP 10: Plan for your next injection in 3 months

 Use a calendar to count 3 months to your next injection date. Write that injection date on your calendar

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Example calendar

What if you miss your scheduled reinjection date?

If you are within 2 weeks before or 4 weeks after your scheduled injection date:

- You can still give yourself an injection and be protected against pregnancy.
- Cross off the date you missed on your calendar and write your actual injection date.
- Count 3 months from your actual injection date to your next injection date

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Write that new injection date on your calendar

If you are more than 1 month after your scheduled injection date:

- Do not give yourself a DMPA-SC injection.
- Contact your health worker.
- Use condoms or do not have sex until you speak with your health worker

Common DMPA-SC side effects

Common side effects can include the following and are not usually cause for concern:

- Lack of monthly menstrual flow.
- Heavy or irregular monthly menstrual flow.
- Headaches.
- Changes in mood or sex drive
- Weightgain.
- Abdominal pain

Other important information

DMPA-SC does not protect against sexually transmitted infections such as HIV. Please use condoms in addition to DMPA-SC to prevent against sexually transmitted infections.

Store DMPA-SC in a safe place away from children or animals and extreme heat or cold

If you have questions about self-injection, your health, or side effects, please contact a health worker.

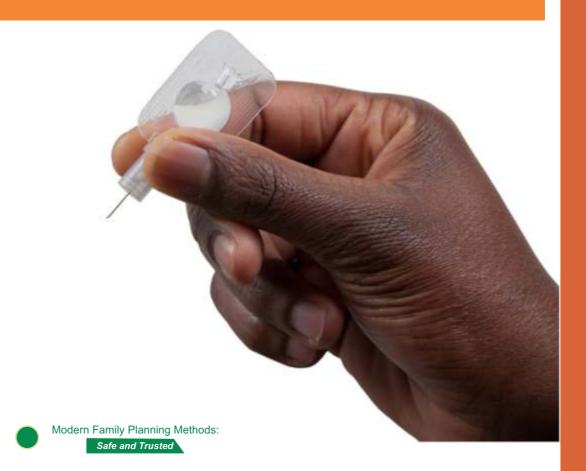
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Federal Ministry of Health, Nigeria

DMPA-SC: A GUIDE FOR TRAINERS OF INJECTION-EXPERIENCED PROVIDERS



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