Summary recommendations

- Use active DMPA-SC units for injection demonstration and practice.
- Order an additional one to three DMPA-SC units per trainee (e.g., health workers, self-injectors) in procurements.
- Use locally available injection practice models that help replicate the experience of injecting into subcutaneous fat (e.g., condoms filled with salt or sugar).
- Follow local standards for medical waste disposal for used training units and injection models.

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

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

Types of units for demonstration and practice

In some settings, pilot and research activities have received donated or heavily subsidized water-filled Unijet™ devices for demonstration and practice. Going forward, PATH is discontinuing use of water-filled units for demonstration and practice and advises use of active DMPA-SC units (non-expired and filled with real product) for the following reasons:

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

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

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

Number of units for demonstration and practice

PATH reviewed information on health worker training and/or self-injection research data from Burkina Faso, the DRC, Nigeria, Senegal, and Uganda. Most health workers and self-injecting women learned the injection technique by practicing with just one or two units. Some women and health workers may need additional support to learn the technique, regardless of how many times they practice.

PATH suggests that programs:

- Account for training supply needs in all DMPA-SC orders: work with implementing partners to estimate the number of health workers to be trained and the number of likely self-injectors to be trained.
• Investigate norms regarding practice injections for intramuscular DMPA (DMPA-IM) training in your country, and consider whether there are any relevant lessons for DMPA-SC.

• Try to offset concerns about increasing costs or “wasting” actual product by emphasizing:
  o Self-injection of DMPA-SC is still cost-effective relative to DMPA-IM injections from health workers even if self-injectors practice injecting twice (according to analyses in Senegal and Uganda).
  o The importance of good injection technique for health outcomes (i.e., preventing unintended pregnancy).
  o Contact us at fpoptions@path.org if you have questions about available procurement funding in your country.

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

Note: PATH is exploring whether it is feasible for women to learn to self-inject using alternatives to practice—for example, by observing demonstration and following along with a visual aid, and then receiving coaching during initial supervised self-injection. Results will be reviewed from this experience and recommendations updated in 2019.

Injection practice models

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

Recommendation: PATH recommends use of locally available injection practice models that help replicate the experience of injecting through the subcutaneous fat of the abdomen, front of the thigh, or back of the upper arm—preferably condoms or latex gloves filled with salt or sugar.

Disposal of sharps and surrogates

The WHO/UNICEF/UNFPA joint statement on the use of autodisable syringes in immunization services (http://apps.who.int/iris/handle/10665/63650) recommends the use of safety boxes for disposal of sharps to reduce the risk posed to health staff and the general public. Consistent with these guidelines, during country introductions and research, implementers reported they collected used Unject units in sharps/safety boxes or other puncture-proof containers such as plastic bottles, and sent these containers to a health facility for burning. Injection surrogates that had been used with real DMPA units during training were also handled as medical waste, as they contained small amounts of DMPA.

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

Note: While not specific to training supplies, PATH and the Uganda Ministry of Health are currently providing self-injectors with low-cost, locally sourced, impermeable containers (i.e., petroleum jelly jars) to store used units until they are able to return them to a health worker or facility for safe disposal at their convenience. Results will be reviewed from this experience and recommendations updated in 2019.

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

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†. Unject is a trademark of BD.