

SAYANA PRESS (DMPA-SC)

Facilitator Manual



PAPUA NEW GUINEA

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Acknowledgements: Training package

This comprehensive training package, which includes facilitator manuals, participant workbooks and PowerPoint slide decks, drew heavily from the Family Planning: A Global Handbook for Providers¹, Medical Eligibility Criteria for Contraceptive Use², Subcutaneous DMPA (DMPA-SC) Training Material from PATH³ and Selected Practice Recommendations for Contraceptive Use⁴.

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Contents

	About this course	1
	Preparation for training	4
1	Session 1: Introduction	9
2	Session 2: What is DMPA	15
3	Session 3: DMPA-SC and DMPA-IM: similarities and differences	19
4	Session 4: Contraceptive counselling and Medical Eligibility Criteria	23
5	Session 5: Storage of DMPA and safe handling of sharps	32
6	Session 6: Administering DMPA-SC	34
7	Session 7: Counselling clients on DMPA-SC self injection	41
	References	47



About this course and module

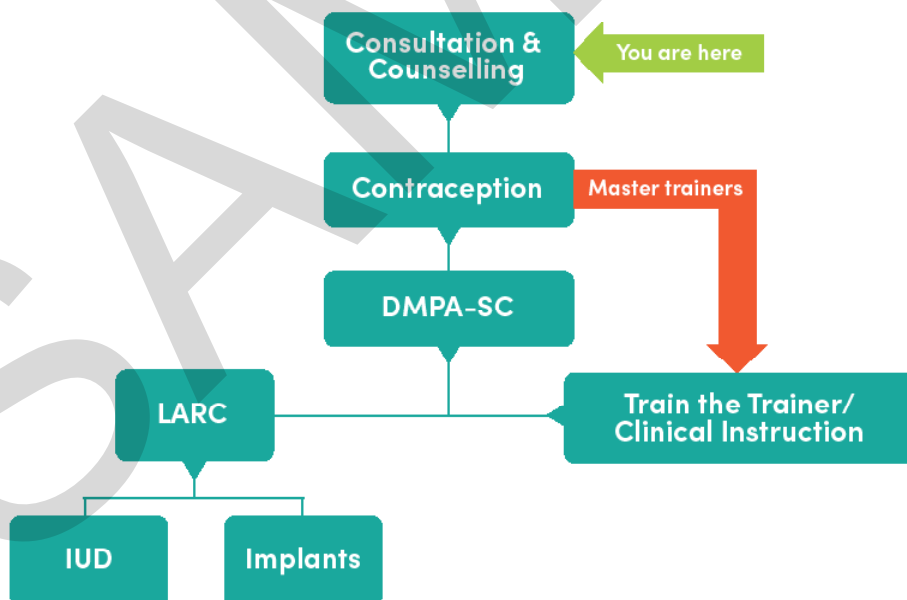
Course values

This course is underpinned by international human rights legislation and agreements that recognise reproductive and sexual health and rights (SRHR). They assert that all individuals have the right to the following.

- **Autonomy.** Decide freely and responsibly the number, spacing and timing of children, as well as the right not to have children.⁵
- **Access.** Access information and the means to attain a high standard of reproductive and sexual health.⁵
- **Safety.** Make decisions concerning reproduction free from discrimination, coercion, and violence.⁵

Course overview: Family Planning

The Consultation, Counselling and Contraception (CCC) modules sit within the larger family planning course inclusive of other modules such as train the trainer (TOT), clinical instruction (CI) and Long-Acting Reversible Contraception (LARC).



This subcutaneous depot medroxyprogesterone (DMPA-SC) module is designed as an add-on module that can be delivered along with CCC or delivered independently.

Module overview: DMPA-SC

This module will equip clinicians with specialised knowledge on DMPA and how to empower users in self-administration in and out of the clinical setting.

It covers the following:

- Background on DMPA-SC
- Medical eligibility of the DMPA-SC
- Use of DMPA-SC, including:
 - storage
 - handling of sharps
 - administration
 - safe injection

Module learning objectives

The DMPA-SC module has six learning objectives.

1. Describe the different types of injectable contraceptives.
2. Explain similarities and differences between DMPA-IM and DMPA-SC.
3. List counselling messages about DMPA-SC.
4. Demonstrate how to screen clients for eligibility for DMPA-SC.
5. Demonstrate how to handle sharps safely, including DMPA-SC.
6. Demonstrate how to give an injection with DMPA-SC.

Experience level of the trainer

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

- Familiarity with intramuscular depot medroxyprogesterone acetate (DMPA-IM)
- Nursing or other clinical background
- Completed Train the Trainer (ToT)/ Clinical Instruction (CI) modules
- Experience as a trainer in family planning programs

Intended audience

These training materials have been designed to train community-based providers who have familiarity with or have had prior experience providing injections or injectable contraceptives.



About this course and module

Assessment

Participants will undertake a variety of assessments for this unit:

- Role play
- Simulation
- Peer assessment
- Reflections

How to use this manual

This facilitator manual is designed to be an instructive guide for the effective delivery of this course and is broken down as follows.

- Each session begins with a title page containing the session duration, learning outcomes, activities, and suggested resources.
- The start of each session contains facilitator notes containing specific instructions, prompts and considerations for the delivery of that session.
- Ensure you read the facilitator notes carefully prior to the delivery of the session.
- The course content that follows the facilitator notes is detailed and comprehensive. It can be delivered in your own words. Learners often find it useful if information is contextualised to their setting. Consider incorporating your own experience or the experiences of participants into the course delivery.
- The course content is designed to be delivered with the associated slide deck. Ensure you are familiar with the slides prior to course delivery.
- The appendix section contains several suggested energisers and activities you can use when participants may need a break or to refocus. You can also ask one of the participants to pick and lead their own energiser.

All the content from this course is taken directly from or aligned with internationally approved recommendations, including the World Health Organization (WHO) Family Planning a Global Handbook for Providers (2022)⁴.



Preparation for training

Facilitator resources and guidance

This course is designed to be delivered in a classroom environment. Most courses are run with 10–15 people to encourage discussion and participation.

Before delivering this module ensure you have the following.

- **Facilitator manual:** (this document) provides guidance around facilitation and delivery of the Consultation and Counselling module, including detailed information, activities and supporting resources.
- **Participant workbook:** a workbook for participants containing handouts, marking rubrics, educational prompts, and space to take notes.
- **PowerPoint slide deck:** serves as a visual aid to assist with learning. PowerPoint slides can be printed out and given to course participants on request or transferred onto a USB.

Job aids

If available, consider also using the following.

- **WHO Family Planning: A global handbook for providers (2022 edition):** a comprehensive contraception guide from WHO. Available online or as a hard copy.
- **Contraceptive Flipchart – Decision making tool:** a job aid which guides clinicians through a family planning consultation and facilitates contraceptive choice.
- **Contraceptive Flipchart – Information for clinicians:** a supporting job aid for the Contraceptive Flipchart: decision making tool. Provides further, in-depth information around tailoring a contraceptive consultation, providing contraception to diverse groups, managing contraceptive side effects.



Preparation for training

Facilitator preparation checklist

This checklist is designed for the person/people responsible for arranging the workshop.

One month before the workshop

- ☐ Book venue for the total number of workshop days
- ☐ Ensure the venue:
 - Is accessible for people with disability
 - Has minimal noise and disruptions outside
- ☐ Confirm contact person for venue
- ☐ Do an initial test of the technology: internet, audio/speakers, projector
- ☐ Organise catering
- ☐ Source all training equipment needed for clinical practice (e.g., pelvic models, training arms, sterile packs etc.)
 - NB: seek assistance from Family Planning Australia, UNFPA or NDOH if there is difficulty arranging equipment
- ☐ Begin familiarising yourself with the course materials

One week before the workshop

- ☐ Send details of training location, date, and time to participants once the venue has been confirmed
- ☐ Print and prepare the necessary documents for participants and co-facilitators (it is a good idea to print additional copies of each in case extra participants attend)
 - Media consent forms (one per participant)
 - Evaluation forms (pre and post training surveys, one per participant)
 - Enrolment forms (one per participant)
 - Facilitator manual (one per facilitator)
 - Participant workbook (one per participant)
 - Medical Eligibility Criteria (MEC) Wheel (one per participant)
 - Contraceptive flipchart (one for every three participants)
 - WHO Family Planning: A Global Handbook for Providers (one per participant)
- ☐ Prepare any additional resources required for facilitation (see the resource checklist)
- ☐ Optional: identify key dignitaries or ministry representatives to open/close the training

During the workshop

- ☐ Check that the furniture in the room is arranged appropriately
- ☐ Check that the room setting is suitable for participants (lights adjusted, has windows, air conditioning working)
- ☐ Retest the technology
- ☐ Ensure all documents and resources are ready and disseminate resources to participants
- ☐ Share information about the venue, including emergency evacuation procedures, toilet location, the workshop objectives and expected outcomes, the agenda, and scheduled breaks
- ☐ Ensure enrolment forms, evaluation forms, and media consent forms have been completed and returned
- ☐ Share daily feedback between Family Planning Australia, UNFPA, NDOH and in country partners if relevant

Within two weeks after the workshop

- ☐ Debrief about the workshop experience and evaluation results
- ☐ Share any photos or videos taken with consent
- ☐ Enter responses from enrolment forms and pre and post training surveys
- ☐ Report any data to Family Planning Australia, UNFPA and NDOH (e.g., participant numbers, participant pass rates)
- ☐ Compile and share training report



Preparation for training

Tips to help facilitators deliver successful training

Facilitator notes. Most sessions will begin with 'Facilitator notes', which aim to provide content and guidance for that session.

Take your own notes. Read the Facilitator manual and make your notes. The preparation time for each session will vary depending on the group's needs, disability-related modifications, and the facilitator's knowledge.

Link modules. Think about how you will link the subject with previous sessions to build on participants' existing skills and knowledge.

Timing. Consider the time frames for group activities. You may need to adjust these times because some groups may need more time than others.

Resources. Examine the session's resource list. Prepare the resources in the correct order in which you will use them.

Arrange seating. Organise the area to encourage people to sit in small groups. Consider whether any attendees with disabilities require additional space to manoeuvre or alternative seating arrangements. This action will help communication because people can share ideas without feeling as threatened as they may feel when talking in a large group. People are also more likely to share ideas if they can see each other's faces. Participants generally become more vocal and relaxed as the training progresses.

Consider accessibility. You may need to hire a local disabled persons organisation to conduct an accessibility audit.

Arrive early. Ensure you arrive at the training venue to check that the site is prepared before participants arrive and give yourself adequate time to organise the room and resources.

Active listening. Listening and questioning encourages participation. Look at the person who is talking, pay attention, summarise their points and ask other participants to respond or share their own experiences.

Group work. Working in smaller groups enables people to exchange information and learn from each other. Give clear instructions, keep groups on track, encourage everyone to contribute, summarise discussions, recap main points discussed.

Maintain accessibility. Ensure all participants can engage with training materials on an equal basis. Use a microphone if available, read content aloud, ensure you are aware if any participants have specific needs (i.e., visual aids in larger font).

Resource list

The following resources can be used to enhance delivery of the course.

- Projector and blank wall (to project PowerPoint slide decks)
- Blank paper for group work and some activities
- Spare pens
- Markers
- Placebo or expired DMPA-SC devices and injecting base



Video or projector (powerpoint slide deck)

1

Session 1: Introduction

Learning outcomes

- Establish the purpose of family planning training
- Develop group rules to enable a safe learning environment



TIMING
80 MINS

Topics

- Welcome and housekeeping
- Prayer and devotion
- Group expectations (10 minutes)
- Group agreement (10 minutes)
- Infection control (optional) (10 minutes)

Activities

- 1.1** Group expectations (10 minutes)
- 1.2** Group agreement (10 minutes)
- 1.3** Hand hygiene (20 minutes)

Resources

- Pens
- Paper
- Blu Tack



Welcome

1. Introduce yourself and any co-trainers.
2. Explain the training schedule and how long it will take. Go through the training schedule and housekeeping (i.e., breaks, toilets, emergency evacuation, etc.).
3. Refresh the group agreement as appropriate or set ground rules for the training as appropriate.
4. Provide a brief overview of DMPA-SC.
 - DMPA is a type of injectable contraceptive to prevent pregnancy. DMPA has been used worldwide for many years as the “Depo” injection (DMPA injected deep into a muscle).
 - DMPA-SC is a small injection system called Uniject that is already filled with DMPA.
 - DMPA-SC is a low-dose form of DMPA. It is designed to give an injection into the fatty tissue right under the skin, not into a muscle.
 - You will learn how to prepare and give a DMPA-SC injection.
5. Ask the participants if they have any questions.

1.1

Activity 1.1: Group expectations (10 minutes)



Purpose

This activity aims to achieve the following objectives.

- Allow participants to create a safe learning environment
- Express any feelings that could prevent them from fully participating
- Reduce or address unrealistic expectations
- Encourage a sense of participation and solidarity
- Reduce potential hostility or fear

Method: small group work

1. Ask participants form groups of three or four and provide each group with a blank piece of paper. In their groups, participants should discuss their expectations of the course and write them on the paper under the following headings.
 - i. Hopes—what they hope to gain from the course
 - ii. Fears—what they hope will not happen, or what they fear may occur
 - iii. Contributions—each person brings unique experiences and specific skills; encourage everyone to identify their participation in the learning process
2. Stick the lists to the wall and ask each group to share their hopes, fears, and contributions.

3. Go through each expectation and explain any that may not be met and why.
4. Go through the program and explain how much flexibility there can and cannot be in the timing for the sessions and breaks.
5. Ask the groups to select a small monitoring team, which will remain the same throughout the course. Explain that the group will discuss and report back to the trainer or organisers regarding the following questions.
 - i. Is the training content appropriate, relevant, and comprehensive?
 - ii. Is the learning pace too fast or too slow?
 - iii. How are the group dynamics?
 - iv. Does everyone have a chance to contribute?
 - v. How is the food and accommodation?
 - vi. Any other issues that arise

1.2

Activity 1.2: Group agreement (10 minutes)



Facilitator notes:

Introduce this activity by explaining that the success of the group will depend on the cooperation and professionalism of its members. A group agreement acknowledges that all participants have the right to be treated respectfully. It creates an open and respectful environment to which teams can work together creatively, and individuals feel safe to share their ideas and opinions. All participants must participate in developing the group agreement.

Purpose

This activity aims to achieve the following objectives.

- Create a safe learning environment for participants and facilitators
- Set the tone, creating a safe place for exploring unfamiliar or uncomfortable topics
- Model good practice when working on sensitive issues about sexuality
- Identify elements that would make the participants feel respected, safe, accepted, and trusted

Method: large group discussion

1. Request that one person use a large piece of paper and act as the scribe.
2. Ask the group to share some group agreements. Examples include:
 - arriving on time
 - turning mobile phones off, or on silent
 - not interrupting when others are speaking
 - respecting others' views
 - using "I" statements (speaking from your own perspective)
 - maintaining confidentiality within examples shared in the group
 - right to pass
 - safety first
3. Once completed, request that someone stick the agreement somewhere visible in the room. Tell the participants that you will revisit the group agreement at the start of training each day and they can add to it later.

Infection control (20 minutes)



Facilitator notes:

This section aims to preface the course by setting ground rules to keep the community safe from infections including COVID-19. All clinical consultations should begin and end with good infection control. Go through the slides and read the below content to the group. It can be delivered in your own words. Remember to pause and see if people need clarification.

We all have a role in preventing the spread of infection, including COVID-19, in our community. In a group environment, it is important to put measures in place to prevent infection.

Anybody can be infected: If you have close contact with someone who is an infected person or if you touch an object (e.g., a door handle) that has been contaminated from a cough or sneeze from an infected person.

We all need to be safe: There are important things we can do to protect ourselves, our families, our colleagues, and our clients from COVID-19.

Handwashing: Wash your hands regularly with soap and water or an alcohol-based hand rub. Cover your mouth with your elbow or a tissue when you cough or sneeze.

Try not to touch your face: Virus-containing droplets on your hands can be transferred to your eyes, nose or mouth.

Social distancing: Maintain at least 1.5 metres between yourself and others. Remember that infection can be transmitted by droplets that can be passed from hand to hand, including handshakes.

Cleaning and disinfection: Regular cleaning of your environment (e.g., tables, light switches and door handles) is essential.

Client safety

Client safety refers to avoiding preventable harm to a client during the process of health care.

4 out of 10 clients are harmed in primary care settings (clinics) and up to 80% of this harm is preventable.

Each year, 43 million client safety incidents occur. Safety lapses in primary care often increase the need for hospitalisation.

The situations that cause the most harm include.

1. Medication errors
2. Infection prevention and control, such as:
 - healthcare-associated infections
 - unsafe surgical care procedures (i.e., not properly sterilising equipment and not cleaning surfaces between the clients' procedures)
 - unsafe injection practices
 - unsafe blood transfusion practices
3. Diagnostic errors
4. Immobility, which may lead to venous thromboembolism (blood clots)

Client safety is fundamental to delivering quality essential health services. Safe and effective client care depends on the knowledge, skills and behaviours of frontline workers and on how they work together and are supported in the work environment.

Standard precautions are the basic level of infection control precautions that must be used, as a minimum, in all client care. In most cases, standard precautions will be all that is needed. They are based on the principle that all blood, body fluids, secretions and excretions may contain transmissible infectious agents. Standard precautions should always be used when there is contact or the potential for contact with blood or bodily fluids, urine, faeces, vomit and mucous.

Standard precautions per the WHO

- Handwashing
- Personal Protective Equipment (PPE) appropriate to the level of client contact:
 - gloves
 - facial protection (mask, eye shield)
 - gown
- Respiratory hygiene and cough etiquette
- Preventing needle stick injury
- Clean environment

- Linen handling and transport
- Waste disposal
- Proper management of equipment used on clients

The WHO has identified that one of the major and significant safety burdens relates to healthcare-associated infections. Thousands of people worldwide die every day from infections acquired while receiving health care. Standard precautions aim to reduce the risk of transmitting bloodborne and other pathogens from recognised and unrecognised sources.

The five moments of hand hygiene

1. Before patient contact—clean your hands before touching a patient when approaching him or her.
2. Before an aseptic task—clean your hands immediately before an aseptic task.
3. After body fluid exposure risk—clean your hands immediately after any exposure risk to body fluids (and after glove removal).
4. After patient contact—clean your hands after touching a patient.
5. After contact with a patient's surroundings—clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving, even without touching the patient.