

Operational assessment

Administration and management of Sayana® Press in clinics and communities in Uganda

BACKGROUND

Sayana® Press (formerly depo-subQ provera 104™ in the Uniject™ injection system) is a unique formulation of an injectable contraceptive (depot medroxyprogesterone acetate or DMPA) administered subcutaneously in the Uniject™ injection system. Because Uniject is a prefilled, all-in-one injection device, there is no assembly of components, the size of the injection system is small, it is easily disposed of, and the injection process is simplified relative to intramuscular DMPA (DMPA-IM). This study assesses the extent to which Sayana Press facilitates the logistics of managing and administering injectable contraception and assesses whether providers in Uganda find benefits in this new presentation compared with the standard syringe-vial injectable contraceptive presentation.

The operational assessment leveraged the Sayana Press acceptability studies conducted by FHI 360 in Mubende and Nakasongola Districts and by Johns Hopkins University/Rakai Health Sciences Program in Rakai District, targeting the same 11 clinics participating in those studies and asking providers who participated to reflect on their experience managing and administering Sayana Press. Semi-structured interviews with one provider from each of the 11 clinics and 26 affiliated community-based distribution agents (village health teams—VHTs) provided data on the merits, challenges, and appeal of Sayana Press relative to DMPA-IM.

INJECTION CHALLENGES

Regarding their experience administering Sayana Press, 84% (27 of 32 providers) reported no difficulties injecting Sayana Press. The majority of providers (72%) similarly reported no challenges with DMPA-IM. Among those who reported injection difficulties with DMPA-IM, six identified drawing the contents of the vial as challenging, while three observed that inserting the needle can be difficult.

EASE OF USE AND TIME REQUIRED

Seventy-five percent (24 of 32 providers) evaluated Sayana Press as easier to use than DMPA-IM, while seven felt that the injection processes were about the same. In particular, VHTs expressed a preference for Sayana Press.

“[Sayana Press is] easier because the needle is attached and the drug is contained as compared to DMPA-IM where one has to draw contents of the vial into the syringe. In other words, depo-subQ in Uniject comes in a complete set, making it easier to give.” —VHT

“[Sayana Press is] easier because the needle is shorter and before they are even aware, the injection giving is completed...” —VHT

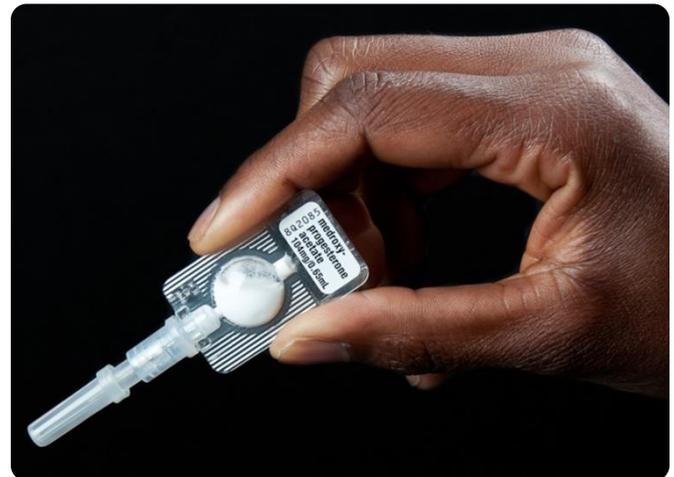


Photo: PATH/Patrick McKern

LOGISTICS

The most widespread logistical challenge reported by 51% of providers (19 of 37) was transportation, and all of those who identified challenges were VHTs; three quarters (19 of 26) reported difficulty related to distance, time, or the cost of transporting family planning methods to the community.

“At times the bicycle gets mechanical problems. When it rains the roads are bad and cannot be accessed. The distance is very long to the health center. At times I lack the money to pay for a motorcycle.” —VHT

Given the systemic nature of the transportation challenges, it is not surprising that 84% of providers (31 of 37) anticipate little impact on transportation—positive or negative—from the addition of Sayana Press.

Another challenge, reported by 41% of providers (15 of 37), was frequent stock-outs of family planning methods. Three

providers noted that they sometimes have DMPA-IM, but lack a supply of needles, or vice versa.

“At times DMPA IM is not available or injections [needles] are not available. Lack of injections at the health centre is very common...” —VHT

Despite this challenge, 61% of providers (22 of 36) felt that including Sayana Press in the method mix would neither solve nor aggravate supply management problems. Three VHT providers, however, thought the Uniject device might reduce supply challenges.

“Because depo-subQ in Uniject is all in one unit, problems of not having injections will not be encountered as has been the case with DMPA-IM. The challenge with DMPA-IM has been that when the drug is available, the injections [needles] are not available and vice versa.” —VHT

Some providers (42%, 15 of 36) reported storage constraints for family planning methods. Among those who identified storage problems, clinic providers noted a lack of space, while VHTs tended to focus on the lack of a secure cabinet.

“The storage space is small, and we lack shelves so the DMPA and other drugs are squeezed.” —Clinic provider

“I lack a facility like a cupboard which can be locked. I am always worried the children may touch the box any time and take the medicine or destroy it.” —VHT

About half of providers (17 of 35) do not expect the addition of Sayana Press to aggravate or alleviate storage conditions, while six expect Sayana Press to improve storage and six expect it to worsen storage constraints. Those who expect challenges noted that an additional product requires additional space, while those who expect improved storage focused on Sayana Press’s smaller size.

“Because it is already prefilled with the drug, it is smaller, lighter, so it takes up smaller space. No need for more space for storing different items like needles or the drug.” —VHT

“Because the facility is already facing a challenge of storage with DMPA-IM so if another product is added, there will not be enough space; we will have to improvise space for storing depo-subQ.” —Clinic provider

With respect to waste disposal, only four providers identified waste management of DMPA-IM as a challenge. About two thirds of providers (68%, 25 of 37) expect waste management with Sayana Press to be about the same (neither easier nor harder); nine providers (24%) expect Sayana Press waste management to be easier, because of its smaller size and fewer component parts.

“[It will be] easier because it is smaller and the material used to make depo-subQ in Uniject is plastic so it will be easier to burn.” —Clinic provider

NEW USERS AND METHOD SWITCHING

In total, 86% of providers (31 of 36) expect Sayana Press to attract new users to injectable contraception and 83% (30 of 36) expect women currently using DMPA-IM to switch. The consensus is particularly strong among VHTs. In particular, they observe that the small needle and the perception of a less painful injection will be appealing to new users and current DMPA-IM clients will like the time savings.

“They said that depo-subQ in Uniject is not painful, so those women who fear to get DMPA-IM because of the pain will be attracted to depo-subQ in Uniject.” —VHT

“[They will switch] because it takes a shorter time as compared to DMPA-IM. This will be helpful, especially to the women who escape from their husbands to have the DMPA-IM injected.” —VHT

CONCLUSION

The providers interviewed for this study were enthusiastic about Sayana Press. In particular, they remarked on how it saves time and is easy to use. Most providers felt that adding Sayana Press would neither aggravate nor alleviate challenges in supply management, transportation, storage, and waste disposal. A minority of providers felt that its small size may ease storage constraints and facilitate re-supply and waste management. Many providers, particularly VHTs, expect the addition of Sayana Press to attract new users to injectable contraceptives and to be preferred by women currently using DMPA-IM.



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