Comprehensive Family Planning Training Evaluation Report

Conducted in Ethiopia
by FHI 360

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PROGRESS IN FAMILY PLANNING

ACKNOWLEDGEMENTS

This report contains findings from the evaluation undertaken by FHI 360 – Ethiopia on the comprehensive family planning training carried out by partners of Ethiopia's Federal Ministry of Health (FMOH) in October and November 2011. We are thankful to the United States Agency for International Development (USAID) for providing us with the funds to support the FMOH on family planning monitoring and evaluation activities. We are grateful to the FMOH for giving us the opportunity and support to evaluate and monitor the training of health professionals on comprehensive family planning methods. We are grateful to the staff of the Integrated Family Health Program (IFHP) for granting us permission to evaluate their training activities. We appreciate the willingness of trainees to allow us to observe them during their training, and the family planning clients who allowed us to observe them during the implant and IUCD insertion and removal procedures.

The Federal Democratic Republic of Ethiopia
Ministry of Health

ACRONYMS

FHI 360	Family Health International
FMOH	Federal Ministry of Health
FP	Family planning
IFHP	Integrated Family Health Program
IUCD	Intra Uterine Contraceptive Device
LAFP	Long Acting Family Planning
M&E	Monitoring and Evaluation
SNNPR	Southern Nations and Nationalities People's Region
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

USAID provides funding to FHI 360 through the PROGRESS project to support the Federal Ministry of Health's (FMOH) General Directorate for Health Promotion and Disease Prevention with technical assistance for monitoring and evaluation (M&E) of the Implanon® scale-up and Intra Uterine Contraceptive Device (IUCD) revitalization initiatives. The FHI 360 technical assistance strategy focuses on building capacity of Ministry of Health staff at Federal, Regional and Woreda levels to monitor and evaluate the results of the Implanon® and IUCD interventions. Conducting independent evaluation of Family Planning (FP) trainings, which are provided by different development partners, is one of the technical assistance activities FHI 360 provides to the FMOH.

FHI 360 staff and independent consultants evaluated trainings on comprehensive FP with an emphasis on Long Acting Family Planning (LAFP) methods provided to health professionals in Amhara, Oromia, and Tigray regions and Southern Nations and Nationalities People's Region (SNNPR) in November and December 2011. The trainings were provided by the Integrated Family Health Program (IFHP). The purpose of the evaluation exercise was to assess the quality of the training and support future training improvements. Checklists, developed by the FMOH's Family Planning Technical Working Group, were used to record training observations.

A total of 76 trainees were evaluated while providing counseling and performing implant and IUCD insertions and removals on models and on clients. Average scores for counseling, insertion, and removal tasks were calculated by training site. The trainings were found to successfully and adequately transfer skills for Implant and IUCD insertions and removals to trainees.

Although the trainings were successful, a few relative weaknesses were noted by evaluators during counseling, insertion and removal activities performed by trainees in some sites including: ensuring confidentiality; adequate screening of clients; adequate provision of information on the LAFP method selected, and; infection prevention. Increasing trainees' awareness on the importance of assuring confidentiality needs consideration. Infection prevention techniques and providing clients with information on the method of choice were also areas that require more emphasis in the training, as is adequate client screening. Due to insufficient numbers of clients coming for services during the practical attachment, not all trainees were able to perform the required number of insertions and were therefore not certified for insertion and removal of LAFP methods at the end of the training period. FHI 360 will collaborate with the Family Planning Technical Working Group and training partners to develop an approach to the practical attachment to help ensure that trainees have adequate practice during the training period.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

INTRODUCTION

USAID funds FHI 360 through the PROGRESS project to support the Federal Ministry of Health's General Directorate for Health Promotion and Disease Prevention with technical assistance for monitoring and evaluation of the Implanon® scale-up and IUCD revitalization initiatives. The Implanon® scale-up was the pioneer project, started in June 2009, while the IUCD revitalization initiative began in 2010. Increasing access to and demand for long acting family planning methods is the aim of both initiatives. PROGRESS activities are part of the *Investing in People* component of the U.S. government's Foreign Assistance Framework.

Building capacity of health care providers to deliver quality family planning services, ensuring the continuous supply of family planning commodities to health facilities, and monitoring and evaluation are strategies the FMOH has put in place to scale-up LAFP method use in the country.

The FHI 360 technical assistance strategy is focused on building capacity of Ministry of Health staff at Federal, Regional and Woreda levels to monitor and evaluate the results of the Implanon® and IUCD interventions. Providing trainings on M&E, extraction and analysis of family planning service delivery data to support the decision making process, and establishing FP M&E centers of excellence in selected Woredas of Amhara, Oromia, Tigray and SNNPR are some of the activities conducted through the PROGRESS project. In addition, FHI 360 is mandated to conduct independent evaluations of the trainings of health professionals and health extension workers led by FMOH development partners.

This report provides evaluation results of the trainings on LAFP Implants including Implanon® and Jadelle® and IUCD conducted by IFHP. While Jadelle® is not a focus of the PROGRESS project, it is included in the evaluation as one of the LAFP methods offered in the country. FHI 360 evaluated trainings in Oromia, Amhara, SNNPR and Tigray.

OBJECTIVES

This evaluation was primarily conducted to assess the quality of comprehensive family planning training with an emphasis on LAFP methods and to provide information for future improvements in the training program. The specific objectives were to:

- Assess the quality of classroom instruction.
- Assess uptake of skills by trainees during classroom training and practical attachment.
- Generate results to support improvements in training approaches.

METHODS

The evaluation was conducted by FHI 360 staff and independent consultants. All consultants had a health background (nursing and public health). FHI 360 staff conducted a one-day orientation on the evaluation tools. Trained evaluators used observational methods guided by checklists developed by the FP Technical Working Group to evaluate the trainings. Evaluators observed the preparation of the trainers, classroom training approaches, role play, model demonstration and practice, and the trainers' handling of the training in general. Observations were also conducted on trainee-client interactions during the practical attachment of trainees to health facilities. Evaluators observed trainees conducting client counseling and implant and IUCD insertion and removal procedures. A questionnaire was administered to trainees (pre- and post training) to investigate change in knowledge about the training topics covered. The tools used during this training evaluation include the following:

Classroom evaluation:

- Trainee registration form—used to obtain trainee profiles
- Pre- and post training knowledge evaluation questionnaire
- Training observation checklist
- Counseling skills assessment checklist - scored on a 0-2 scale based on trainee performance in accordance with the training guidelines

Practical attachment evaluation

- Counseling skills assessment checklist—scored on a 0-2 scale based on trainee performance in accordance with the training guidelines
- Clinical insertion and removal assessment checklist—scored on a 0-2 scale also based on trainee performance in accordance with the training guidelines

All tools used for the training evaluation are found in *Appendices 1 to 9*.

The collected data were entered in *Epidata*. Data cleaning and analysis was performed using the statistical package SPSS V.17. Findings are presented using tables and graphs. Summary measures are used to show counseling, insertion, and removal skills of trainees.

RESULTS

In this section, we present the results from the evaluation of the classroom and practical attachment. The trainings were conducted over an eleven-day training period, except in Tigray where training took place over fifteen days. The training included five days of classroom sessions

and six (more in Tigray) days of practical attachment. The practical attachments took place in pre-arranged health facilities (health centers, clinics and hospitals), during which trainees conducted counseling and Implant and IUCD insertions and removals with women from the catchment areas of the health facilities.

TRAINING SITES AND PARTICIPANTS

The training of a total of 76 clinical nurses, midwives, and health officers in four regions was evaluated.

SNNPR (from November 7th to 17th, 2011)

The training was conducted in Yergalem town, Sidama zone. Trainees included 18 health professionals (ten clinical nurses, three midwives and five health officers). Training participants came from Aleta Chuko, Aleta Wondo, Dera, Dilla Zuria, Awasa Zuria, Hulla, Shebedino and Yergachefe Woredas.

Oromia (from November 16th to 26th, 2011)

The training was conducted in Assela town, Arsi zone, and was attended by 19 health professionals (six clinical nurses, seven midwives and six health officers). Training participants came from Shirka, D/Tijo, G/Hasasa, Tiyo, Robe, Dodota, Dodola, Adaba, and Bekoji Woredas and Asela town.

Amhara (from November 16th to 27th, 2011)

The training took place in Debremarkos town, East Gojjam zone. The trainees included 19 health professionals (eight clinical nurses, eight midwives and three health officers). Training participants came from Motta, Debretabor and Debremarkos town administrations and Hulet Eju Enesie, Woreta, Metema and Gendewoha Woredas.

Tigray (from November 21st to December 5th, 2011)

The training took place in Axum, Central Tigray zone. A total of 20 health professionals (15 clinical nurses, four midwives and one health officer) were trained from AbiAdi, Wereleke, Ahferom, Merebleke Woredas and Adigrat and Adwa towns.

The characteristics of the trainings are presented in Table 1.

Table 1: Characteristics of the trainings evaluated

Date	Region	Training site	Total number of trainees
Nov 07 - 17, 2011	SNNPR	Yergalem	18
Nov 16 - 26, 2011	Oromia	Assela	19
Nov 16 - 27, 2011	Amhara	Debremarkos	19
Nov 21 – Dec 05, 2011	Tigray	Axum	20

OVERVIEW OF FINDINGS FROM OBSERVATIONS OF CLASSROOM TRAINING AND PRACTICAL ATTACHMENT

Evaluators examined how the trainers conducted training sessions based on the following topics:

- General training setting and methodology
- Introduction to family planning
- Introduction to Implants
- Implant (Implanon®, Jadelle®) insertion and removal
- IUCD insertions and removal
- Model demonstration
- Practical attachment
- Certification

The classroom training covered theoretical teachings and practical sessions. The practical sessions conducted in-class included role-plays in family planning counseling and Implant and IUCD insertions using arm and pelvic models, respectively. The overall finding of the evaluators is that the trainings were conducted in a satisfactory manner. Trainers were generally patient with their trainees. However, time allotted to the practical sessions with the use of models was not sufficient in all training sites.

Practical attachments were organized by assigning trainees to groups at pre-selected health facilities. According to the training plan, each trainee must serve at least five clients of each type (IUCD, Jadelle®, Implanon®) in order to be certified for LAFP methods. To increase the number of clients on which trainees were able to practice, two approaches were undertaken: reassignment of trainees from facilities with low client flow to ones with a higher client load, and organization of outreach sessions prior to the practical attachment to bring greater numbers of clients to the facilities during the practical attachment period.

The uptake of skills by trainees was found to be generally good. There were a few instances where trainees who excelled in class struggled on real clients during field attachments. However, they adjusted effectively after the first, second, or third client. The reverse was also observed in

which trainees who did not seem to grasp the theoretical and practical skills during classroom sessions excelled when working with real clients.

The key areas found that require improvement in trainer performance during classroom sessions and practical attachment are presented below. The full evaluations of the classroom sessions are contained in *Appendix 10.*

- In two of the training sites, training schedules were not strictly adhered to. There was less time given to practice on the arm and pelvic models than planned.
- Daily feedback to trainees based on trainees' daily evaluation was not included at one training site.
- The topics of medical eligibility criteria, counseling guidelines, and client assessment for use of implants and IUCD, infection prevention practices in provision of IUCD service, and management of side effects with the use of Implanon® were not covered in sufficient depth at one of the training sites.
- In three training sites out of the four, trainers did not use the learning guides for FP counseling skills and Jadelle®, Implanon® and IUCD insertion and removal clinical skills to evaluate trainees on model demonstration.
- At all of the training sites, trainees practiced counseling and insertion of the long-acting methods (Jadelle®, Implanon® and IUCD) on an insufficient number of clients.
- Trainers did not fill in appropriate checklists to evaluate trainees' performance during practical attachments at three training sites.

NUMBER OF IMPLANT AND IUCD INSERTIONS DURING PRACTICAL ATTACHMENT

According to the training guidelines, trainees are required to provide counseling and perform at least five insertions of each of the long acting methods (Jadelle®, Implanon® and IUCD) in order to be certified. A specific number of removals of the three types of LAFP to be carried out by each trainee is not defined.

Most implant and IUCD acceptors who came into the health facilities where trainees were on practical attachment had been counseled by Health Extension Workers (HEW) and community mobilizers prior to coming to the health facilities. We observed that most of the women who accepted LAFP insertions during training were current users of injectable contraceptives. However, some clients who were first time FP users also received the methods.

Figure 1 shows the total number of Implanon®, Jadelle® and IUCD insertions conducted by trainees during their practical attachment. Overall, 331 Implanon®, 206 Jadelle® and 179 IUCD insertions were conducted by the 76 trainees (an average of 4.4 Implanon®, 2.7 Jadelle® and 2.4

IUCD insertions per trainee) in the trainings evaluated. Slightly larger numbers of IUCD insertions were conducted in the Axum and Assela training areas.

Figure 1: Total number of Implanon®, Jadelle® and IUCD insertions conducted by trainees in each training site

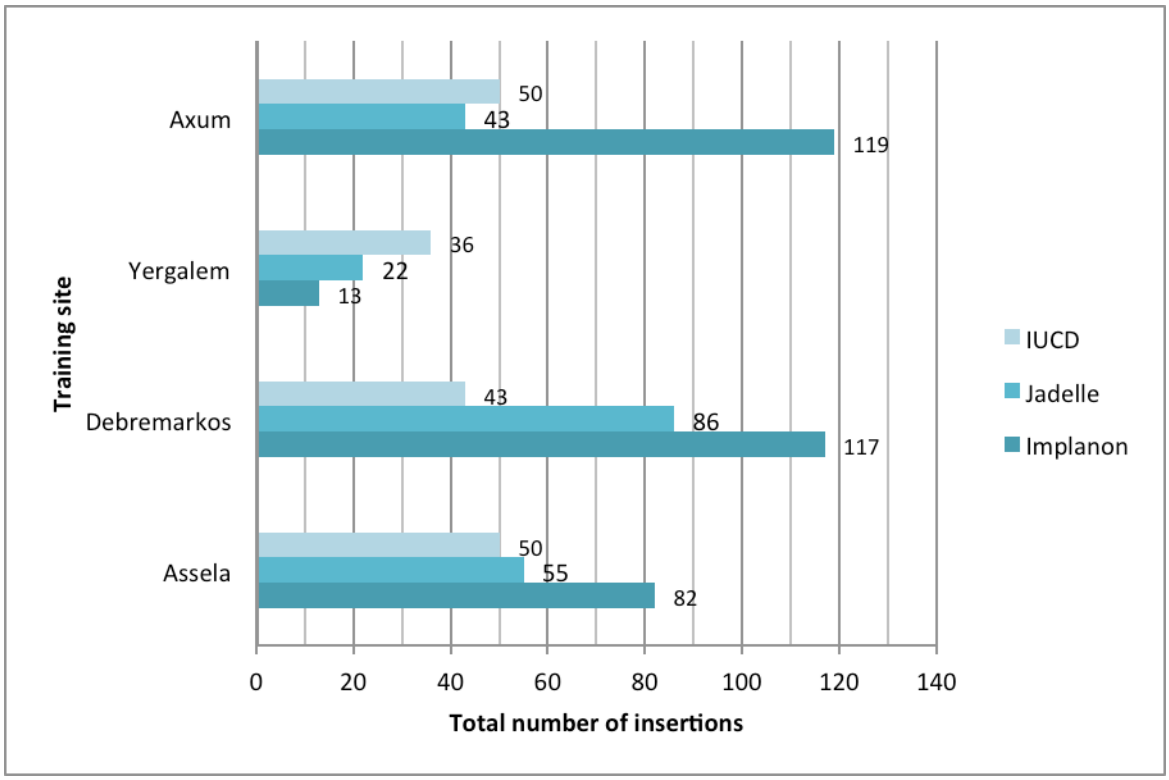


Table 2, below, shows the number and percent of trainees by the number of insertions conducted during practical attachment. No trainee was able to conduct the required number of insertions of all three types of LAFP. Fifty-five percent of trainees conducted five or more Implanon® insertions. More than 80% of trainees in Debremarkos and Axum conducted five or more Implanon® insertions. Seven trainees in Yirgalem and one trainee in Assela were not able to perform any Implanon® insertions. No trainees in the Yergalem and Axum trainings were able to carry out the required five or more Jadelle® insertions. Moreover, only two out of the 76 total trainees were able to conduct the minimum of five or more IUCD insertions during the trainings. However, all but one trainee (in Yergalem) conducted at least one IUCD insertion.

Table 2: Number and percent of trainees by number of implant and IUCD insertions conducted

Methods	# of insertions	Amhara Debremarkos (n=19)	Oromia Assela (n=19)	SNNPR Yergalem (n=18)	Tigray Axum (n=20)	Total (n=76)
Implanon®						
	0	0	1 (5.3%)	7 (38.9%)	0	8 (10.5%)
	1–4	3 (15.8%)	9 (47.4%)	11 (61.1%)	3 (15.0%)	26 (34.2%)
	5+	16 (84.2%)	9 (47.4%)	0	17 (85.0%)	42 (55.3%)
Jadelle®						
	0	0	2 (10.5%)	3 (16.7%)	2 (10.0%)	7 (9.2%)
	1–4	13 (68.4%)	12 (63.2%)	15 (83.3%)	18 (90.0%)	58 (76.3%)
	5+	6 (31.6%)	5 (26.3%)	0	0	11 (14.5%)
IUCD						
	0	0	0	1 (5.6%)	0	1 (1.3%)
	1–4	19 (100%)	19 (100%)	17 (94.4%)	18 (90.0%)	73 (96.1%)
	5+	0	0	0	2 (10.0%)	2 (2.6%)

As shown in figure 2, below, the average number of insertions of Implanon® per trainee was highest in the Debremarkos (6.2) and Axum (6) trainings. Whereas in the Assela and Yergalem trainings, the average number of Implanon® insertions per trainee was lower than the recommended minimum of five insertions per trainee (4.3, 0.7). Average numbers of IUCD insertions were fairly similar for all of the training sites (2.0-2.6), and did not meet the minimum standard. Numbers of Jadelle® insertions were more varied by site (1.2-4.5), but the average number of insertions was less than the required five in all four training sites.

Figure 2: Average number of Implanon®, Jadelle® and IUCD insertions per trainee in each training site

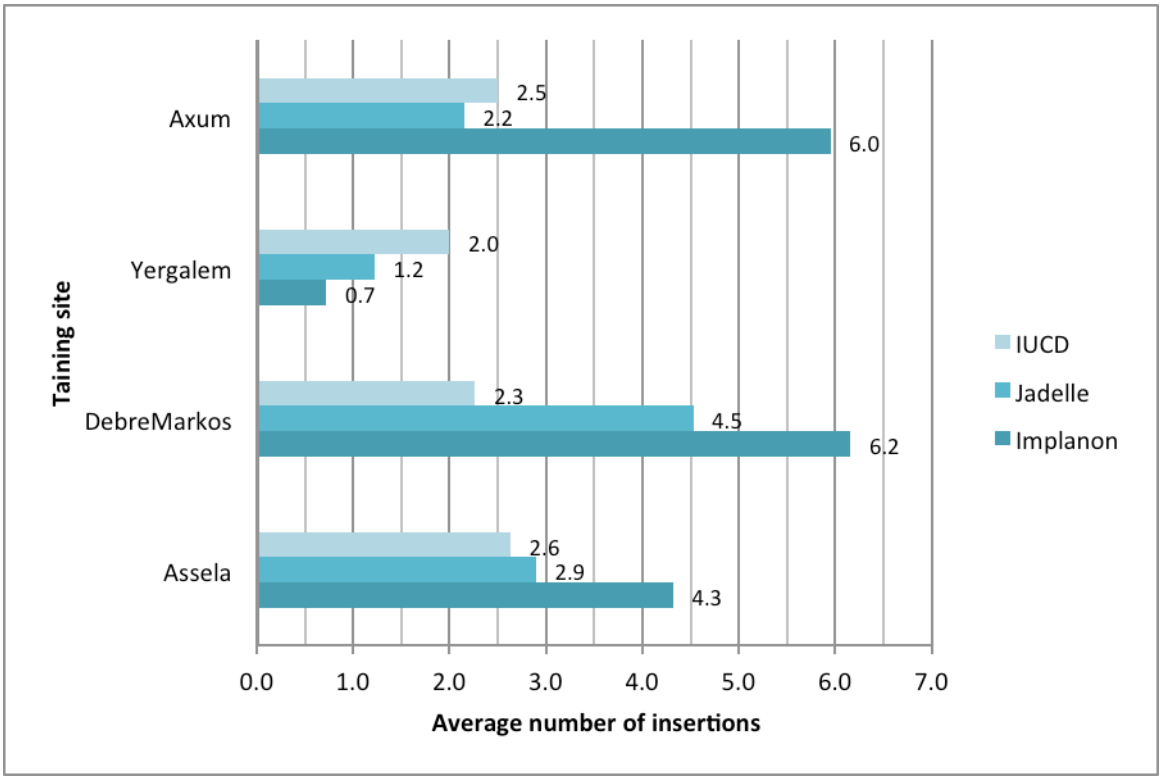
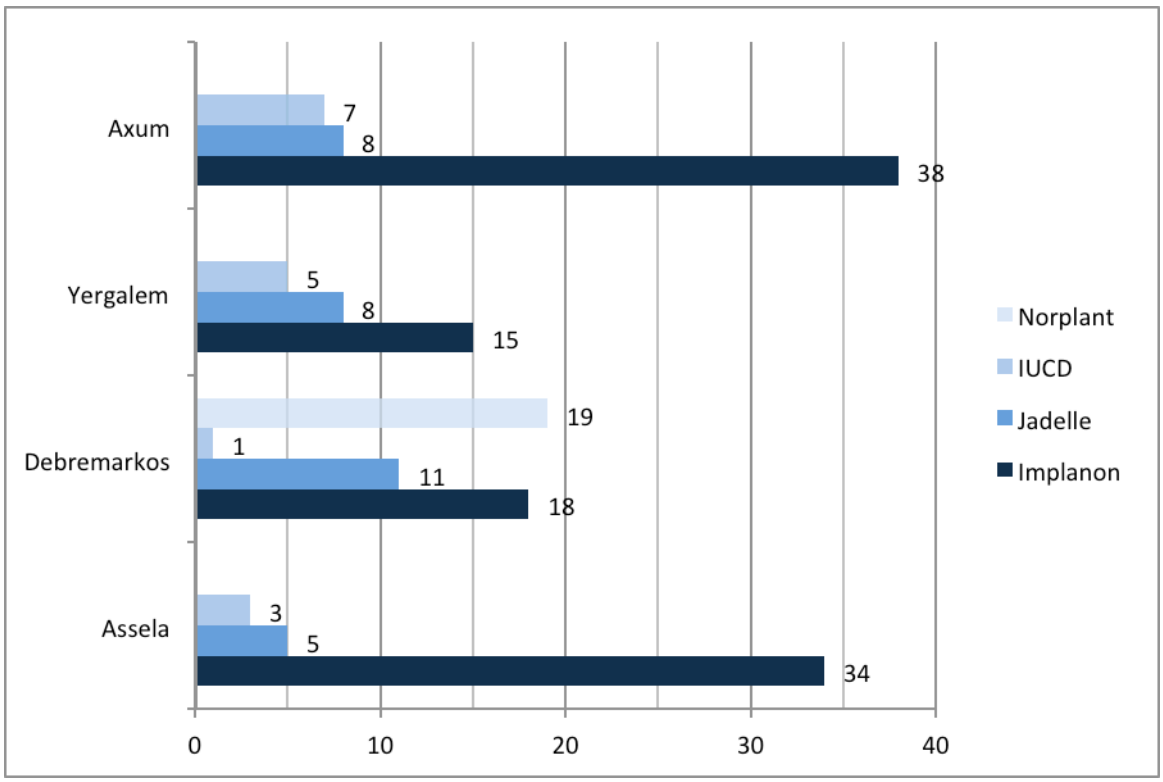


Figure 3 shows the total number of Implants and IUCD removals conducted by trainees during their practical attachment. Not all of these removals were evaluated; there were a total of 72 Implanon®, 13 Jadelle®, 19 Norplant® and 10 IUCD removals evaluated across all the trainings sites. Norplant removal was only conducted in the Debremarkos training area. The highest numbers of Implanon® removals were carried out in Axum (38) and Assela (34). The highest numbers of IUCD removals were performed in Axum (7) and Yergalem (5).

Figure 3: Total number of Implanon®, Jadelle®, Norplant® and IUCD removals conducted by trainees in each training site



COUNSELING SKILLS

Trainees were evaluated on counseling skills based on the REDI (Rapport building, Exploration, Decision making and Implementation) framework adopted by the FMOH. A three-point scale (0-2) was used to rate the skills of trainees performing each of the identified counseling elements. A score of 1.0 or above meets or exceeds the standard required. Scores were calculated based on observations of each trainee counseling between five and 15 clients except in Yergalem, where only one trainee was able to fulfill this criterion. The evaluation of counseling skills in Yergalem was further hindered by the language barrier that prevented the evaluators from fully assessing trainees' skills.

Trainees generally scored high on counseling skills. The average scores on counseling skills were 1.4 or greater, with the exception of the elements below:

- Assure confidentiality and privacy (all training sites)
- Explain the need to discuss sensitive and personal issues (Assela)
- Explore client's social context, circumstances, and relationships (Yergalem)

- Explore issues related to sexuality (Debremarkos)
- Explain STI risk and dual protection, and help the client determine his or her risk for contracting and/or transmitting STIs (Debremarkos)
- Screen client for possible medical conditions (Debremarkos)
- Explore in-depth the reasons for the client's dissatisfaction (Axum)
- Have the client develop skills to use his or her chosen method and condoms (Debremarkos and Assela)
- Identify barriers the client may face in implementing his or her decision and develop strategies to overcome barriers (Yergalem and Assela)

Counseling skills found to be very well practiced by trainees, with average scores of 1.8 or over in each training site, include the following:

- Greet client with respect
- Use communication skills effectively
- Explore in-depth the client's reason for the visit
- Focus your discussion on method(s) of interest to client

Detailed findings on the trainees' counseling skills by training site are provided in Table 3.

Table 3: Mean scores for counseling skills of trainees

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=17)	Yergalem (n=1)	Assela (n=13)	Axum (n=20)
Rapport building				
Greet client with respect	2.0	2.0	2.0	2.0
Make introduction	1.9	2.0	2.0	2.0
Assure confidentiality and Privacy	1.4	1.3	1.2	1.4
Explain the need to discuss sensitive and personal issues	1.6	1.7	1.2	1.7
Use communication skills effectively	1.8	2.0	1.8	2.0
Exploration				
Explore in-depth the client's reason for the visit	1.8	2.0	2.0	1.9
Explore client's reproductive history and goals	1.7	2.0	1.9	1.8
Explore client's social context, circumstances, and relationships	1.5	1.3	1.8	1.8
Explore issues related to sexuality	1.3	1.7	1.7	1.6
Explore client's history of HIV and other STIs	1.5	1.7	1.7	1.8
Explain STI risk and dual protection, and help the client determine his/her risk for contracting &/or transmitting STIs	1.4	1.8	1.6	1.9
Focus your discussion on method(s) of interest to client	1.8	1.7	2.0	1.9
Rule out pregnancy and explore factors related to monthly bleeding and any recent pregnancy	1.7	2.0	1.9	1.9
Screen client for possible medical conditions	1.3	1.8	1.8	1.9
Explore the client's satisfaction with the current method	1.9	NA	1.9	1.6
Confirm correct method use	1.9	NA	1.8	1.6
Ask the client about changes in his or her life	1.6	NA	1.9	1.8
Explore in-depth the reasons for the client's dissatisfaction	1.8	NA	NA	1.3
Decision Making				
Identify decisions the client needs to confirm or make	1.7	2.0	1.9	1.9
Explore relevant options for each decision	1.7	2.0	1.8	1.9
Help the client weigh the benefits, disadvantages, and consequences of each option	1.6	2.0	1.7	1.9
Encourage the client to make his or her own decision	1.7	2.0	1.8	1.9
Implementation				
Assist the client in making a concrete and specific plan for carrying out the decision(s)	1.5	2.0	1.7	1.9
Have the client develop skills to use his or her chosen method and condoms	1.3	2.0	1.2	1.9
Identify barriers the client may face in implementing his or her decision	1.5	1.7	1.2	1.9
Develop strategies to overcome the barriers	1.6	1.3	1.2	1.9
Make a plan for follow-up and/or provide referrals	1.6	1.7	1.5	1.9

NA = Not applicable (elements that do not apply to the clients presented at the settings)

INSERTION SKILLS

Trainees were found to be capable of competently performing IUCD, Jadelle® and Implanon® insertions. A three point scale (0=Not done/done incorrectly, 1= Needs improvement, and 2= Competently performed) was used to rate trainees' skills in performing all of the IUCD, Jadelle® and Implanon® insertion elements. While a high percentage (90% or higher) of trainees was found to be competent at the required tasks while providing services to their first clients, some trainees achieved competency in the insertion procedures only after the first, second, or third clients. By the fourth client for IUCD, Jadelle, or Implanon, 100% of trainees competently performed insertions of the respective type of LAFP.

The average scores on insertion skills were calculated based on observations of each trainee inserting each of the methods for between two and five clients.

IUCD INSERTION

The IUCD insertion procedure involves pre-insertion medical assessment, pre-insertion tasks, insertion tasks, and post insertion tasks.

TRAINEE PERFORMANCE DURING IUCD PRE-INSERTION MEDICAL ASSESSMENT

The training guidelines require that each trainee, both during the model demonstration and practical attachment, conducts a pre-insertion medical assessment that includes ensuring that the client has understood the information provided on the IUCD and informing the client about the availability of analgesics. Table 4 shows the evaluation results on these pre-insertion activities. Generally, the average scores of trainees were 1.5 or higher, except for the following elements (for trainings conducted in Debremarkos and Assela):

- Ask the client to repeat information to ensure she understands
- If the client is tense, explain that analgesics are available, and provide, if requested

Table 4: Average scores of trainees on IUCD pre-insertion medical assessment

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=15)	Yergalem (n=12)	Assela (n=12)	Axum (n=19)
Pre-insertion medical assessment				
Greet client politely, introduce one self, offer a seat and ensure privacy	2.0	2.0	2.0	2.0
Ask client if she still wants the IUCD (CU-T 380A) inserted	2.0	1.8	1.9	2.0
Review with client information in her record and ensure that she has been appropriately counseled for IUCD (CU-T 380A) insertion	1.9	1.9	1.5	1.9
Review reproductive goal and pertinent general medical history	1.5	1.9	1.5	1.7
Explain to client that you will do a pelvic exam and insert the IUCD if all is normal during the pelvic exam, and also provide more detailed information about IUCD (Cu-T 380A)	1.6	1.9	1.6	1.8
Ask the client to repeat information to ensure that she understands	1.4	1.7	1.1	1.8
If client is nervous and tense, explain that analgesics are available, provide if requested, and wait 20 minutes to insert the IUCD	1.4	1.8	0.5	1.8

TRAINEE PERFORMANCE DURING IUCD PRE-INSERTION TASKS

Explaining the procedure to the client, confirming that the client has emptied her bladder, performing abdominal examination, washing hands, and making ready all the necessary instruments are the pre-insertion tasks expected to be performed by trainees before inserting the IUCD. Table 5 shows the evaluation results on these activities. Average scores for most of the elements were 1.5 or higher, with the exception of two elements (in the Assela training):

- Drape the client for pelvic examination
- Wash hands thoroughly with soap and water and dry

Table 5: Average scores of trainees on IUCD pre-insertion tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=15)	Yergalem (n=12)	Assela (n=12)	Axum (n=19)
Pre-insertion tasks				
Ensure that needed supplies and equipment are available	1.9	1.9	1.8	1.9
Confirm the client has recently emptied her bladder	1.8	1.8	1.9	1.8
Help the client onto the examination table	1.8	2.0	1.9	2.0
Explaining to client what you are doing at each step; ask her to tell you if she experiences discomfort; remind her to take deep breaths and relax	1.7	1.9	1.8	1.9
Palpate abdomen and check for lower abdominal, suprapubic, tenderness and masses or other abnormalities	1.8	1.7	1.5	1.9
Drape the client appropriately for pelvic exam	1.5	2.0	1.2	2.0
Wash hands thoroughly with soap and water and dry	1.8	1.7	1.0	2.0
Open high-level disinfected instrument pan or sterile pack/container without touching instruments, pour iodine solution in a cup, open gauze package	2.0	1.9	1.9	1.9
Put new examination gloves on both hands	2.0	2.0	2.0	2.0
Arrange instruments and supplies on a high-level disinfected or sterile tray or draped area without touching the parts of the instruments that will go into the uterus or pierce the mucosa	1.8	2.0	1.8	1.9

TRAINEE PERFORMANCE DURING PELVIC EXAMINATION AND IUCD INSERTION TASKS

All trainees performed well on the pelvic examination and IUCD insertion tasks. As shown in Table 6, average scores on pelvic examination ranged from 1.5 to 1.9 for elements evaluated.

Table 6: Average scores of trainees on pelvic examination

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=15)	Yergalem (n=12)	Assela (n=12)	Axum (n=19)
Pelvic Examination				
Inspect external genitalia and urethral opening	1.8	1.8	1.6	1.9
Perform bimanual exam	1.7	1.9	1.5	1.9
Perform speculum exam	1.7	1.9	1.8	1.9

Trainees performed well on IUCD insertion tasks as well. IUCD insertion tasks include communicating with the client and a series of specific tasks for ensuring infection prevention and correct positioning of the IUCD. Table 7 shows the evaluation results on IUCD insertion tasks. Average scores of trainees were all between 1.5 and 2.0 for all tasks.

Table 7: Average scores of trainees on IUCD insertion tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=15)	Yergalem (n=12)	Assela (n=12)	Axum (n=19)
Insertion tasks				
If both bimanual and speculum exams are normal, tell the client that she is ready for the IUCD insertion; ask her if she has any questions	1.6	1.8	1.8	1.9
Clean the cervix and the vagina with antiseptic solution 2 times using 2 gauzes, and wait 2 minutes for the solution to act	1.9	1.9	1.9	2.0
While holding the speculum with one hand, gently grasp the cervix with the tenaculum horizontally at the 2 and 10 o'clock positions	1.7	2.0	1.8	1.8
While gently pulling on the tenaculum, pass the uterine sound device through the cervix to the top of the uterus without touching the side walls of the vagina or the speculum blades	1.7	1.9	1.8	2.0
Remove the uterine sound device along with the sponge forceps and determine the depth of the uterine cavity by reading from the uterine sound device	1.8	1.9	1.8	1.9
Place the uterine sound device in 0.5% chlorine decontamination solution	1.5	1.9	1.5	1.9
Load the Copper T 380A while it remains inside the sterile package	1.7	1.9	1.9	1.9
With the loaded IUCD (CU-T 380A) still in the partially opened sterile package, move the flange (blue depth gauge) to the corresponding measurement obtained from sounding the uterus	1.8	1.9	2.0	1.9
Complete opening the plastic cover of the package in one continuous movement with one hand, while holding the tube and rod down against the table (at the open end of the package) with the other hand	1.8	2.0	2.0	2.0
Remove the loaded inserter tube without touching anything that is not sterile	1.6	1.9	2.0	1.9
Hold the inserter tube with your palms turned upwards and the flange in the horizontal position	2.0	1.8	1.9	1.9
Hold the tenaculum and the white rod stationary in one hand	1.7	1.8	1.9	1.9
Release the arms of the IUCD (CU-T 380A) using withdrawal technique:	1.8	1.8	1.9	2.0
Remove the white rod	1.7	1.8	2.0	2.0
Carefully move the inserter tube upward toward the top of the uterus until slight resistance is felt.	1.7	1.8	1.8	2.0
Partially remove the inserter tube from the cervical canal until IUCD strings can be seen protruding from cervical os	1.8	1.8	2.0	1.9
With the strings stabilized inside by the partially removed inserter tube cut the IUCD (CU-T 380A) strings to 3 cm length and remove the inserter	1.8	1.7	1.8	1.9
Gently remove the tenaculum and place it in 0.5% chlorine decontamination solution	1.5	1.8	1.6	1.9
Examine the cervix. If bleeding at the tenaculum puncture site(s), place a cotton swab or gauze over the bleeding site and apply gentle pressure for 30–60 seconds	1.9	1.6	1.7	1.9

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=15)	Yergalem (n=12)	Assela (n=12)	Axum (n=19)
Gently remove the speculum, pull it out while gently closing the blades and rotating it counterclockwise to the vertical position and place it in 0.5% chlorine decontamination solution	1.8	1.8	2.0	1.9
Allow the client to rest until she feels ready to get dressed; help her off the table when she feels ready	1.9	2.0	1.8	1.9

TRAINEES PERFORMANCE ON IUCD POST INSERTION TASKS

Post insertion tasks include proper handling of contaminated materials, hand washing, providing instruction to the client, recording the procedure and decontaminating the examination table. As with other measurement parameters, most trainees scored high on the post insertion tasks, with mean scores ranging from 1.6 - 2.0. However, for the following elements, the average scores were less than 1.5 on the following infection prevention tasks in the Assela and Debremarkos training:

- Immersing gloved hands in 0.5% chlorine solution before removing gloves (Assela).
- Washing hands after the procedure (Assela).
- Using 0.5% chlorine solution to decontaminate the examination table after the procedure (Debremarkos and Assela).

Table 8 shows evaluation scores of trainees for all IUCD post insertion elements.

Table 8: Average scores of trainees on IUCD post insertion tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=15)	Yergalem (n=12)	Assela (n=12)	Axum (n=19)
Post insertion tasks				
Dispose of waste materials such as cotton balls or gauze by placing them in a leak proof container or plastic bag	1.9	2.0	1.9	2.0
Immerse both gloved hands in 0.5% chlorine decontamination solution. Remove gloves by turning them inside out	1.7	1.6	1.0	1.9
Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry	1.6	1.7	1.1	2.0
Provide post insertion instructions	1.6	2.0	1.7	1.8
Complete the IUCD card, client record and IUCD register/log (as applicable	1.8	2.0	1.9	1.9
After the client has left, wear utility gloves and clean the examination table with the 0.5% chlorine decontamination solution	1.4	1.9	1.1	1.9

JADELLE® INSERTION

The Jadelle® insertion procedure requires a pre-insertion medical assessment and counseling, pre-insertion tasks, insertion tasks and post insertion tasks with counseling.

TRAINEE PERFORMANCE DURING JADELLE® PRE-INSERTION MEDICAL ASSESSMENT

The training guidelines require that each trainee, both during model demonstrations and practical attachment, conducts a pre-insertion client assessment for medical conditions, reproductive history and understanding of the client on the method of choice. Table 9 shows the evaluation results on these pre-insertion activities. Generally, the average scores of trainees were 1.6 or higher, except for the following four elements:

- Decision to perform insertion or refer for further evaluation (Debremarkos).
- Provide more detailed information about Jadelle® (Debremarkos).
- Ask the client to repeat information to ensure her understanding (Debremarkos & Assela).
- Describe the insertion procedure and what to expect (Debremarkos)

Table 9: Average score of trainees on Jadelle® pre-insertion assessment and counseling

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=17)	Yergalem (n=6)	Assela (n=8)	Axum (n=15)
Pre-insertion client assessment and counseling				
Greet client politely, introduce one-self, offer a seat and ensure privacy	1.9	2.0	2.0	2.0
Ask the woman about her reproductive goals and need for protection against STIs	1.8	1.7	1.9	2.0
Make sure that the woman's contraceptive choice is Jadelle®	1.9	1.8	1.8	2.0
Review client screening checklist to determine if Jadelle® is an appropriate choice for the client	1.6	1.8	1.8	1.9
Make decision to perform (or refer for) further evaluation, if indicated	1.0	1.7	–	1.8
Provide more detailed information about Jadelle®	1.3	1.9	1.7	1.8
Show the client the package of Jadelle®, and using a training model, show her how the rods are inserted	1.6	1.8	1.8	1.8
Ask the client to repeat information to ensure that she understands	1.4	1.8	1.4	1.9
Respond to client's needs and concerns about Jadelle®	1.6	1.7	1.9	2.0
Describe insertion procedure and what to expect	1.4	1.7	1.9	1.8

TRAINEE PERFORMANCE DURING JADELLE® PRE-INSERTION TASKS

Before inserting Jadelle® each trainee is expected to explain the procedure to the woman; ensure availability of required instruments; make sure the client has thoroughly washed her arm; position the client's non-dominant hand, and; prepare the insertion site. Table 10 shows evaluation results on these activities. For almost all of the elements, the average scores of trainees were 1.7 or higher except for one element (hand washing) which was scored less than 1.5 in the Yergalem and Assela trainings.

Table 10: Average score of trainees on Jadelle® pre-insertion tasks

	Amhara Debremarkos (n=17)	SNNPR Yergalem (n=6)	Oromia Assela (n=8)	Tigray Axum (n=15)
Pre-insertion tasks				
Ensure that needed supplies and equipment are available and made ready for use	1.9	2.0	2.0	1.9
Tell the client what is going to be done and encourage her to ask questions	1.7	1.8	1.8	1.9
Check to be sure that client has thoroughly washed her entire arm with soap and water	1.9	1.7	1.9	1.9
Help the client onto the examination table	1.9	1.8	1.9	1.8
Position the woman's arm and place clean, dry cloth under her arm	1.8	1.8	1.8	2.0
Using template, mark position on arm for insertion of capsules i.e. 8 cm above the elbow fold, open your sterile instrument and supply package to make ready for use	1.8	1.9	1.8	1.9
Wash hands thoroughly and dry them	1.7	1.4	1.1	1.9
Put sterile gloves on both hands	1.9	1.9	2.0	1.9
Prepare insertion site with iodine solution two times then put fenestrated drape over the arm	1.8	2.0	1.9	2.0
Inject local anesthetic about 2ml (1% lidocaine without epinephrine) just under skin	1.8	2.0	2.0	2.0
Check for anesthetic effect before making skin incision	1.8	1.9	1.8	2.0

TRAINEE PERFORMANCE DURING JADELLE® INSERTION TASKS

Trainees are required to perform a series of specific tasks to ensure correct placement of the Jadelle® capsules in the client's arm. The performance of all evaluated trainees on Jadelle® insertion tasks was good. As shown in Table 11, the average scores ranged from 1.8 to 2.0 for the elements evaluated.

Table 11: Average score of trainees on Jadelle® insertion tasks

	Amhara Debremarkos (n=17)	SNNPR Yergalem (n=6)	Oromia Assela (n=8)	Tigray Axum (n=15)
Insertion tasks				
Holding the disposable trocar at about a 45° angle, insert directly through the skin	1.8	1.9	1.8	1.9
Lift the skin with the tip of the trocar and while tenting the skin, advance trocar and plunger to mark (1) nearest hub of trocar	1.9	1.9	1.9	1.9
Remove plunger and load capsule into trocar with gloved hand or forceps	1.9	1.9	2.0	2.0
Reinsert plunger and advance it until resistance is felt	1.9	2.0	2.0	2.0
Hold plunger firmly in place with one hand and slide trocar out of incision until it reaches plunger handle	1.9	1.9	1.9	1.9
Withdraw trocar and plunger together until mark (2) nearest trocar tip just clears incision	1.9	1.9	1.9	2.0
Move tip of trocar away from end of capsule and hold capsule out of the path of the trocar	2.0	2.0	1.9	2.0
Redirect trocar about 15° and advance trocar and plunger to mark (1)	1.9	1.9	1.9	1.9
Insert remaining capsule using the same technique	1.9	1.9	2.0	2.0
Palpate capsules to check that two capsules have been inserted in V shape distribution	1.8	1.8	1.9	1.9
Palpate incision to check that the ends of the two capsules are 5 mm away from incision site	1.8	1.8	1.9	2.0
Remove trocar only after insertion of last capsule	1.9	1.9	2.0	1.9

TRAINEE PERFORMANCE DURING JADELLE® POST INSERTION TASKS & COUNSELLING

Post insertion tasks included applying pressure dressing to the insertion site, proper handling of contaminated materials, hand washing and recording the procedure. Additionally, trainees are expected to provide instructions on wound care and removal options to the client. As shown in table 12, most trainees scored high on the post insertion tasks and counseling with mean scores ranging from 1.5 to 2.0. However, average scores below 1.5 were noted in the following elements;

- Place instruments in 0.5% chlorine solution before removing gloves (Assela)
- Immersing gloved hands in 0.5% chlorine solution before removing gloves (Debremarkos and Assela)
- Washing hands after the procedure (Debremarkos, Yergalem and Assela)
- Ask client to repeat instructions and answer client's questions (Yergalem)

Table 12: Average score of trainees on Jadelle® post insertion tasks and counseling

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=17)	Yergalem (n=6)	Assela (n=8)	Axum (n=15)
Post insertion tasks				
Remove drape and wipe client's skin with alcohol	1.6	1.7	1.7	2.0
Bring edges of incision together and closes it with cotton or gauze swab	1.8	1.8	2.0	2.0
Apply pressure dressing snugly	1.9	2.0	2.0	2.0
Before removing gloves, place all instruments into a container filled with 0.5% chlorine solution for decontamination	1.5	1.6	1.4	1.8
Dispose waste materials by placing in leak proof container or plastic bag	1.6	1.9	2.0	2.0
Immerse gloved hands in 0.5% chlorine solution and remove gloves by turning inside out	1.3	1.5	0.9	1.9
Wash hands thoroughly and dry them	1.3	1.3	0.9	1.9
Complete client record, including drawing position of capsules	1.8	1.9	1.9	1.8
Post insertion counseling				
Instruct client regarding wound care and makes return visit appointment, if necessary	1.8	2.0	2.0	2.0
Discuss what to do if client experiences any problems following insertion or side effects	1.7	1.8	1.9	1.9
Assure client that she can have capsules removed at any time if she desires	1.7	1.9	1.9	1.9
Ask client to repeat instructions and answer client's questions	1.5	1.4	1.5	2.0
Observe client for at least 15 to 20 minutes before sending her home	1.5	1.7	1.7	1.7

IMPLANON® INSERTION

Implanon® insertion procedure requires doing pre-insertion medical assessment, pre-insertion tasks, insertion tasks and post insertion tasks with counseling.

TRAINEE PERFORMANCE DURING IMPLANON® PRE-INSERTION MEDICAL ASSESSMENT

The training guidelines require that each trainee, both during the model demonstration and practical attachment, conducts of pre-insertion client assessment for medical conditions, reproductive history and understanding on Implanon®. Table 13 shows the evaluation results on these initial activities. Generally, the average scores of trainees on pre-insertion elements were 1.5 or higher, except on the following four elements (in Debremarkos):

- Decision to perform insertion or refer for further evaluation
- Provide more detailed information about Implanon®
- Show the client the package of Implanon® and show her how the rod is inserted
- Ask the client to repeat information to ensure that she understands

Table 13 Average score of trainees on Implanon® pre-insertion medical assessment

	Amhara Debremarkos (n=19)	SNNPR Yergalem (n=2)	Oromia Assela (n=13)	Tigray Axum (n=20)
Pre-insertion medical assessment				
Greet client politely, introduce one-self, offer a seat and ensure privacy	1.9	2.0	1.9	2.0
Ask client if she still wants the Implanon® inserted	1.9	2.0	1.9	2.0
Review with client information in her record and ensure that she has been appropriately counseled for Implanon® insertion; ask client what questions she has about the implant	1.7	2.0	1.9	2.0
Review reproductive goal and pertinent general medical history with client	1.7	2.0	1.8	1.8
Perform (or refer for) further evaluation, if indicated	0.9	2.0	–	1.8
Provide more detailed information about Implanon	1.4	1.8	1.9	1.8
Show the client the package of Implanon, and using a training model, show her how the rods are inserted	1.4	2.0	1.8	1.8
Ask the client to repeat information to ensure that she understands	1.4	2.0	1.5	1.8
Describe the insertion procedure and what to expect	1.5	2.0	1.8	1.9

TRAINEE PERFORMANCE DURING IMPLANON® PRE-INSERTION TASKS

Each trainee is expected to explain the Implanon® insertion procedure to the woman, ensure availability of the required instruments, make sure the client has thoroughly washed her arm, position the client's non-dominant hand and prepare the insertion site. As shown on table 14, average scores for all of the evaluation elements were good at 1.7 and above.

Table 14: Average score of trainees on Implanon® pre-insertion tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (N=19)	Yergalem (N=2)	Assela (N=13)	Axum (N=20)
Pre-insertion tasks				
Ensure that the needed supplies and equipment are available and ready for use	1.8	2.0	2.0	1.9
Check to be sure that the client has thoroughly washed and rinsed her entire non-dominant arm	2.0	1.8	1.9	1.8
Help the client onto the examination table.	2.0	2.0	1.9	2.0
Explaining what you are doing at each step; remind her to tell you if she experiences discomfort and to take deep breaths and relax.	1.7	1.8	1.9	1.8
Allow the client to lie on her back with her non dominant arm turned outwards and bent at the elbow	1.9	2.0	2.0	2.0
Mark the insertion site	1.9	2.0	2.0	2.0

TRAINEE PERFORMANCE DURING IMPLANON® INSERTION TASKS

Trainees are required to undertake specific steps to ensure infection prevention, anaesthetize the insertion site, and to correctly insert the Implanon® implant. Generally, average scores of trainees on Implanon® insertion elements were between 1.8 and 2.0. Washing hands before the procedure (in Assela) and draping the insertion site (in Assela and Debremarkos) were the only items with a lower score. Table 15 shows the average Implanon® insertion task scores.

Table 15: Average score of trainees on Implanon® insertion tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=19)	Yergalem (n=2)	Assela (n=13)	Axum (n=20)
Insertion tasks				
Wash hands thoroughly and dry them.	1.9	1.8	1.2	2.0
Put on sterile gloves.	1.9	1.8	1.9	2.0
Clean the insertion site two times with the iodine solution, using folded gauze.	1.9	2.0	2.0	2.0
Drape with a small fenestrated drape, if available.	1.0	2.0	0.6	1.9
Anaesthetize with 1ml of 1% lidocaine applied just under the skin along the insertion area	1.8	2.0	1.9	2.0
Remove the sterile disposable applicator carrying the Implanon, from its blister and remove the needle shield	2.0	2.0	2.0	2.0
Always hold the applicator in the upward position to prevent the implant from dropping out.	1.9	2.0	1.9	2.0
Visually verify the presence of the implant inside the metal part of the cannula	1.8	2.0	1.9	1.9
Keep the cannula and the implant sterile	1.9	2.0	2.0	1.9
Stretch the skin around the insertion with thumb and index finger place the hand over the insertion site, directed towards you	1.8	2.0	2.0	1.9
Insert only the tip of the cannula, slightly angled (~ 20°)	1.8	2.0	2.0	1.9
Release the skin and lower the applicator to a horizontal position	1.9	2.0	2.0	2.0
Lift the skin with the tip of the needle	1.9	2.0	2.0	2.0
Gently advance, while lifting the skin, forming a tent, until inserting the full length of the cannula without using force. Keep the applicator parallel to the surface of the skin	1.9	2.0	1.9	2.0
Break the seal of applicator. Turn the obturator 90 degree.	2.0	2.0	2.0	2.0
Fix the obturator with one hand against the arm and with the other hand slowly pull out the cannula out of the arm, never push against the obturator	1.9	2.0	2.0	1.9
Remove the cannula, apply pressure to the opening site to stop any bleeding and verify the presence of sub-dermal implant by palpation, and by checking inside the cannula	1.9	2.0	1.9	1.9
Apply sterile gauze with a pressure bandage to prevent bruising	2.0	1.8	1.9	2.0

TRAINEE PERFORMANCE DURING IMPLANON® POST INSERTION TASKS

Implanon® post insertion tasks included applying pressure dressing to the insertion site, proper handling of contaminated materials, hand washing and recording the procedure. Additionally, trainees are expected to provide instructions on wound care and removal options to the client.

As shown in table 16, most trainees scored high on the post insertion tasks and counseling with mean scores ranging from 1.5 to 2.0. However, an average score below 1.5 was noted on hand washing in the Assela training.

Table 16: Average score of trainees on Implanon® post insertion tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=19)	Yergalem (n=2)	Assela (n=13)	Axum (n=20)
Post insertion tasks				
Dispose of the cannula in safety box as any other sharps/needle	1.9	2.0	1.9	2.0
Dispose of waste materials, decontaminate and clean the work tops	1.9	2.0	2.0	1.9
Wash hands thoroughly with soap and water and dry with clean towel or air dry	1.5	2.0	1.2	1.9
Fill-out the two parts of the user card	1.9	2.0	2.0	2.0
Provide post insertion instructions	1.7	2.0	1.9	1.9

REMOVAL SKILLS

A three point scale (0-2) was used to rate trainees' skills in performing IUCD and implant removal tasks. As with insertion skills, a score of 1.0 or above is the standard required. The average scores were calculated based on observations of each trainee removing IUCD and implants from one or more clients.

IUCD REMOVAL

From the total of 16 IUCD removals conducted at all training sites, 12 were evaluated. They were performed by a total of 10 trainees from Assela, Yergalem and Axum trainings. Removals were not evaluated in the Debremarkos site.

TRAINEE PERFORMANCE DURING CLIENT ASSESSMENT AND IUCD PRE-REMOVAL TASKS

The IUCD removal training guidelines require each trainee to identify the client's reason for removal, ensure that the client has made an informed decision about the removal, explain the removal procedure and check that the client has emptied her bladder. Before the procedure, each trainee is expected to wash hands thoroughly, position the woman correctly, and arrange the necessary instruments. All evaluated trainees performed well on client assessment and pre-removal tasks. As shown in Table 17, for almost all of the tasks, the average scores ranged from

1.5 to 2.0. Hand washing was the only element with a lower score, in the Yergalem (1.3) and Assela (0.0) trainings.

Table 17: Average scores of trainees on IUCD removal - client assessment tasks

	SNNPR	Oromia	Tigray
	Yergalem (n=3)	Assela (n=1)	Axum (n=6)
Client assessment			
Greet client politely and introduce oneself; offer a seat, ensure privacy; assure client of confidentiality	2.0	2.0	2.0
Ask the client her reason (s) for removing the IUCD	2.0	2.0	2.0
Verify that the client has received counseling and has made an informed decision about removing the IUCD	1.7	2.0	2.0
Explain to the client what will be done and ask her what questions she has	1.7	2.0	1.8
Check that the client has emptied her bladder	1.5	2.0	1.8
Ensure that needed supplies and equipment are available in the procedure room	2.0	2.0	2.0
Help the client onto the examination table and start explaining the procedure	2.0	2.0	1.8
Wash hands thoroughly with soap and water and dry with clean, dry cloth or air	1.3	0.0	1.8
Put new examination gloves on both hands	2.0	2.0	1.8
Arrange the instruments and supplies on high-level disinfected or sterile tray or drape	2.0	2.0	1.8

TRAINEE PERFORMANCE DURING IUCD REMOVAL TASKS

All evaluated trainees performed well on removal of the IUCD. As shown in Table 18, the average scores ranged from 1.8 to 2.0 in all elements evaluated.

Table 18: Average scores of trainees on IUCD removal tasks

	SNNPR	Oromia	Tigray
	Yergalem (n=3)	Assela (n=1)	Axum (n=6)
Removal of the copper T 380 A IUCD			
Insert the bivalve speculum to:	2.0	2.0	1.8
Grasp the strings close to the cervix with hemostat or other narrow forceps	2.0	2.0	1.8
Pull on the strings slowly but firmly to remove the IUCD	2.0	2.0	1.8
Show the IUCD to the client	2.0	2.0	2.0
Immerse the IUCD in 0.5% chlorine solution and dispose it in a leak proof container or plastic bag.	2.0	2.0	1.8
Gently remove the speculum and place in 0.5% chlorine decontamination solution	2.0	2.0	2.0

TRAINEE PERFORMANCE DURING IUCD POST REMOVALTASKS

Post removal tasks for IUCD include proper handling of contaminated materials, hand washing, encouraging the client to rest, recording the procedure and decontaminating the examination table. Table 19 shows the evaluation results for these activities. Generally, the average scores of trainees were 1.7 or higher except for the following four elements:

- Immersing gloved hands in 0.5% chlorine solution before removing gloves (Yergalem)
- Hand washing after the procedure (Yergalem and Assela)
- Encourage the client to rest as needed (Yergalem)
- Decontaminate the examination table with 0.5% chlorine solution (Yergalem)

Table 19: Average scores of trainees on IUCD post removal tasks

	SNNPR	Oromia	Tigray
	Yergalem (n=3)	Assela (n=1)	Axum (n=6)
Post removal tasks			
Before removing gloves, place all instruments in 0.5% chlorine solution for 10 minutes for decontamination	1.7	2.0	2.0
Dispose of waste materials by placing in a leak proof container or plastic bag	1.7	2.0	2.0
Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out, place them in a leak proof container or plastic bag	1.3	2.0	1.8
Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry	1.3	0	1.8
Encourage client to rest as needed, help her from the examination table, ensure she has received needed services and referral; encourage questions	1.3	2.0	1.8
Record the IUCD removal in the client record and register (if and when applicable)	1.7	2.0	2.0
After the client has left, wearing utility gloves clean the examination table with the 0.5% chlorine solution	1.3	2.0	2.0

IMPLANT REMOVAL

Of a total of 156 implant removals conducted, 110 were evaluated. These were performed by 51 trainees from across all the training sites.

TRAINEE PERFORMANCE DURING CLIENT ASSESSMENT AND IMPLANT PRE-REMOVAL TASKS

The implant removal training guidelines require each trainee to identify the client's reason for removal, review client's reproductive goals and explain the removal procedure during client assessment. Then, the pre-removal tasks (assembling the necessary instruments, having the client wash her arm, positioning her and locating the rods) are to be performed. All evaluated trainees performed well on these activities. As shown in Table 20, the average scores ranged from 1.5 to 2.0 in all elements evaluated.

Table 20: Average scores of trainees on client assessment and Implant pre-removal tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=11)	Yergalem (n=12)	Assela (n=12)	Axum (n=16)
Client assessment				
Greet client politely, introduce one-self, offer a seat and ensure privacy.	2.0	1.8	2.0	2.0
Ask the client her reason for removal and answer any questions.	2.0	2.0	2.0	2.0
Review client's present reproductive goals and ask if she wants another method or a new implant	1.9	2.0	1.8	1.9
Describe the removal procedure and what to expect.	1.5	1.5	1.8	1.8
Pre-removal tasks				
Ensure that needed supplies and equipment are available and made ready for use	1.9	2.0	1.9	1.9
Check to be sure client has thoroughly washed and rinsed her entire arm	2.0	2.0	1.5	1.9
Help the client onto the examination table	2.0	2.0	1.8	2.0
Explaining to client what you are doing at each step	1.5	1.9	1.7	1.9
Allow the client to lie on her back with her non dominant arm turned outwards and bent at the elbow	1.9	2.0	2.0	2.0
Locate the rods first with ungloved fingers.	1.9	1.9	2.0	1.9

TRAINEE PERFORMANCE DURING IMPLANT REMOVAL TASKS

Washing hands and putting on gloves, cleaning the implant site with iodine solution, draping the area, anesthetizing the site to be incised, making an incision and removing the implant capsules and showing them to the client are tasks to be performed during implant removal. As shown in Table 21, the overall average scores of trainees on implant removal elements ranged from 1.5 to 2.0 except on two elements: washing hands and draping the area in the Assela and Debremarkos trainings, respectively.

Table 21: Average scores of trainees on implant removal tasks

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=11)	Yergalem (n=12)	Assela (n=12)	Axum (n=16)
Removal tasks				
Wash hands thoroughly and dry them	1.9	1.7	0.9	1.9
Put on sterile gloves.	2.0	2.0	2.0	2.0
Clean the area two times with the iodine solution, using folded gauze.	2.0	2.0	2.0	1.9
Localize the implant.	2.0	2.0	2.0	1.8
Drape with a small fenestrated drape.	1.1	2.0	1.5	1.7
Anaesthetize with 2 ml of 1%lidocaine applied just under the lower tip of the implant	2.0	2.0	1.8	2.0
Check for anesthetic effect before making skin incision.	1.8	2.0	1.9	1.8
Make a small (4 mm) transverse incision on the lower tip of the implants.	1.7	1.9	1.8	2.0
Push the end of capsule easiest to remove towards the incision	1.5	1.9	1.7	1.9
Clean off and open fibrous sheath with sterile gauze (or scalpel if necessary).	1.6	1.9	1.7	2.0
Grasp exposed end of capsule with curved forceps and remove capsule completely.	1.6	1.8	1.8	1.8
After removal of the capsule(s), show to the client.	1.7	1.9	1.9	2.0

TRAINEE PERFORMANCE DURING IMPLANT POST REMOVAL TASKS AND COUNSELING

Post removal tasks required include steps for proper wound care and infection prevention as well as completing client records. Post removal counseling includes instructions for wound care, contraceptive counseling, if desired, assistance obtaining new contraceptive method, if desired, and observation of client for 15 to 20 minutes. Generally, average scores of trainees on implant post removal tasks and counseling were between 1.5 and 2.0 with the exception of the following elements:

- Wipe the client skin with alcohol after removing the drape (Debremarkos)
- Immerse gloved hands in 0.5% chlorine solution and remove the gloves (Debremarkos and Assela)
- Wash hands (Debremarkos and Assela)
- Complete client record (Debremarkos)
- Observe the client for 15-20 minutes before sending her home (Yergalem)

Table 22 shows the average implant post removal tasks and counseling scores.

Table 22: Average scores of trainees on implant post removal tasks and counseling

	Amhara	SNNPR	Oromia	Tigray
	Debremarkos (n=11)	Yergalem (n=12)	Assela (n=12)	Axum (n=16)
Post removal tasks				
Remove drape and wipe client's skin with alcohol.	1.2	2.0	1.9	1.8
Bring edges of incision together and close it with Band-Aid or surgical tape with sterile cotton.	1.9	1.9	2.0	1.9
Apply pressure dressing snugly.	2.0	2.0	2.0	2.0
Before removing gloves, place instruments into a container filled with 0.5% chlorine solution for decontamination	1.7	1.8	1.5	2.0
Dispose of waste materials, decontaminate and clean the work tops.	1.8	1.9	2.0	1.9
Immerse gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out.	1.4	1.7	1.2	1.9
Wash hands thoroughly with soap and water and dry with clean towel or air dry.	1.2	1.8	1.3	1.9
Complete client record	1.4	1.9	1.8	1.9
Post removal counseling				
Instruct client regarding wound care and make return visit appointment, if necessary.	1.6	2.0	2.0	1.9
Discuss what to do if any problems occur and answer any questions.	1.7	1.7	1.8	1.9
Counsel client regarding new contraceptive method, if desired.	1.6	1.9	2.0	1.9
Help client obtain new contraceptive method or provide temporary (barrier) method until method of choice can be started.	1.5	1.9	1.7	2.0
Observe client for at least 15 to 20 minutes before sending home.	1.5	1.2	1.8	1.7

CONCLUSIONS AND RECOMMENDATIONS

The trainings successfully and adequately transferred skills for family planning counseling and implant and IUCD insertions and removals. The overall training approaches used during classroom sessions and practical attachments were good. Generally, the relevant topics were covered with sufficient depth during the theoretical sessions. However, in some cases only a brief time was apportioned for practice on arm and pelvic models during the classroom training. Also, trainers did not always fully use the tools developed to ensure training quality. For example, trainers did not always use the learning guides for FP counseling skills and Jadelle®, Implanon® and IUCD insertion and removal clinical skills to evaluate trainees on model demonstration and trainers did not fill in appropriate checklists to evaluate trainees' performance during practical attachments at three training sites. For future trainings, trainers might be encouraged to re-balance theoretical and practical aspects of the classroom training to ensure enough time for practice on arm and pelvis models. Trainers might also be encouraged to consistently use the learning tools at their disposition to enhance their ability to evaluate trainee performance.

During the theoretical and practical sessions (on models and with clients), we observed that the trainees were able to master the implant and IUCD insertion procedures, including counseling of clients. Based on the trainee evaluation scores and observations by the evaluators, trainees achieved competency in the insertion procedures at their first, second, or third client. As a group, trainees were found to be highly competent (scores of 1.5 or higher for all tasks in all sites) performing pelvic exam and IUCD insertion tasks as well as the Jadelle® insertion tasks, Implanon® pre-insertion tasks and client assessment, implant client assessment and pre-removal tasks, and IUCD removal tasks.

Although trainees performed adequately in almost all areas, there were a few relative weaknesses identified during counseling, insertion and removal activities performed by trainees. During practice of counseling skills, the average score on *assuring the client of her privacy and confidentiality of the information she shared* was low in all of the training sites. The same holds true in Debremarkos training for exploration elements, such as *exploration of social contexts, sexuality, STI risks and screening clients for medical conditions*.

Likewise, some elements of implant and IUCD insertion tasks that require improvement were noted in all training sites, except in Tigray, where trainees' average performance on all insertion tasks were found to be 1.5 or higher. *Decontamination of the examination table after IUCD insertion* was not consistently done in the Assela and Debremarkos trainings. Trainees in the three out of four training sites were lacking consistency in washing their hands before and/or after IUCD or implants insertion and removal procedures. Further, *provision of information on*

implant insertion procedures was also noted to be less frequently performed in Debremarkos training.

Increasing trainees' awareness on the importance of assuring privacy and confidentiality of information shared by clients needs consideration. The importance of infection prevention techniques and providing clients with the required information on the method of choice and the insertion procedures were also areas from that require increased emphasis during future trainings.

Due to insufficient numbers of clients requiring services during the practical attachment, not all trainees were able to perform the required number of insertions of IUCD and implants for certification. For those trainees who were not able to perform the procedures the required number of times, trainers devised individual mechanisms to ensure that they were mentored and evaluated when they returned to their work sites, and the trainees were certified once they successfully completed the required practicum. FHI 360 will work with the training partners and the FP Technical Working Group to revise the approach to the practical attachment to help ensure that trainees have adequate practice during the training period.

APPENDIX 1: COMPREHENSIVE FAMILY PLANNING TRAINING PARTICIPANTS' PROFILE

COMPREHENSIVE FAMILY PLANNING TRAINING PARTICIPANTS' PROFILE

Course title:_____

Date of the training: from _____ **to** _____

Place of the training:_____

Name of the organization providing the training:_____

SN	Name of participant	Sex	Zone	Woreda	Name of HC where the trainee is working	Educational backgroung	Previous Comp. FP training (Yes/No)	Work phone #	Personal phone #	Pre-training score (%)	Post-training score (%)	Counseling skills score (%)	Clinical skills score (%)	Overall average score (%)	# of Implanon Inserted	# of Jadell Inserted	# of IUCD Inserted	Approved (Yes/No)
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		

Training Coordinator **Name**_____

Signature _____

APPENDIX 2: PRE- AND POST TRAINING KNOWLEDGE EVALUATION QUESTIONNAIRE

Training on long acting family planning methods

Post test

Name _____ Profession_____

Choose the correct answer(s) and circle the corresponding letter(s). Some questions may have more than one answer

1. Who is the best qualified person to choose a contraceptive method for a woman in good health?
   a. A trained physician
   b. A woman's mother in-law
   c. The woman herself
   d. The person who counseled her
2. The IUCD not only protects a woman from undesired pregnancy, but also from:-
   a. developing fibroids
   b. HIV Infection
   c. anemia
   d. all of the above
   e. none of the above
3. Following the insertion of an IUCD, you should recommend that the client, even if she has no problems, have it checked after:
   a. three days
   b. one week
   c. three to six weeks
   d. three to six months
4. The most likely mechanism of action of the IUCD is that:
   a. it interferes with implantation
   b. it interferes with fertilization
   c. it interferes with ovulation
   d. it acts as a barrier to prevent sperm from entering uterus
5. The IUCD alone is NOT an appropriate contraceptive method for a woman who
   a. is taking rifampin
   b. is not sure she wishes to have a tubectomy
   c. has had two daughters and hopes for a son
   d. knows that her husband is not faithful
6. List the five warning signs that alerts the IUD client that something is wrong

a. _____
b. _____
c. _____
d. _____
e. _____

7. Which of the following conditions are precautions that influence the suitability of IUCD for a particular woman?
   a. Pregnancy
   b. Three or more children
   c. History of candidiasis
   d. Retroverted uterus

8. key infection prevention activities for IUCD insertion include
   a. washing hands carefully
   b. cleaning the cervix and vagina with an antiseptic solution
   c. decontaminating, cleaning and high level disinfecting or sterilizing all instruments used
   d. proper contaminated waste disposal
   e. training and supervision of cleaning staff in infection prevention

9. Name the four types of implants
   a. _____
   b. _____
   c. _____
   d. _____

10. Mention the two mechanisms of actions of implants
    a. _____
    b. _____

11. Which of the following is/are characteristics of implants
    a. Are permanent
    b. Don't interfere with sex
    c. Prevent pregnancy effectively
    d. A and C
    e. B and C

12. If the mother is breast feeding, implants can be used
    a. 6 months after delivery

b. 6 days after delivery
c. 6 weeks after delivery
d. Immediately after delivery

13. Which of the following statement(s) is/ are correct about implants
    a. Stop its effect immediately after removed
    b. There is a possibility of infertility after using implants
    c. Is safe and suitable for all women
    d. A and B
    e. A and C
14. Which of the following is important in counseling a client
    a. Inform her the benefits of the methods
    b. Discuss on the side effects
    c. Inform her when to come for removal
    d. All are important
15. If a woman wants to continue to use implant, where should it be inserted
    a. At the same site of the previous insertion
    b. On the lower limb
    c. On the other arm
    d. All of the above
    e. None of the above
16. When an IUCD client presents with a late period you should rule out
    a. Allergy to copper
    b. Pregnancy
    c. Cervical cancer
    d. Pelvic inflammatory disease(PID)
17. Correctly loading the copper T 380A IUCD in the sterile package
    a. Should be done only if sterile gloves are available
    b. Assures that the IUCD will remain sterile until it is removed from the package
    c. Is not necessary for physicians
    d. All of the above
18. In counseling a woman about the advantages of the Cu T IUCD you would inform her that the IUCD
    a. Is permanent
    b. Is highly effective
    c. Has few side effects for most women
    d. Does not interfere with sexual intercourse
    e. Is effective in preventing anemia
19. Prior to IUCD insertion a pelvic exam is performed to
    a. Determine uterine position and size
    b. Rule out anteflexion
    c. Rule out pregnancy
    d. Rule out presence of infection, masses and tumors

20. Reasons for follow up visits after an IUCD insertion can include
    a. First check up one week after insertion
    b. First check up three to six weeks after insertion
    c. Client wants device removed because she doesn't like it
    d. Removal when the IUCD has been in place for one year

II. Say true or false by putting T or F in the blank space

21. _____The progestin in Jadelle is ethinyl estradiol and the implant is composed of 2 rods
22. _____ If the client wants to continue using implant a new set of rods can be inserted at the time the current set is removed and placed through the insertion used for removal
23. _____ During the removal procedure for implants it is important to inject anesthesia under the rod ends
24. _____ Implants protect against STIs and HIV by thickening cervical mucus
25. _____ An IUCD can be inserted at any time during menstrual cycle if the provider is reasonably certain that the client is not pregnant
26. _____ A client who have implant needs a regular follow up
27. _____Implants do not increase the risk of ectopic pregnancy
28. _____Implants are not effective for heavy women
29. _____A woman should take three days rest after insertion of implants
30. _____A thorough pelvic examination is required before inserting implant
31. _____ An IUD can be inserted in a woman who is ovulating
32. _____An IUD should only be removed during menstruation
33. _____IUD increases the risk ectopic pregnancy
34. _____If a woman becomes pregnant with IUD inserted, the IUD should be left unless there is a problem
35. _____ Douching daily after an IUD insertion is recommended to prevent PID

APPENDIX 3: TRAINING OBSERVATION CHECKLIST

Training Observation Checklist

Instructions: To be filled out by observer of training

PART I: General training setting and methodology

Instructions: Please tick as appropriate			
Training facilitation	**Yes**	**No**	**Comments**
1. Conducted registration of participants			
2. Pre-test given on the first day			
3. Daily attendance taken			
4. Daily training evaluation filled			
5. Daily feedback given to trainees according to trainees daily evaluation			
6. Recap done daily			
7. Schedule adhered strictly			
8. Are all needed handouts and teaching material available			
9. Post-test given on the last day			
10. End course evaluation done			

Part II: Training Evaluation

Instructions: Please tick YES or NO as appropriate and write if you have observation remarks or comments on the following training sessions	**YES**	**NO**	**Comments**
Introduction to Family Planning			
1. Overview of Family Planning services			
2. Overview of anatomy and physiology of the reproductive tract			
3. Briefs on Short acting family planning methods			
Introduction to Implants			
1. Introduction to long term family planning methods			
2. Describe hormonal IMPLANTS.			

Instructions: Please tick YES or NO as appropriate and write if you have observation remarks or comments on the following training sessions	YES	NO	Comments
3. IMPLANT characteristics			
4. Indications and medical eligibility criteria to the use of IMPLANTS			
5. Client assessment and initiation of implant use			
6. Infection prevention			
7. Explain the side effects of the use of IMPLANTS			
8. Counseling guidelines			
JADELLE®			
1. Describe Jadelle® hormonal implants.			
2. Describe the counseling guidelines for the use of Jadelle®			
3. Insertion and removal procedure for Jadelle®			
4. Manage side effects associated with the use of Jadelle®			
IMPLANON®			
1. Describe Implanon® hormonal implants.			
2. Describe the counseling guidelines for the use of Implanon®			
3. Describe and practice insertion and removal procedure for Implanon®			
4. Manage side effects associated with the use of Implanon®			
INTRA-UTERINE CONTRACEPTIVE DEVICES (IUCDs)			
1. Overview of IUCDs.			
2. Major characteristics of the IUCD.			
3. Appropriate users for IUCD and discuss WHO's medical eligibility criteria for initiating use of the IUCD.			
4. Discuss when to insert and remove an IUCD.			
5. Client assessment using an assessment checklist.			
6. Counseling guidelines for effective use of IUCDs			
7. Recommended infection-prevention practices in the provision of IUCD services			
8. Common IUCD side effects and IUCD complications.			
9. Post-insertion client instruction and follow-up management of the IUCD client			

Instructions: Please tick YES or NO as appropriate and write if you have observation remarks or comments on the following training sessions	YES	NO	Comments
10. IUCD (Cu-T380A®) loading			
11. Standard insertion and removal procedures for IUCDs (Cu-T380A®)			
Model Demonstration			
1. Trainer demonstrates inserting and removing Jadelle®, Implanon® and IUCD on the model.			
2. Trainees practice inserting and removing Jadelle®, Implanon® and IUCD on the model.			
3. Trainees are able to practice counseling, insertion and removal through role plays			
4. Trainer uses Learning Guides for FP counseling skills and Jadelle®, Implanon® and IUCD Insertion and Removal Clinical Skills to evaluate the trainees.			
5. Trainers observe and evaluate the trainees individually			
6. Trainers provide constructive feedback to trainees during counseling, insertion and removal practice			
Practical Attachment			
1. Training includes a practical attachment in the field with clients			
2. Each trainee practiced counseling, insertion and removal on at least 5 clients for each of the methods: Jadelle®, Implanon® and IUCD			
3. Trainers observe and evaluate the trainees individually			
4. Trainers fill the appropriate checklists while trainees perform practical attachment			
5. Trainers provide constructive feedback to trainees during counseling, insertion and removal practice.			
Trainees Certification			
1. Trainers evaluate the trainees' knowledge acquisition by comparing the pre and post-test scores and counseling, insertion and removal average scores.			

Additional observation remarks or comments

_____
_____
_____
_____
_____
_____

LEARNING GUIDE FOR FAMILY PLANNING COUNSELING

This is a learning tool for trainees/participants on Family Planning Counseling procedures. The trainee/participant uses the learning guide as a tool to practice on models, rate his/her performance of each step during simulated and clinical practice; and even as a job aid upon return to the workplace. (Mark the top of the column accordingly – **M** for Arm **Model** and **C** for **client** practice). In order to provide quality FP Counseling service, trainees need to perform each step correctly.

Use the following rating scale (0, 1 or 2):

2 - **Competently performed:** Step or task performed correctly and in proper sequence

1 - **Needs Improvement:** Step or task performed correctly but out of sequence

0 - **Not done or done incorrectly:** Step or task omitted or not performed correctly

PARTICIPANT_____ **Course Dates**_____

LEARNING GUIDE FOR FP COUNSELING SKILLS: *NEW* CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
RAPPORT BUILDING						
1. Greet client with respect • Welcome the client; • Offer a seat; help the client to feel comfortable and relaxed						
2. Make introductions • Introduce yourself; • Ask general questions such as name, age, number of children, contact information; record as needed; • Ask the purpose of visit (new or return client) – ***If return client, use other learning guides***						
3. Assure confidentiality and privacy • Make the client feel comfortable by assuring him or her that all information that will be discussed during your conversation will remain confidential. • Create an atmosphere of privacy throughout the counseling session by ensuring that no one can interrupt or overhear your conversation, even if you are not able to use a separate room.						
4. Explain the need to discuss sensitive and personal issues • Explain the reasons for asking questions about sexual relationships and behavior • Make clear to the client the relevance of these issues to their						

potential risk of becoming pregnant and/or contracting HIV and STIs • Remind that the above issues are discussed with all clients, that they do not have to answer any questions they are not comfortable answering.						
5. Use communication skills effectively (*Initially in rapport-building **and** throughout the counseling session*) • Show friendliness by smiling: Maintain eye contact with the client • Use simple and clear language: Ask open-ended questions • Encourage the client to ask questions and to express his or her concerns • Actively listen to the client: Answer all the client's questions • Paraphrase the client to ensure correct understanding • Do not interrupt the client unless absolutely necessary: Remain nonjudgmental						
EXPLORATION						
6. Explore in-depth the clients reason for the visit • Explore in-depth the needs, problems, concerns, thoughts, and feelings that led the client to seek services. • Explore what the client needs to know. • Ask the client if he or she has a method in mind.						
7. Explore client's reproductive history and goals • Pregnancy history and outcome, number and ages of children • Whether he or she wants more children and, if yes, when, to determine nature of contraceptive protection desired (duration, effectiveness, etc.) • Inform the client about healthy timing and spacing of pregnancy (HTSP) • Current and past FP use • What he or she knows about FP methods						
8. Explore client's social context, circumstances, and relationships • Partner/spouse/family involvement and support for contraceptive use with particular emphasis on method(s) of interest • Ability to communicate with the partner(s) about FP/RH decisions • Past and current history of violence and/or rape • Other factors (socioeconomic, cultural, religious, fear of violence, tensions within an extended family) that might influence choice and use of FP method(s) of interest						
9. Explore issues related to sexuality • Questions/concerns/problems client has about sexual relations/practices • What are the sexual relationships the client is in? • Nature of sexual relationships (frequency, regularity, possible partner absence, and whether the partner has other partners) that might affect contraceptive choice and use • Ability to communicate with the partner about sexuality						
10. Explore client's history of HIV and other STIs • Any current unusual vaginal or penile discharge, pain with sex, or lower abdominal pain • History of STIs within the last three months • More than one sexual partner within the last three months (either						

partner) • Partner's STI history or presence of current vaginal or penile discharge in partner • HIV status of client and partner, if known (for referral, possible treatment, or special counseling for sero-discordant couples)						
11. Explain STI risk and dual protection, and help the client determine his or her risk for contracting and/or transmitting STIs • ***Explore what the client knows*** about HIV and other STIs, their prevention, dual protection, and condom use • Ask the client about knowledge and practice of condom use or other safe sex practices • Fill in knowledge gaps by ***tailoring*** your information to the needs of the client (such as transmission of STIs, importance of condoms as the only method that protects against pregnancy and STI transmission, other options for dual protection, etc.) • Remind the client that STI risk is related to clients' and partners' individual sexual practices (making sure to discuss the risks of a variety of sexual practices) • Ask the client if he or she feels at risk for contracting HIV or another STI, or thinks that his or her partner might be at risk						
12. Focus your discussion on the method(s) of interest to client • Starting with the client's preferred method (if any), ***explore what the client already knows***; correct misperceptions; fill in knowledge gaps in areas below, by tailoring the information to the client's needs: a. **Effectiveness** (including how the method(s) works) b. **Side effects**, health benefits, health risks, and complications c. **How to use and where to obtain** the method(s) or what to expect during the procedure (for IUD, injectables, implants and sterilization) **d. When to return** e. Whether the method provides **protection against HIV and other STIs** • Show sample(s) of method(s) and encourage the client to touch them • Provide brochures or other printed information and ask what questions client has						
13. Rule out pregnancy and explore factors related to monthly bleeding and any recent pregnancy • Date of last monthly bleeding • Whether client has had unprotected intercourse since last monthly bleeding (see Pregnancy Checklist cue card) • Nature of her monthly bleeding (how long; how much bleeding; how much pain/cramping, particularly for clients interested in IUD, pills, injectables, and implants) • Whether client has had a recent abortion/miscarriage • Date of last birth and current breastfeeding status						
14. Screen client for possible medical conditions • Ask the client if he or she has any health concerns or health problems, including but not limited to the following: o Cardiovascular disease, including high blood pressure o Bleeding/spotting between periods or after sex o Reproductive tract cancers, including trophoblastic disease						

○ Liver disease or hepatitis ○ Severe anemia ○ Possible allergies						
DECISION MAKING (based on information exchange above)						
15. Identify the decisions client needs to confirm or make • Explain the importance of the client making his or her own decisions • Help client prioritize the decisions that need to be made on the day of the visit, Including: ○ Which FP method to use ○ Whether to take action to reduce risk of contracting HIV and other STIs (based on risk assessment in **exploration** phase) ○ Seeking health care for a problem or complying with a treatment, etc.						
16. Explore relevant options for each decision • Encourage the client to ask questions • Discuss FP, dual protection, and STI prevention options in more detail, making sure the discussion centers on options that are appropriate to clients' individual needs						
17. Help client weigh the benefits, disadvantages, and consequences of each option • Help the client anticipate the potential outcomes (positive or negative) of and barriers to each option a. How he or she and the partner would react or feel if they were to experience common **side effects**, b. Possible impact of the method on sexual relations, religious practice, or family life c. Recurrent cost, need for resupply, and so on d. The protection the method provides or lacks against HIV and other STIs • Ask the client what else he or she needs to be able to make a decision, and provide information and emotional support accordingly						
18. Encourage the client to make his or her own decision • Reconfirm the selection of the method of interest by asking the client what his or her decision is • Confirm that the decision(s) is (are) well considered, informed, voluntary, and free of pressure from spouse, partner, family members, friends, or service providers • Confirm that the decision(s) can actually be carried out (given the relationship with spouse/partner, family situation, economic situation, anticipated problems, and barriers)						
IMPLEMENTATION (after client has confirmed his or her desire for the method selected)						
19. Assist the client in making a concrete and specific plan for carrying out the decision(s) (obtaining and using the FP method chosen, risk reduction for STIs, dual protection, etc.) Review and have the client repeat information as appropriate to ensure understanding: • **When to start** using the method • **Where to obtain** the method and supplies						

• **How to use** the chosen FP method (pills, male and female condoms, spermicides, Standard Days Method, lactational amenorrhea method [LAM]) and/or **how to obtain** it (IUDs, implants, injectables, female sterilization, vasectomy), including tips for remembering to use the method correctly • Common **side effects** and how to deal with them • **Warning signs** of health risks/complications and what to do if the experiences them • **How to prevent HIV and other STIs** (see the following two points) • **How to communicate with partner** about use of FP and/or condoms						
20. Have the client develop skills to use his or her chosen method and condoms *(For clients who have decided to use condoms for dual protection)* • Demonstrate use of the method (for clients who have chosen male or female condoms or the diaphragm) on a model (penis or pelvic) • Have the client practice on the model • Provide written information, if available						
21. Identify barriers the client may face in implementing his or her decision Review potential barriers, such as: • Side effects • Partner reaction • Cost and availability of the method, lack of skills or difficulty using the method (especially with the condom), need to return to the clinic for resupply or reinjection revisit (transportation issues)						
22. Develop strategies to overcome the barriers • Review what to do when faced with side effects or difficulties • Provide the client with written information, if appropriate and available • Talk about the availability and use of emergency contraception (if needed) • Talk about the option to switch to another method if the client is dissatisfied or has different needs • Discuss and practice communication and negotiation with partner for • FP and/or condom use • Help client develop a “plan B” in case the decision cannot be implemented						
23. Make a plan for follow-up and/or provide referrals as needed • Agree on the timing of medical follow-up visit or resupply (make appointment, if needed) • Refer the client for supplies, care, discontinuation, switching, or another service • Ensure and check that the client understands all the information • Remind the client to return or call whenever he or she has questions, concerns, or problems, or needs help with negotiation and ongoing method use						

LEARNING GUIDE FOR FP COUNSELING SKILLS: *SATISFIED* RETURN CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
RAPPORT BUILDING						
1. Greet client with respect • Welcome the client; • Offer a seat; help the client to feel comfortable and relaxed						
2. Make introductions • Introduce yourself; • (If not already known to provider) Ask general questions such as name, age, number of children, contact information; record as needed; • Ask the purpose of visit (new or return client) – ***If new client or dissatisfied return client, use other learning guides***						
3. Assure confidentiality and privacy • Make the client feel comfortable by assuring him or her that all information that will be discussed during your conversation will remain confidential. • Create an atmosphere of privacy throughout the counseling session by ensuring that no one can interrupt or overhear your conversation, even if you are not able to use a separate room.						
4. Explain the need to discuss sensitive and personal issues • Explain the reasons for asking questions about sexual relationships and behavior • Make clear to the client the relevance of these issues to their potential risk of becoming pregnant and/or contracting HIV and STIs • Remind that the above issues are discussed with all clients, that they do not have to answer any questions they are not comfortable answering.						
5. **Use communication skills effectively** (*Initially in rapport-building **and** throughout the counseling session*) • Show friendliness by smiling: Maintain eye contact with the client • Use simple and clear language: Ask open-ended questions • Encourage the client to ask questions and to express his or her concerns • Actively listen to the client: Answer all the client's questions • Paraphrase the client to ensure correct understanding • Do not interrupt the client unless absolutely necessary: Remain nonjudgmental						
EXPLORATION						
6. Explore the client's satisfaction with the current method • Ask how satisfied the client is with the his/her current method (probe for any misconceptions the client may have) • Check if the client has any questions or concerns or problems, especially regarding side effects						
7. Confirm correct method use • Ask the client to describe how he/she is using the method						
8. Ask the client about changes in his/her life • About changes in medical history or circumstances since last						

LEARNING GUIDE FOR FP COUNSELING SKILLS: *SATISFIED* RETURN CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
visited and question or concerns he/she might have about her health • If he/she has changed partner (or had any new partners) since last visit • If he/she has any concerns that he/she might be exposed to STI/HIV through his/her partner(s): ask about dual method use • In case these changes necessitate the review of client's decision taken about FP or STI/HIV prevention, go to DECISION MAKING under Learning guide for Counseling Skills – New Clients.						
DECISION MAKING (based on information exchange below)						
9. Help client identify what services she needs during this return visit • Regular well-woman visit • Other RH services or referral						
IMPLEMENTATION						
10. Make a plan for follow-up and/or provide referrals as needed • Agree on the timing of medical follow up visit or resupply (appointment if needed) • Refer for continued supplies, care, discontinuation, switching or another service • Ensure and check that the client understands all the information • Remind the client to return or call whenever he/she has questions, concerns or problems, or needs help with negotiation and ongoing method use						

LEARNING GUIDE FOR FP COUNSELING SKILLS: *DISSATISFIED* RETURN CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
RAPPORT BUILDING						
1. Greet client with respect • Welcome the client • Offer a seat; help the client to feel comfortable and relaxed						
2. Make introductions • Introduce yourself; • (If not already known to provider) Ask general questions such as name, age, number of children, contact information; record as needed; • Ask the purpose of visit (new or return client) – ***If new client or dissatisfied return client, use other learning guides***						
3. Assure confidentiality and privacy • Make the client feel comfortable by assuring him or her that all information that will be discussed during your conversation will remain confidential.						

LEARNING GUIDE FOR FP COUNSELING SKILLS: *DISSATISFIED* RETURN CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
• Create an atmosphere of privacy throughout the counseling session by ensuring that no one can interrupt or overhear your conversation, even if you are not able to use a separate room.						
4. Explain the need to discuss sensitive and personal issues • Explain the reasons for asking questions about sexual relationships and behavior • Make clear to the client the relevance of these issues to their potential risk of becoming pregnant and/or contracting HIV and STIs • Remind that the above issues are discussed with all clients, that they do not have to answer any questions they are not comfortable answering.						
5. Use communication skills effectively *(Initially in rapport-building **and** throughout the counseling session)* • Show friendliness by smiling: Maintain eye contact with the client • Use simple and clear language: Ask open-ended questions • Encourage the client to ask questions and to express his or her concerns • Actively listen to the client: Answer all the client's questions • Paraphrase the client to ensure correct understanding • Do not interrupt the client unless absolutely necessary: Remain nonjudgmental						
EXPLORATION						
6. Explore the client's satisfaction with the current method • Ask how satisfied the client is with the his/her current method (probe for any misconceptions the client may have) • Check if the client has any questions or concerns or problems, especially regarding side effects						
7. Confirm correct method use • Ask the client to describe how he/she is using the method						
8. Ask the client about changes in his/her life • About changes in medical history or circumstances since last visited and question or concerns he/she might have about her health • If he/she has changed partner (or had any new partners) since last visit • If he/she has any concerns that he/she might be exposed to STI/HIV through his/her partner(s): ask about dual method use • In case these changes necessitate the review of client's decision taken about FP or STI/HIV prevention, go to DECISION MAKING under Learning guide for Counseling Skills – New Clients.						
9. Explore in-depth with client the reasons for dissatisfaction or the problems • Explore the problems and the reasons for dissatisfaction; discuss possible solutions; encourage the clients to ask questions. ***Tailor*** the discussion to the problem. Problem may include the following: o **Side effects** and what client has done/what can be done to manage side effects (including treatment and switching to						

LEARNING GUIDE FOR FP COUNSELING SKILLS: *DISSATISFIED* RETURN CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
another method) ○ **Rumors** about the method that bother the client ○ **Difficulty in accessing services** for routine revisits, resupply ○ **Lack of partner or family support** to use the method; discuss and practice possible communication and other strategies that can be tried to help client continue with method ○ **Incorrect method use:** discuss how to use method and backup method correctly, as well as use of emergency contraception (EC) ○ **Suspected pregnancy:** ask client about her and her partner's reaction to possible pregnancy, explain screening/testing to be done: 1) discuss client's contraceptive options if screening and pregnancy tests are negative; 2) discuss client's options if pregnancy test positive (for example, ECP if appropriate) ○ **Changes in reproductive goals/desire for pregnancy:** congratulate and counsel client on what to do for a healthy pregnancy ○ **Warning signs of health risks/complications:** explain screening/other exams, tests and treatment to be done during visit or referral as needed/indicated ○ **Change in individual STI/HIV risk:** help client perceive his or her risk, explain risk reduction, dual method use						
10. Identify what decisions the client needs to confirm or make • Explain the importance of the client making his or her own decisions • Help client prioritize the decisions that need to be taken on the day of the visit. The decisions may include: ○ Continuing with the current FP method, ○ Switching to another FP method, ○ Discontinuing FP, ○ STI/HIV risk reduction and/or dual protection, ○ Comply with treatment, etc.						
11. Explore relevant options for each decision • Encourage the client to ask questions, making sure the discussion centers on options that are appropriate to clients' individual needs: ○ **Side effects:** to tolerate after learning that they are harmless, to wait till they subside, to have them treated, to switch to another method ○ **Rumors** about the method: to continue using the method after being relieved by the explanations of the health care provider; to switch to another method ○ **Difficulty in accessing services:** to find another service site that is easier to access, to switch to another FP method that does not require frequent access to services ○ **Lack of partner or family support:** to try new strategies to convince partner/family, to switch to another method ○ **Incorrect method use:** to start using the method correctly; if correct use is inconvenient for client, switch to another method ○ **Change in reproductive goal/desire for pregnancy:** switch to another method, discontinue FP						

LEARNING GUIDE FOR FP COUNSELING SKILLS: *DISSATISFIED* RETURN CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
○ **Suspected or confirmed pregnancy:** whether or not to continue pregnancy and discontinue FP ○ **Warning signs of health risks/complications:** to comply with suggested treatment/referral options ○ **Change in individual STI/HIV risks:** risk reduction, dual method use, condom use						
12. Help the client weigh the benefits, disadvantages and consequences of each option • Help the client to anticipate the potential outcomes (positive or negative) of and barriers to each option ○ Partner's reaction to the decision ○ Risk of unintended pregnancy (for those who decide to discontinue FP) ○ Risk of STI/HIV (for those who decide to discontinue dual protection or condom use) ○ Cost, side effects, health benefits and health risks (for those switching to another FP method) ○ Negotiating condom use with partner • Ask the client what else he/she needs to be able to make a decision, and provide information and emotional support accordingly						
13. Encourage the client to make his or her own decision • Confirm that the decision(s) is/are well-considered, informed and voluntary • Confirm that the decision(s) can actually be carried out (given the relationship with spouse/partner, family situation, economic situation, anticipated problems, barriers)						
IMPLEMENTATION						
14. Assist the client in making a concrete and specific plan for carrying out the decision(s) • Help the client plan for and implement his or her decision: ○ **Clients who continue** with their current method: Help them develop strategies to deal with the side effects, problems they are facing (See IMPLEMENTATION under Learning Guide for Counseling Skills –New Clients) ○ **Clients who switch** to another method: Help them obtain and use the method correctly; provide the information and skills (especially for condoms) needed for correct use – (See IMPLEMENTATION under Learning Guide for Counseling Skills –New Clients) ○ **Clients who discontinue** FP: Help them get the services they need or refer (pre-conception care, antenatal care). For clients who want to discontinue IUD or implants, explain the removal procedure and answer questions.						
15. Make a plan for follow-up and/or provide referrals as needed • Agree on the timing of medical follow up visit or resupply (appointment if needed)						

LEARNING GUIDE FOR FP COUNSELING SKILLS: *DISSATISFIED* RETURN CLIENT						
STEPS/TASKS	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
• Refer for continued supplies, care, discontinuation, switching or another service • Ensure and check that the client understands all the information • Remind the client to return or call whenever he/she has questions, concerns or problems, or needs help with negotiation and ongoing method use						

APPENDIX 5: LEARNING GUIDE FOR IUCD INSERTION

LEARNING GUIDE FOR IUCD (Cu-T 380A) INSERTION
CLINICAL SKILLS

This is a learning tool for trainees/participants on the standard **IUCD (Cu-T 380A)** insertion procedures. The trainee/participant uses the learning guide as a tool to practice on anatomic models, rate his/her performance of each step during simulated and clinical practice; and even as a job aid upon return to the workplace. [Mark the top of the column accordingly – **M (M-1, M-2, ..)** for **Model** and **C (C-1, C-2,)** for **client** practice]. *This learning guide presupposes that clients have been assessed / counseled and decided to use IUCD (Cu-T 380A)*. In order to provide quality *IUCD (Cu-T 380A)* insertion service, trainees need to perform each step correctly.

Use the following rating scale (0, 1 or 2):

2	**- Competently performed:** Step or task performed correctly and in proper sequence
1	**- Needs Improvement:** Step or task performed correctly but out of sequence
0	**- Not done or done incorrectly:** Step or task omitted or not performed correctly

PARTICIPANT_____ _____ **Course Dates**_____

LEARNING GUIDE FOR IUCD INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
PRE-INSERTION MEDICAL ASSESSMENT						
1. Greet client politely, introduce one self, offer a seat and ensure privacy for IUCD insertion.						
2. Ask client if she still wants the IUCD (CU-T 380A) inserted.						
3. Review with client information in her record and ensure that she has been appropriately counseled for IUCD (CU-T 380A) insertion; ask client what questions she has about the IUCD (CU-T 380A) or the insertion						
4. Review reproductive goal and pertinent general medical history with client. To confirm that the IUCD (CU-T 380A) is an appropriate choice for the client:- • Review Client Screening Checklist to ensure that the client is ***not pregnant***: • Check for conditions requiring ***special precautions***. – Ensure that the client is not at high individual risk for sexually transmitted infections (STIs): – Date of last menstrual period, number of days between periods, bleeding pattern – Any current unusual or purulent vaginal discharge, pain with sex, or lower abdominal pain – HIV status, if known, to provide appropriate counseling /referral if indicated. If diagnosed with AIDS, ensure that she is doing well on ARV therapy before proceeding with insertion. – Known or suspected cancer of genital tract or pelvic tuberculosis – If delivered recently, ensure that she is not between 48 hours and						

LEARNING GUIDE FOR IUCD INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
4 weeks after childbirth.						
5. If the client is an appropriate user based on the assessment above:- • Explain to client that you will do a pelvic exam and insert the IUCD if all is normal during the pelvic exam, and also that you will explain each step throughout in order to avoid surprising her. • Provide more detailed information about IUCD (Cu-T 380A) – Show the client the package of IUCD (Cu-T 380A) – How it works, – Its effectiveness, – Its characteristics, – How it is inserted and what to expect, – Common side effects, – When to return. – Inform the client that it will need to be removed at the end of 12 years or anytime she decides to stop using the IUCD.						
6. Ask the client to repeat information to ensure that she understands						
7. If client is nervous and tense, explain that analgesics are available, provide if requested, and wait 20 minutes to insert the IUCD						
PRE-INSERTION TASKS						
8. Ensure that needed supplies and equipment are available in the procedure room						
9. Confirm the client has recently emptied her bladder						
10. Help the client onto the examination table						
11. Explaining to client what you are doing at each step; ask her to tell you if she experiences discomfort; remind her to take deep breaths and relax						
12. Palpate abdomen and check for lower abdominal, especially suprapubic, tenderness and masses or other abnormalities						
13. Drape the client appropriately for pelvic exam						
14. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry						
15. Open high-level disinfected instrument pan or sterile pack/container without touching instruments, pour iodine solution in a cup, open gauze package						
16. Put new examination gloves on both hands						
17. Arrange instruments and supplies on a high-level disinfected or sterile tray or draped area without touching the parts of the instruments that will go into the uterus or pierce the mucosa						
PELVIC EXAMINATION						
18. Inspect external genitalia and urethral opening						
19. Perform bimanual exam:						

LEARNING GUIDE FOR IUCD INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
• Palpate Skene's and Bartholin's glands for tenderness or discharge • Gently introduce the index and middle fingers into the vagina • Follow the anterior vagina wall until you feel the cervix, and identify position, consistency, shape • Carefully determine size, shape, consistency, position and mobility of uterus • Determine if there is cervical motion tenderness to rule out PID • Rule out pregnancy or any uterine abnormality • Check for enlargement or tenderness of adnexa *(Only perform rectovaginal examination if the position or size of the uterus is questionable, or there is a possible mass behind the uterus.)*						
20. Perform speculum exam by gently spreading the labia with two fingers and then inserting a bivalve speculum, starting obliquely and then rotating it clockwise to the horizontal position: • Gently open and maneuver the speculum to be able to inspect the cervix and check for vaginal lesions or discharge • If purulent cervical or abnormal discharge is present, the IUCD insertion should be delayed until treatment is provided, according to the STI syndromic management protocol • Place, screw and lock the speculum						
INSERTION TASKS						
21. If both bimanual and speculum exams are normal, tell the client that she is ready for the IUCD insertion; ask her if she has any questions						
22. Clean the cervix and the vagina with antiseptic solution 2 times using 2 gauzes, and wait 2 minutes for the solution to act						
23. While holding the speculum with one hand, the tenaculum with the other hand, and palms turned upwards, gently grasp the cervix with the tenaculum horizontally at the 2 and 10 o'clock positions. (Note: Do not lock the tenaculum beyond the first notch)						
24. While gently pulling on the tenaculum, pass the sound through the cervix to the top of the uterus without touching the side walls of the vagina or the speculum blades. • To easily identify the mark for the uterine depth on the uterine sound, grasp the sound with a sponge forceps close to the cervix.						
25. Remove the sound along with the sponge forceps and determine the depth of the uterine cavity by reading from the sound						
26. Place the sound in 0.5% chlorine decontamination solution						
27. Load the Copper T 380A while it remains inside the sterile package: • Partially open package (up to one third) and bend back the package flaps • Put the white rod inside the inserter tube • Place the package on a flat surface • Slide the white measurement card (that is in the package) underneath the arms of the IUCD (CU-T 380A)						

LEARNING GUIDE FOR IUCD INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
• Hold the tips of the IUCD (CU-T 380A) arms and push on the inserter tube to assist in bending the arms • When the arms touch the sides of the inserter tube, pull the inserter tube away from the folded arms of the IUCD (CU-T 380A) • Elevate the inserter tube and push and rotate it to catch the tips of the arms in the tube • Push the folded arms into the inserter tube to keep them fixed in the tube						
28. With the loaded IUCD (CU-T 380A) still in the partially opened sterile package, move the flange (blue depth gauge) to the corresponding measurement obtained from sounding the uterus. Press down on the flange with one finger to keep it stable, and with the other hand slide the loaded inserter so that the tip of the IUCD (CU-T 380A) aligns with the tip in the diagram on the white measurement card. Make sure the white rod is against the tip of the vertical arm of the IUCD (CU-T 380A). *The movable blue flange and the folded wings of the IUCD (CU-T 380A) should be aligned in a horizontal position.* *Do not bend the arms of the T into the inserter tube more than 5 minutes before it is introduced into the uterus.*						
29. Complete opening the plastic cover of the package in one continuous movement with one hand, while holding the tube and rod down against the table (at the open end of the package) with the other hand.						
30. Remove the loaded inserter tube without touching anything that is not sterile.						
31. Hold the inserter tube with your palms turned upwards and the flange in the horizontal position. While gently pulling on the tenaculum, pass the loaded inserter tube through the cervix until the flange touches the cervix or slight resistance is felt (without touching the vagina and blades of the speculum)						
32. Hold the tenaculum and the white rod stationary in one hand *(Suggestion: Hold one loop of the tenaculum with your index and thumb while holding the loop of the white rod at the top with the index and the middle fingers)*						
33. Release the arms of the IUCD (CU-T 380A) using withdrawal technique: Pull the inserter tube toward you while holding the white rod stable. This will release the IUCD (CU-T 380A) arms						
34. Remove the white rod						
35. Carefully move the inserter tube upward toward the top of the uterus until slight resistance is felt. (*This helps ensure that the IUCD (CU-T 380A) is inserted high in the fundus*)						
36. Partially remove the inserter tube from the cervical canal until IUCD strings can be seen protruding from cervical os.						
37. With the strings stabilized inside by the partially removed inserter tube cut the IUCD (CU-T 380A) strings to 3 cm length and remove the inserter.						

LEARNING GUIDE FOR IUCD INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
38. Gently remove the tenaculum and place it in 0.5% chlorine decontamination solution						
39. Examine the cervix. If there is bleeding at the tenaculum puncture site(s), place a cotton swab or gauze over the bleeding site and apply gentle pressure for 30–60 seconds						
40. Gently remove the speculum, pull it out while gently closing the blades and rotating it counterclockwise to the vertical position and place it in 0.5% chlorine decontamination solution						
41. Allow the client to rest until she feels ready to get dressed; help her off the table when she feels ready *(HINT: The post insertion tasks can be performed while she is resting)*						
POSTINSERTION TASKS						
42. Dispose of waste materials such as cotton balls or gauze by placing them in a leak proof container or plastic bag.						
43. Immerse both gloved hands in 0.5% chlorine decontamination solution. Remove gloves by turning them inside out.						
44. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.						
45. Provide post insertion instructions: • Inform the client how many years the IUCD (CU-T 380A) is effective (give in writing), and that the IUCD (CU-T 380A) is effective immediately with no need for backup contraception • Explain that some women like to check the IUCD (CU-T 380A) strings after their period to assure themselves that the IUCD (CU-T 380A) is in place and to see what it feels like, but that this is not required; briefly explain how to check the strings • Explain when to return, have client repeat instructions and correct/clarify as needed: • Follow-up visit (after her first period or within 3 to 6 week whichever comes first); give appointment if possible • Any time she has any concerns or problems, including side-effects (Emphasize that many women do not experience side effects and, when they occur, they tend to decrease after the first 3 months) • If she experiences warning signs such as late or unusually heavy period, abdominal pain, signs of infection such as fever, tenderness and abnormal discharge (emphasize that complications are rare) • Remind client of condom use for STI protection • Explain that the IUCD (CU-T 380A) can be removed whenever client wants, but that it needs to be done by a provider; the client must not attempt to remove the IUCD herself • Ask client what questions she has; praise her for choosing an effective contraceptive method						
46. Complete the IUCD card, client record and IUCD register/log (as applicable)						

LEARNING GUIDE FOR IUCD INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
47. After the client has left, wear utility gloves and clean the examination table with the 0.5% chlorine decontamination solution						

APPENDIX 6: LEARNING GUIDE FOR IMPLANON® INSERTION

LEARNING GUIDE FOR IMPLANON® INSERTION
CLINICAL SKILLS

This is a learning tool for trainees/participants on the standard Implanon® insertion procedures. The trainee/participant uses the learning guide as a tool to practice on anatomic models, rate his/her performance of each step during simulated and clinical practice; and even as a job aid upon return to the workplace. (Mark the top of the column accordingly – **M** for Arm **Model** and **C** for **client** practice). *This learning guide presupposes that clients have been counseled*. *This learning guide presupposes that clients have been assessed / counseled and decided to use* Implanon®. In order to provide quality Implanon® insertion service, trainees need to perform each step correctly.

Use the following rating scale (0, 1 or 2):

2	**- Competently performed:** Step or task performed correctly and in proper sequence
1	**- Needs Improvement:** Step or task performed correctly but out of sequence
0	**- Not done or done incorrectly:** Step or task omitted or not performed correctly

PARTICIPANT_____ _____ **Course Dates**_____

LEARNING GUIDE FOR IMPLANON® INSERTION: CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
PRE-INSERTION MEDICAL ASSESSMENT						
1. Greet client politely, introduce one-self, offer a seat and ensure privacy.						
2. Ask client if she still wants the Implanon® inserted.						
3. Review with client information in her record and ensure that she has been appropriately counseled for Implanon® insertion; ask client what questions she has about the implant.						
4. Review reproductive goal and pertinent general medical history with client. To confirm that Implanon® is an appropriate choice for her:- • Review Client Screening Checklist to ensure that the client is ***not pregnant***: • Check for conditions requiring ***special precautions***.						
5. Perform (or refer for) further evaluation, if indicated.						
6. Provide more detailed information about Implanon- • How it works, • Its effectiveness, • How it is inserted, • Its characteristics, • Common side effects, • When to return. • Inform the client that it will need to be removed at the end of 3 years or anytime she decides she wants to stop using Implanon.						

LEARNING GUIDE FOR IMPLANON® INSERTION: CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
7. Show the client the package of Implanon, and using a training model, show her how the rods are inserted.						
8. Ask the client to repeat information to ensure that she understands						
9. Describe the insertion procedure and what to expect.						
PRE-INSERTION TASKS						
10. Ensure that the needed supplies and equipment are available and ready for use: The implant package, iodine solution, sterile gloves, local anesthesia (1% lidocaine), and syringe with needle, sterile gauze and wound plaster.						
11. Check to be sure that the client has thoroughly washed and rinsed her entire non-dominant arm.						
12. Help the client onto the examination table.						
13. Explaining what you are doing at each step; remind her to tell you if she experiences discomfort and to take deep breaths and relax.						
14. Allow the client to lie on her back with her non dominant arm turned outwards and bent at the elbow						
15. Mark the insertion site, which is the inner side of the non-dominant arm about 6-8 cm above the elbow crease in the groove between the biceps and the triceps.						
INSERTION TASKS						
16. Wash hands thoroughly and dry them.						
17. Put on sterile gloves.						
18. Clean the insertion site two times with the iodine solution, using folded gauze.						
19. Drape with a small fenestrated drape, if available.						
20. Anaesthetize with 1ml of 1% lidocaine applied just under the skin along the insertion area: - Raise a small wheal in skin entry. - Advance needle to its full length (about 5 cm) directly under the skin and inject 1 ml of local anesthetic.						
21. Remove the sterile disposable applicator carrying the Implanon' from its blister and remove the needle shield *(Never touch part of the cannula to be introduced to the body – Non-touch technique need to be followed all time).*						
22. Always hold the applicator in the upward position (i.e. with the cannula pointed upwards), to prevent the implant from dropping out.						
23. Visually verify the presence of the implant inside the metal part of the cannula .The implant can be seen as a white tip inside the cannula. If the implant protrudes from the cannula, return it to its original position by						

LEARNING GUIDE FOR IMPLANON® INSERTION: CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
tapping against the plastic part of the cannula.						
24. Keep the cannula and the implant sterile. If contamination occurs, a new package must be used.						
25. Stretch the skin around the insertion with thumb and index finger place the hand over the insertion site, directed towards you.						
26. Insert only the tip of the cannula, slightly angled (~ 20°)						
27. Release the skin and lower the applicator to a horizontal position						
28. Lift the skin with the tip of the needle.						
29. Gently advance, while lifting the skin, forming a tent, until inserting the full length of the cannula without using force. Keep the applicator parallel to the surface of the skin						
30. Break the seal of applicator. Turn the obturator 90 degree.						
31. Fix the obturator with one hand against the arm and with the other hand slowly pull out the cannula out of the arm, never push against the obturator						
32. Remove the cannula, apply pressure to the opening site to stop any bleeding and verify the presence of sub-dermal implant by palpation, and by checking inside the cannula						
33. Apply sterile gauze with a pressure bandage to prevent bruising						
POSTINSERTION TASKS						
34. Dispose the cannula in safety box as any other sharps/needle						
35. Dispose of waste materials such as gloves, cotton balls or gauze by placing them in a leak proof container or plastic bag, decontaminate and clean the work tops.						
36. Wash hands thoroughly with soap and water and dry with clean towel or air dry.						
37. Fill-out the two parts of the user card (Name of the client, card No., date of insertion and date of removal) and fix one part on the client card and give the other part to the client.						
38. Provide post insertion instructions: • Inform the client Implanon® is effective for three years (given in writing), and that the Implanon® is effective immediately with no need for backup contraception. • Explain when to return, have client repeat instructions and correct/clarify as needed. • Remind client of condoms use for STI protection • Explain that the Implanon® can be removed whenever the client wants, but that it needs to be done by a provider • Ask client if she has any question; praise her for choosing an effective contraceptive method.						

LEARNING GUIDE FOR JADELLE® INSERTION
CLINICAL SKILLS

This is a learning tool for trainees/participants on the standard Jadelle® insertion procedures. The trainee/participant uses the learning guide as a tool to practice on anatomic arm model, rate his/her performance of each step during simulated and clinical practice; and even as a job aid upon return to the workplace. (Mark the top of the column accordingly – **M** for Arm **Model** and **C** for **client** practice). *This learning guide presupposes that clients have been assessed /counseled and decided to use* Jadelle®. In order to provide quality Jadelle® insertion service, trainees need to perform each step correctly.

Use the following rating scale (0, 1 or 2):

2	**- Competently performed:** Step or task performed correctly and in proper sequence
1	**- Needs Improvement:** Step or task performed correctly but out of sequence
0	**- Not done or done incorrectly:** Step or task omitted or not performed correctly

PARTICIPANT_____ _____ **Course Dates**_____

LEARNING GUIDE FOR JADELLE® INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
PRE-INSERTION CLIENT ASSESSMENT AND COUNSELLING						
1. Greet client politely, introduce one-self, offer a seat and ensure privacy.						
2. Ask the woman about her reproductive goals and need for protection against STIs.						
3. Make sure that the woman's contraceptive choice is Jadelle®.						
4. Review client screening checklist to determine if Jadelle® is an appropriate choice for the client. • To ensure that the client is ***not pregnant***: • Check for conditions requiring ***special precautions***						
5. Perform (or refer for) further evaluation, if indicated.						
6. Provide more detailed information about Jadelle- • How it works, • Its effectiveness, • How it is inserted, • Its characteristics, • Common side effects, • When to return. • Inform the client that it will need to be removed at the end of 5 years or anytime she decides she wants to stop using Jadelle						
7. Show the client the package of Jadelle, and using a training model, show						

LEARNING GUIDE FOR JADELLE® INSERTION CLINICAL SKILLS						
STEP/TASK	CASES					
	M	C1	C2	C3	C4	C5
her how the rods are inserted.						
8. Ask the client to repeat information to ensure that she understands						
9. Respond to client's needs and concerns about Jadelle®.						
10. Describe insertion procedure and what to expect.						
PRE-INSERTION TASKS						
11. Ensure that needed supplies and equipment are available and made ready for use: The complete set of sterile or HD instruments for insertion, Jadelle® implants package, disposable trocar (or reusable trocar and scalpel blade), iodine solution, sterile gloves, local anesthesia (1% lidocaine), syringe with needle, sterile gauze and wound plaster.						
12. Tell the client what is going to be done and encourage her to ask questions.						
13. Check to be sure that client has thoroughly washed her entire arm with soap and water.						
14. Help the client onto the examination table						
15. Position the woman's arm and place clean, dry cloth under her arm.						
16. Using template, mark position on arm for insertion of capsules i.e. 8 cm above the elbow fold, open your sterile instrument and supply package to make ready for use						
17. Wash hands thoroughly and dry them.						
18. Put sterile gloves on both hands						
19. Prepare insertion site with iodine solution two times then put fenestrated drape over the arm						
20. Inject local anesthetic about 2ml (1% lidocaine without epinephrine) just under skin - Raise a small wheal. - Advance needle about 5 cm, inject 1 ml of local anesthetic where each of the two rods will be inserted						
21. Check for anesthetic effect before making skin incision.						
INSERTION TASKS						
22. Holding the disposable trocar at about a 45° angle, insert directly through the skin. **Note:** Alternatively, if using re-usable trocar, hold the scalpel at about a 45° angle and make a small (2 mm), shallow incision which just penetrates the skin.						

LEARNING GUIDE FOR JADELLE® INSERTION CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
23. Lift the skin with the tip of the trocar and while tenting the skin, advance trocar and plunger to mark (1) nearest hub of trocar.						
24. Remove plunger and load capsule into trocar with gloved hand or forceps.						
25. Reinsert plunger and advance it until resistance is felt.						
26. Hold plunger firmly in place with one hand and slide trocar out of incision until it reaches plunger handle.						
27. Withdraw trocar and plunger together until mark (2) nearest trocar tip just clears incision (do not remove trocar from skin).						
28. Move tip of trocar away from end of capsule and hold capsule out of the path of the trocar.						
29. Redirect trocar about 15° and advance trocar and plunger to mark (1).						
30. Insert remaining capsule using the same technique.						
31. Palpate capsules to check that two capsules have been inserted in V shape distribution.						
32. Palpate incision to check that the ends of the two capsules are 5 mm away from incision site.						
33. Remove trocar only after insertion of last capsule.						
POSTINSERTION TASKS						
34. Remove drape and wipe client's skin with alcohol.						
35. Bring edges of incision together and closes it with cotton or gauze swab.						
36. Apply pressure dressing snugly.						
37. Before removing gloves, place all instruments into a container filled with 0.5% chlorine solution for decontamination. Dispose of the trocar, scalpel and needle and syringe by placing in a puncture-proof container.						
38. Dispose waste materials by placing in leak proof container or plastic bag.						
39. Immerse gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out.						
40. Wash hands thoroughly and dry them.						
41. Complete client record, including drawing position of capsules.						
POSTINSERTION COUNSELING						
42. Instruct client regarding wound care and makes return visit appointment, if necessary.						

LEARNING GUIDE FOR JADELLE® INSERTION CLINICAL SKILLS						
STEP/TASK	CASES					
	M	C1	C2	C3	C4	C5
43. Discuss what to do if client experiences any problems following insertion or side effects.						
44. Assure client that she can have capsules removed at any time if she desires.						
45. Ask client to repeat instructions and answer client's questions.						
46. Observe client for at least 15 to 20 minutes before sending her home.						

APPENDIX 8: LEARNING GUIDE FOR IUCD REMOVAL

LEARNING GUIDE FOR IUCD (CU-T 380A) REMOVAL
CLINICAL SKILLS

This is a learning tool for trainees/participants on the standard **IUCD (Cu-T 380A)** removal procedures. The trainee/participant uses the learning guide as a tool to practice on anatomic models, rate his/her performance of each step during simulated and clinical practice; and even as a job aid upon return to the workplace. [Mark the top of the column accordingly – **M (M-1, M-2, ..)** for **Model** and **C (C-1, C-2,)** for **client** practice]. In order to provide quality *IUCD (Cu-T 380A)* removal service, trainees need to perform each step correctly.

Use the following rating scale (0, 1 or 2):

2	**- Competently performed:** Step or task performed correctly and in proper sequence
1	**- Needs Improvement:** Step or task performed correctly but out of sequence
0	**- Not done or done incorrectly:** Step or task omitted or not performed correctly

PARTICIPANT_____ _____ **Course Dates**_____

LEARNING GUIDE FOR REMOVAL OF COPPER-T 380A IUCD: CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
CLIENT ASSESSMENT						
1. Greet client politely and introduce oneself; offer a seat, ensure privacy; assure client of confidentiality						
2. Ask the client her reason (s) for removing the IUCD						
3. Verify that the client has received counseling and has made an informed decision about removing the IUCD						
4. Explain to the client what will be done and ask her what questions she has						
5. Check that the client has emptied her bladder						
PRE-REMOVAL TASKS						
6. Ensure that needed supplies and equipment are available in the procedure room						
7. Help the client onto the examination table and start explaining the procedure as you perform it in order to avoid surprising her; explain to client importance of being relaxed, and taking deep breaths						
8. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry						
9. Put new examination gloves on both hands						
10. Arrange the instruments and supplies on high-level disinfected or sterile tray or drape						

LEARNING GUIDE FOR REMOVAL OF COPPER-T 380A IUCD: CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
REMOVAL OF THE COPPER T 380A IUCD						
11. Insert the bivalve speculum to: • check for vaginal lesions or discharge • see the cervix and the IUCD strings • clean the cervix and vagina with the antiseptic solution 2 times with 2 gauzes • wait for 2 minutes for the antiseptic solution to act						
12. Grasp the strings close to the cervix with hemostat or other narrow forceps						
13. Pull on the strings slowly but firmly to remove the IUCD						
14. Show the IUCD to the client						
15. Immerse the IUCD in 0.5% chlorine solution and dispose it in a leak proof container or plastic bag. If the woman wants a new IUCD inserted follow the steps in the insertion guide from this point.						
16. Gently remove the speculum and place in 0.5% chlorine decontamination solution						
POSTREMOVAL TASKS						
17. Before removing gloves, place all instruments in 0.5% chlorine solution for 10 minutes for decontamination						
18. Dispose of waste materials by placing in a leak proof container or plastic bag						
19. Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out, place them in a leak proof container or plastic bag						
20. Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry						
21. Encourage client to rest as needed, help her from the examination table, ensure she has received needed services and referral; encourage questions						
22. Record the IUCD removal in the client record and register (if and when applicable)						
23. After the client has left, wearing utility gloves clean the examination table with the 0.5% chlorine solution						

APPENDIX 9: LEARNING GUIDE FOR IMPLANT REMOVAL

LEARNING GUIDE FOR IMPLANT REMOVAL
CLINICAL SKILLS

This is a learning tool for trainees/participants on the standard Implant removal procedures. The trainee uses the learning guide as a tool to practice on anatomic arm models, rate his/her performance of each step during simulated and clinical practice; and even as a job aid upon return to the workplace. (Mark the top of the column accordingly – **M** for Arm **Model** and **C** for **client** practice). *This learning guide presupposes that clients have been counseled*. In order to provide quality implant removal service, trainees need to perform each step correctly.

Use the following rating scale (0, 1 or 2):

2	**- Competently performed:** Step or task performed correctly and in proper sequence
1	**- Needs Improvement:** Step or task performed correctly but out of sequence
0	**- Not done or done incorrectly:** Step or task omitted or not performed correctly

PARTICIPANT_____ _____ **Course Dates**_____

LEARNING GUIDE FOR IMPLANT REMOVAL CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
CLIENT ASSESSMENT						
1. Greet client politely, introduce one-self, offer a seat and ensure privacy.						
2. Ask the client her reason for removal and answer any questions.						
3. Review client's present reproductive goals and ask if she wants another method or a new implant						
4. Describe the removal procedure and what to expect.						
PRE-REMOVAL TASKS						
5. Ensure that needed supplies and equipment are available and made ready for use: iodine solution, sterile gloves, local anesthesia (1% lidocaine), and syringe with needle, scalpel blade, sterile gauze and wound plaster.						
6. Check to be sure client has thoroughly washed and rinsed her entire arm						
7. Help the client onto the examination table						
8. Explaining to client what you are doing at each step; ask her to tell you if she experiences discomfort; remind her to take deep breaths and relax						
9. Allow the client to lie on her back with her non dominant arm turned outwards and bent at the elbow						
10. Locate the rods first with ungloved fingers.						

LEARNING GUIDE FOR IMPLANT REMOVAL CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
REMOVAL TASKS						
11. Wash hands thoroughly and dry them						
12. Put on sterile gloves.						
13. Clean the area two times with the iodine solution, using folded gauze.						
14. Localize the implant.						
15. Drape with a small fenestrated drape.						
16. Anaesthetize with 2 ml of 1%lidocaine applied just under the lower tip of the implant: • Raise a small wheal in skin entry • Advance the needle about 5 cm, inject 1 ml of local anesthetic below each road.						
17. Check for anesthetic effect before making skin incision.						
18. Make a small (4 mm) transverse incision on the lower tip of the implants. **NB: For Implanon® removal make 2mm longitudinal incision at the distal end of the implant.**						
19. Push the end of capsule easiest to remove towards the incision. When the tip is visible in the incision, grasp it with the Mosquito forceps.						
20. Clean off and open fibrous sheath with sterile gauze (or scalpel if necessary).						
21. Grasp exposed end of capsule with curved forceps and remove capsule completely. • For Jadelle, repeat the same technique to remove remaining capsules. • Inject more anesthetic only if required						
22. After removal of the capsule(s), show to the client.						
POST- REMOVAL TASKS						
23. Remove drape and wipe client's skin with alcohol.						
24. Bring edges of incision together and close it with Band-Aid or surgical tape with sterile cotton.						
25. Apply pressure dressing snugly.						
26. Before removing gloves, place instruments into a container filled with 0.5% chlorine solution for decontamination. Dispose of scalpel and needle and syringe by placing in a puncture-proof container.						
27. Dispose of waste materials such as gloves, cotton balls or gauze by placing them in a leak proof container or plastic bag, decontaminate and clean the work tops.						
28. Immerse gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out.						

LEARNING GUIDE FOR IMPLANT REMOVAL CLINICAL SKILLS						
STEP/TASK	**CASES**					
	M	**C1**	**C2**	**C3**	**C4**	**C5**
29. Wash hands thoroughly with soap and water and dry with clean towel or air dry.						
30. Complete client record						
POST- REMOVAL COUNSELING						
31. Instruct client regarding wound care and make return visit appointment, if necessary.						
32. Discuss what to do if any problems occur and answer any questions.						
33. Counsel client regarding new contraceptive method, if desired.						
34. Help client obtain new contraceptive method or provide temporary (barrier) method until method of choice can be started.						
35. Observe client for at least 15 to 20 minutes before sending home.						

APPENDIX 10: OBSERVATIONAL RESULTS FROM CLASSROOM AND PRACTICAL ATTACHMENT SESSIONS

Assela training evaluation

General training setting and methodology	
Conducted registration of participants	✓
Pre-test given on the first day	✓
Daily attendance taken	✓
Daily training evaluation filled	✓
Daily feedback given to trainees according to trainees daily evaluation	✓
Recap done daily	✓
Schedule adhered strictly	x
Are all needed handouts and teaching material available	✓
Post test given on the last day	✓
End course evaluation done	✓
Introduction to Family Planning	
Overview of Family Planning services	✓
Overview of anatomy and physiology of the reproductive tract	✓
Briefs on Short acting family planning methods	✓
Introduction to Implants	
Introduction to long term family planning methods	✓
Describe hormonal IMPLANTS.	✓
IMPLANT characteristics	✓
Indications and medical eligibility criteria to the use of IMPLANTS	x
Client assessment and initiation of implant use	x
Infection prevention	✓
Explain the side effects of the use of IMPLANTS	✓
Counseling guidelines	x
JADELLE®	
Describe Jadelle® hormonal implants.	✓
Describe the counseling guidelines for the use of Jadelle®	✓
Insertion and removal procedure for Jadelle®	✓
Manage side effects associated with the use of Jadelle®	✓
IMPLANON®	
Describe Implanon® hormonal implants.	✓
Describe the counseling guidelines for the use of Implanon®	x
Describe and practice insertion and removal procedure for Implanon®	✓
Manage side effects associated with the use of Implanon®	x
INTRA-UTERINE CONTRACEPTIVE DEVICES (IUCDs)	
Overview of IUCDs.	✓
Major characteristics of the IUCD.	✓
Appropriate users for IUCD and discuss WHO's medical eligibility criteria for initiating use of the IUCD.	✓
Discuss when to insert and remove an IUCD.	✓
Client assessment using an assessment checklist.	x
Counseling guidelines for effective use of IUCDs	x
Recommended infection-prevention practices in the provision of IUCD services	x
Common IUCD side effects and IUCD complications.	✓
Post insertion client instruction and follow-up management of the IUCD client	✓
IUCD (Cu-T380A®) loading	✓

Standard insertion and removal procedures for IUCDs (Cu-T380A®)	✓
Model Demonstration	
Trainer demonstrates inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees practice inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees are able to practice counseling, insertion and removal through role plays	✓
Trainer uses Learning Guides for FP counseling skills and Jadelle®, Implanon® and IUCD Insertion and Removal Clinical Skills to evaluate the trainees.	x
Trainers observe and evaluate the trainees individually	✓
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice	✓
Practical Attachment	
Training includes a practical attachment in the field with clients	✓
Each trainee practiced counseling, insertion and removal on at least 5 clients for each of the methods: Jadelle®, Implanon® and IUCD	x
Trainers observe and evaluate the trainees individually	✓
Trainers fill the appropriate checklists while trainees perform practical attachment	x
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice.	✓
Trainees Certification	
Trainers evaluate the trainees' knowledge acquisition by comparing the pre- and post test scores and counseling, insertion and removal average scores.	✓

Debremarkos training evaluation

General training setting and methodology	
Conducted registration of participants	✓
Pre-test given on the first day	✓
Daily attendance taken	✓
Daily training evaluation filled	✓
Daily feedback given to trainees according to trainees daily evaluation	✓
Recap done daily	✓
Schedule adhered strictly	✓
Are all needed handouts and teaching material available	✓
Post test given on the last day	✓
End course evaluation done	✓
Introduction to Family Planning	
Overview of Family Planning services	✓
Overview of anatomy and physiology of the reproductive tract	✓
Briefs on Short acting family planning methods	✓
Introduction to Implants	
Introduction to long term family planning methods	✓
Describe hormonal IMPLANTS.	✓
IMPLANT characteristics	✓
Indications and medical eligibility criteria to the use of IMPLANTS	✓
Client assessment and initiation of implant use	✓
Infection prevention	✓
Explain the side effects of the use of IMPLANTS	✓
Counseling guidelines	✓
JADELLE®	
Describe Jadelle® hormonal implants.	✓

Describe the counseling guidelines for the use of Jadelle®	✓
Insertion and removal procedure for Jadelle®	✓
Manage side effects associated with the use of Jadelle®	✓
IMPLANON®	
Describe Implanon® hormonal implants.	✓
Describe the counseling guidelines for the use of Implanon®	✓
Describe and practice insertion and removal procedure for Implanon®	✓
Manage side effects associated with the use of Implanon®	✓
INTRA-UTERINE CONTRACEPTIVE DEVICES (IUCDs)	
Overview of IUCDs.	✓
Major characteristics of the IUCD.	✓
Appropriate users for IUCD and discuss WHO's medical eligibility criteria for initiating use of the IUCD.	✓
Discuss when to insert and remove an IUCD.	✓
Client assessment using an assessment checklist.	✓
Counseling guidelines for effective use of IUCDs	✓
Recommended infection-prevention practices in the provision of IUCD services	✓
Common IUCD side effects and IUCD complications.	✓
Post insertion client instruction and follow-up management of the IUCD client	✓
IUCD (Cu-T380A®) loading	✓
Standard insertion and removal procedures for IUCDs (Cu-T380A®)	✓
Model Demonstration	
Trainer demonstrates inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees practice inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees are able to practice counseling, insertion and removal through role plays	✓
Trainer uses Learning Guides for FP counseling skills and Jadelle®, Implanon® and IUCD Insertion and Removal Clinical Skills to evaluate the trainees.	✓
Trainers observe and evaluate the trainees individually	✓
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice	✓
Practical Attachment	
Training includes a practical attachment in the field with clients	✓
Each trainee practiced counseling, insertion and removal on at least 5 clients for each of the methods: Jadelle®, Implanon® and IUCD	x
Trainers observe and evaluate the trainees individually	✓
Trainers fill the appropriate checklists while trainees perform practical attachment	✓
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice.	✓
Trainees Certification	
Trainers evaluate the trainees' knowledge acquisition by comparing the pre- and post test scores and counseling, insertion and removal average scores.	✓

Yergalem Training evaluation

General training setting and methodology	
Conducted registration of participants	✓
Pre-test given on the first day	✓
Daily attendance taken	✓
Daily training evaluation filled	✓
Daily feedback given to trainees according to trainees daily evaluation	x
Recap done daily	✓
Schedule adhered strictly	x
Are all needed handouts and teaching material available	✓
Post test given on the last day	✓
End course evaluation done	✓
Introduction to Family Planning	
Overview of Family Planning services	✓
Overview of anatomy and physiology of the reproductive tract	✓
Briefs on Short acting family planning methods	✓
Introduction to Implants	
Introduction to long term family planning methods	✓
Describe hormonal IMPLANTS.	✓
IMPLANT characteristics	✓
Indications and medical eligibility criteria to the use of IMPLANTS	✓
Client assessment and initiation of implant use	✓
Infection prevention	✓
Explain the side effects of the use of IMPLANTS	✓
Counseling guidelines	✓
JADELLE®	
Describe Jadelle® hormonal implants.	✓
Describe the counseling guidelines for the use of Jadelle®	✓
Insertion and removal procedure for Jadelle®	✓
Manage side effects associated with the use of Jadelle®	✓
IMPLANON®	
Describe Implanon® hormonal implants.	✓
Describe the counseling guidelines for the use of Implanon®	✓
Describe and practice insertion and removal procedure for Implanon®	✓
Manage side effects associated with the use of Implanon®	✓
INTRA-UTERINE CONTRACEPTIVE DEVICES (IUCDs)	
Overview of IUCDs.	✓
Major characteristics of the IUCD.	✓
Appropriate users for IUCD and discuss WHO's medical eligibility criteria for initiating use of the IUCD.	✓
Discuss when to insert and remove an IUCD.	✓
Client assessment using an assessment checklist.	✓
Counseling guidelines for effective use of IUCDs	✓
Recommended infection-prevention practices in the provision of IUCD services	✓

Common IUCD side effects and IUCD complications.	✓
Post insertion client instruction and follow-up management of the IUCD client	✓
IUCD (Cu-T380A®) loading	✓
Standard insertion and removal procedures for IUCDs (Cu-T380A®)	✓
Model Demonstration	
Trainer demonstrates inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees practice inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees are able to practice counseling, insertion and removal through role plays	✓
Trainer uses Learning Guides for FP counseling skills and Jadelle®, Implanon® and IUCD Insertion and Removal Clinical Skills to evaluate the trainees.	x
Trainers observe and evaluate the trainees individually	✓
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice	✓
Practical Attachment	
Training includes a practical attachment in the field with clients	✓
Each trainee practiced counseling, insertion and removal on at least 5 clients for each of the methods: Jadelle®, Implanon® and IUCD	x
Trainers observe and evaluate the trainees individually	x
Trainers fill the appropriate checklists while trainees perform practical attachment	x
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice.	✓
Trainees Certification	
Trainers evaluate the trainees' knowledge acquisition by comparing the pre- and post test scores and counseling, insertion and removal average scores.	✓

Axum training evaluation

General training setting and methodology	
Conducted registration of participants	✓
Pre-test given on the first day	✓
Daily attendance taken	✓
Daily training evaluation filled	✓
Daily feedback given to trainees according to trainees daily evaluation	✓
Recap done daily	✓
Schedule adhered strictly	✓
Are all needed handouts and teaching material available	✓
Post test given on the last day	✓
End course evaluation done	✓
Introduction to Family Planning	
Overview of Family Planning services	✓
Overview of anatomy and physiology of the reproductive tract	✓
Briefs on Short acting family planning methods	✓
Introduction to Implants	
Introduction to long term family planning methods	✓
Describe hormonal IMPLANTS.	✓
IMPLANT characteristics	✓
Indications and medical eligibility criteria to the use of IMPLANTS	✓

Client assessment and initiation of implant use	✓
Infection prevention	✓
Explain the side effects of the use of IMPLANTS	✓
Counseling guidelines	✓
JADELLE®	
Describe Jadelle® hormonal implants.	✓
Describe the counseling guidelines for the use of Jadelle®	✓
Insertion and removal procedure for Jadelle®	✓
Manage side effects associated with the use of Jadelle®	✓
IMPLANON®	
Describe Implanon® hormonal implants.	✓
Describe the counseling guidelines for the use of Implanon®	✓
Describe and practice insertion and removal procedure for Implanon®	✓
Manage side effects associated with the use of Implanon®	✓
INTRA-UTERINE CONTRACEPTIVE DEVICES (IUCDs)	
Overview of IUCDs.	✓
Major characteristics of the IUCD.	✓
Appropriate users for IUCD and discuss WHO's medical eligibility criteria for initiating use of the IUCD.	✓
Discuss when to insert and remove an IUCD.	✓
Client assessment using an assessment checklist.	✓
Counseling guidelines for effective use of IUCDs	✓
Recommended infection-prevention practices in the provision of IUCD services	✓
Common IUCD side effects and IUCD complications.	✓
Post insertion client instruction and follow-up management of the IUCD client	✓
IUCD (Cu-T380A®) loading	✓
Standard insertion and removal procedures for IUCDs (Cu-T380A®)	✓
Model Demonstration	
Trainer demonstrates inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees practice inserting and removing Jadelle®, Implanon® and IUCD on the model.	✓
Trainees are able to practice counseling, insertion and removal through role plays	✓
Trainer uses Learning Guides for FP counseling skills and Jadelle®, Implanon® and IUCD Insertion and Removal Clinical Skills to evaluate the trainees.	x
Trainers observe and evaluate the trainees individually	✓
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice	✓
Practical Attachment	
Training includes a practical attachment in the field with clients	✓
Each trainee practiced counseling, insertion and removal on at least 5 clients for each of the methods: Jadelle®, Implanon® and IUCD	x
Trainers observe and evaluate the trainees individually	✓
Trainers fill the appropriate checklists while trainees perform practical attachment	x
Trainers provide constructive feedback to trainees during counseling, insertion and removal practice.	✓
Trainees Certification	
Trainers evaluate the trainees' knowledge acquisition by comparing the pre- and post test scores and counseling, insertion and removal average scores.	✓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