

Comprehensive Family Planning Training Evaluation Report

Conducted in Ethiopia
by FHI 360

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ACKNOWLEDGEMENT

This report contains findings from monitoring and evaluation undertaken by FHI 360 – Ethiopia of the comprehensive family planning training, on behalf of Ethiopia’s Federal Ministry of Health (FMOH) in March through June 2012. 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 granting us the opportunity and support to evaluate and monitor the training of health professionals on comprehensive family planning methods. We are grateful to the Integrated Family Health Program (IFHP) for granting us permission to evaluate their training activities. We are also grateful to the trainees for allowing us to observe them during their training, and to the family planning clients for allowing us to observe them during the implant and IUCD insertion procedures.

DISCLAIMER

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ACRONYMS

FHI 360	Family Health International
FMOH	Federal Ministry of Health
FP	Family planning
IFHP	Integrated Family Health Program
IUCD	Intrauterine Contraceptive Device
HEW	Health Extension Workers
HO	Health Officer
LAFP	Long Acting Family Planning
M&E	Monitoring and Evaluation
REDI	Rapport building, Exploration, Decision making and Implementation
SNNPR	Southern Nations and Nationalities People's Region
TOT	Training of Trainers
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

USAID is funding 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 Intrauterine Contraceptive Device (IUCD) revitalization initiatives. 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. Conducting independent evaluations of Family Planning (FP) trainings, which are provided by different developmental partners, is among the technical assistance activities FHI 360 is providing to FMOH.

FHI 360 evaluated trainings on comprehensive family planning with emphasis on Long Acting Family Planning (LAFP) methods provided to health professionals in Amhara, Oromia, SNNPR and Tigray regions between March and June 2012. The trainings were provided by the USAID funded Integrated Family Health Program (IFHP). The main purpose of the evaluation was to assess the quality of the training and use the findings to support improvements in future FP trainings. Checklists which were developed by the FP technical working group were used to record training observations. FHI staff and independent consultants conducted the evaluation.

A total of 171 trainees were evaluated while doing counseling and implant and IUCD insertions on models and clients. Average scores for counseling and insertion tasks were calculated and results are displayed by training site. The trainings successfully and adequately transferred skills in counseling, and implant and IUCD insertions, and it was observed that the trainees achieved competency in providing these services.

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INTRODUCTION

USAID is funding 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 IUCD revitalization initiatives. The Implanon[®] scale-up was the pioneer project, started in June 2009, while the IUCD revitalization initiative was started in 2010. The goal of these initiatives is to increase access to and demand for long-term family planning methods.

To achieve these goals, the FMOH is building capacity of health care providers to provide quality family planning services, ensuring a continuous supply of family planning commodities at health facilities, and monitoring and evaluating the interventions.

The PROGRESS project activities fall under the "Investing in people" component of the Foreign Assistance Framework. 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 Revitalization interventions. Capacity building efforts include providing trainings on M&E, supporting collection and analysis of FP service delivery data to support the decision making process, and establishing selected woredas in Amhara, Oromia, Tigray and Southern Nations and Nationalities People Region (SNNPR) as FP M&E centers of excellence. In addition, FHI 360 is also mandated to conduct independent evaluations of the trainings of health professionals and health extension workers led by development partners.

This report evaluates the results of the LAFP Implants (Implanon[®] and Jadelle[®]) and IUCD trainings conducted by the Integrated Family Health Program (IFHP). FHI 360 evaluated trainings in Oromia, Amhara, SNNPR and Tigray. The trainings were conducted over a period of 10 days for comprehensive FP training (5 days in classroom and 5 days practical training) and 6 days for Implanon training (3 days in classroom and 3 days practical training). During the practical sessions, trainees were taught counseling, Implants (Implanon[®] and Jadelle[®]) and IUCD insertion skills using arm and pelvis models. For the remainder of the training, trainees were deployed to the field for practical attachments, where they conducted insertions on actual clients.

OBJECTIVES

This evaluation was conducted to assess the quality of comprehensive family planning training and use the findings to support improvements in the training. The specific objectives were to:

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

METHODS

The FP technical working group developed checklists, which were used to evaluate the training. The observations were conducted on the training 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 during the practical attachment of trainees at health facilities. During these observations, the evaluators observed trainees conducting client counseling, implant and IUCD insertion and removal procedures. A self-completion questionnaire was also administered to trainees (pre- and post-training) to evaluate the change in trainee knowledge about the family planning training topics.

The evaluations were conducted by FHI 360 staff and independent consultants. All consultants had a health background (nursing and public health). FHI 360 oriented consultants for one day on the evaluation tools (checklists).

The tools used during this training evaluation included:

Classroom evaluation:

- Trainee registration form—used to obtain the trainee profiles
- Pre- and post-training knowledge evaluation questionnaire
- Training observation checklist
- Counseling and skills assessment checklists for each of the long acting methods included in the training (Implanon[®], Jadelle[®] and IUCD)

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

The data were entered into 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 and insertion skills of trainees.

RESULTS

In this section, we present the results from the evaluation of the classroom and practical training. The training included 3 days (for Implanon) or 5 days (for IUCD/Comprehensive FP) of classroom training and several days of practical attachment. The practical attachments took place in prearranged health facilities (health centers, clinics and hospitals), during which trainees conducted Implant and IUCD insertions with 951 women from the catchment areas of the health facilities.

TRAINING SITES AND PARTICIPANTS

Between March 12th and June 13th, FP training was conducted in various training sites across selected woredas in Amhara, Oromia, SNNPR, and Tigray regions. 171 health professionals were trained. The characteristics of the trainings are presented in Table 1.

Table 1: Characteristics of the trainings evaluated

Date	Region	Training site	Training Offered	Total # of trainees	Health Professional Background
Mar 12-24,2012	Amhara	Woreta	IUCD	20	Nurses/HO /Midwifery
Apr 24-Jun 4,2012	Tigray	Maichew	Implanon, Jadelle and IUCD	20	Nurses/HO /Midwifery
May 14-19, 2012	Oromia	Hirna	Implanon, Jadelle and IUCD	46	Nurses/HO /Midwifery
May 12-25, 2012	SNNPR	Hossana	Implanon, Jadelle and IUCD	22	Nurses/HO /Midwifery
May 26-31, 2012	SNNPR	Wolayta Sodo	IUCD	18	Nurses/HO /Midwifery
Jun 8-13, 2012	Oromia	Fiche Hospital	Implanon	23	HEW
Jun 8-13, 2012	Oromia	Gebre Guracha (Kuyu)	Implanon	22	HEW

OBSERVATIONAL RESULTS FROM THE CLASSROOM AND FIELD TRAINING

During the training sessions, the evaluation staff observed the trainers as they conducted the following activities:

- Set up of training (preparations, etc.)
- Methodology
- Classroom training on the following topics:
 - Introduction to family planning
 - Introduction to Implants
 - Implant (Implanon[®], Jadelle[®]) insertion
 - IUCD insertions
- Model demonstration
- Certification

Evaluators also observed trainers during the practical attachment sessions.

The observation results are summarized in the tables contained in **Appendix 1**.

The overall consensus of the evaluators was that these training sessions were well organized, but more effort will be needed in the future in mobilizing the community before the training sessions. 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 an arm and pelvic models respectively. However, additional practical training focusing on developing the trainee's counseling, screening and insertion skills was required in all training sites.

Practical attachments were done by organizing trainees into groups and assigning them to the preselected health facilities. To increase the number of actual clients on which trainees were able to practice (5 were recommended for each of the methods), two approaches were undertaken: reassignment of trainees from facilities with low client flow to ones with a higher client load, and organization of outreach practical sessions.

The uptake of skills by trainees was generally good. However, there were some instances where scores were lower for trainees because of the complex and subjective nature of the FP training. This was observed across the training sites where trainees had difficulty in translating theoretical ideas in practical shape due to lower skill levels prior to beginning the training.

The main areas for improvement in classroom sessions are presented below. The full evaluations of the classroom sessions are contained in **Appendix 1**.

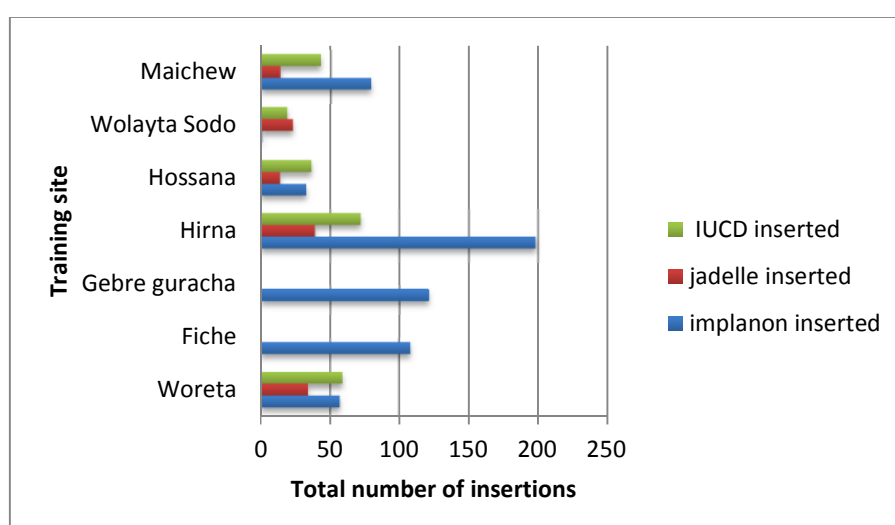
- Additional practical training focusing on developing the trainee's counseling, screening and insertion skills.
- At all training sites, there were some trainees observed who did not practice counseling, insertion and removal on at least 5 clients for each of the methods (Jadelle[®], Implanon[®] and IUCD).
- Trainers did not fill in appropriate checklists to evaluate trainees' performance during practical attachments at Fiche training site.
- Trainers did not observe and evaluate the trainees individually at the Hirna training site.

EXTENT OF IMPLANT AND IUCD INSERTIONS DURING PRACTICAL ATTACHMENT

Most women who were implant or IUCD insertion acceptors had been counseled by the Health Extension Workers (HEWs) and community mobilizers prior to coming to the health facilities. We observed that most of the women who accepted either implants or IUCDs during training were current users of injectable contraceptives. However, we also saw clients who were first time FP users receiving the methods.

Figure 1 shows the total number of Implanon[®], Jadelle[®] and IUCD insertions conducted by trainees during their practical attachment. Overall, 597 Implanon, 124 Jadelle and 230 IUCD insertions were conducted by the 171 trainees (an average of 3.5 Implanon, 0.7 Jadelle and 1.3 IUCD insertions per trainee) in the trainings evaluated. Slightly larger numbers of IUCD insertions were conducted in Hirna and Woreta trainings due to good level of community mobilization before training.

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



It was observed that 43% of trainees were able to conduct 5 or more Implanon insertions. More than 65% of trainees in Fiche and Gebre Guracha were able to conduct 5 or more Implanon insertions.

On the other hand, no trainees in the Hossana and Wolayta Sodo trainings were able to perform 5 or more Jadelle insertion. Moreover, only 5 out of the 171 total trainees were able to conduct 5 or more Jadelle insertions during the trainings. However, all but one trainee (in Maichew) was able to conduct at least one Implanon and IUCD insertions respectively. Table 2 shows the number and percent of trainees by the number of insertions they were able to conduct.

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

Methods	# of insertions	Amhara	Oromia			SNNPR		Tigray	Total (n=171)
		Woreta (n=20)	Fiche (n=23)	Gebre Guracha (n=22)	Hirna (n=46)	Hossana (n=22)	Wolayta Sodo (n=18)	Maichew (n=20)	
Implanon									
	0	2(10)	0	0	0	2(9)	17(94)	1(5)	22(13)
	1-4	14(70)	8(35)	0	25(54)	19(86)	1(6)	9(45)	76(44)
	5+	4(20)	15(65)	22(100)	21(46)	1(5)	0	10(50)	73(43)
Jadelle (n=20)									
	0	6(30)	N/A	N/A	4(20)	12(55)	9(50)	10(50)	41(24)
	1-4	11(55)	N/A	N/A	15(75)	10(45)	9(50)	5(25)	50(29)
	5+	3(15)	N/A	N/A	1(5)	0	0	5(25)	9(5)
IUCD									
	0	0	N/A	N/A	0	0	3(17)	1(5)	4(2)
	1-4	17(85)	N/A	N/A	14(70)	22(100)	15(83)	17(85)	85(50)
	5+	3(15)	N/A	N/A	6(30)	0	0	2(10)	11(6)

As shown in figure 2, the average number of insertions of Implanon per trainee was highest in the Gebre Guracha (5.5) training. Whereas in all the other training sites, the average number of Implanon® insertions per trainee was lower than the recommended minimum of five insertions per trainee. Average IUCD insertions were fairly similar for all of the training sites with the exception of the Woreta training that averaged 3 insertions per trainee.

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

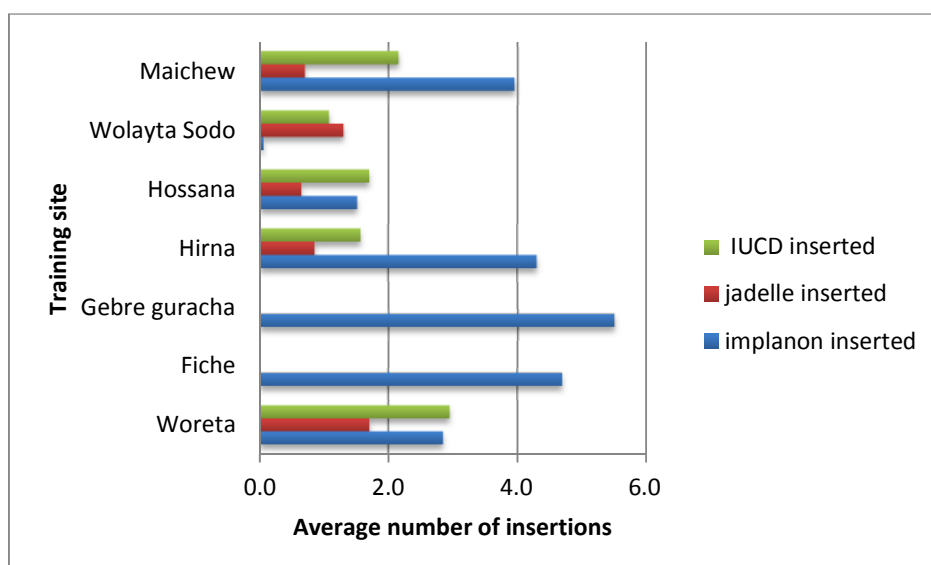
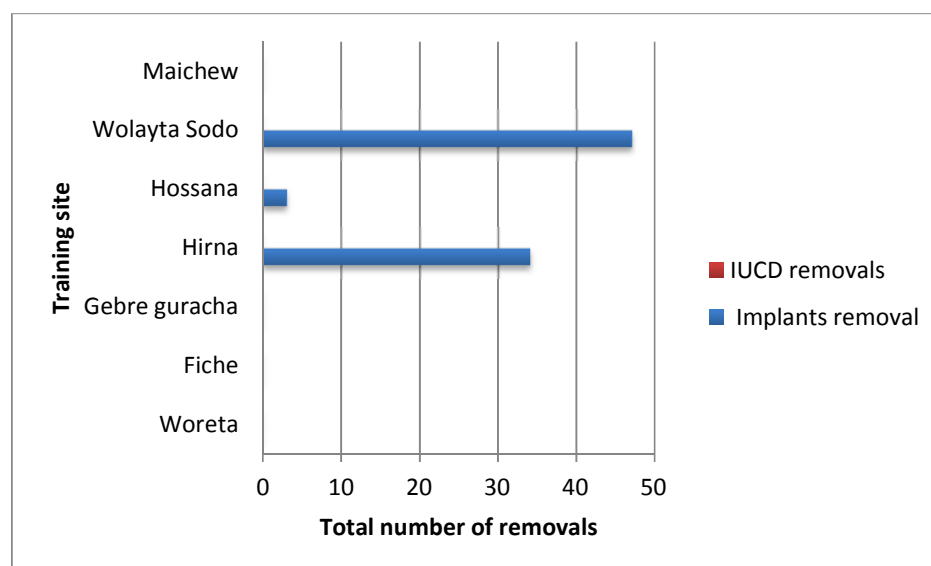


Figure 3 below shows the total number of implant and IUCD removals conducted by trainees during their practical attachment. There were a total of 84 implants removed across all the trainings evaluated; no IUCDs were removed. The highest numbers of implant removals were observed in Hirna (34) and Wolayta Sodo (47).

Figure 3: Total number of Implants 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. A three point scale (0-2) was used to rate their skills performing each of the counseling elements. The average scores were calculated based on observations of each trainee counseling between 5 and 15 clients. Almost all trainees were evaluated while counseling five or more clients.

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

- Assure confidentiality and privacy (Hirna, Hossana, Wolayta Sodo and Woreta)
- Explain the need to discuss sensitive and personal issues (Hirna, Gebre Guracha, Hossana, Wolayta Sodo and Woreta)
- Explore client's reproductive history and goals (Wolayta Sodo)
- Explore client's social context, circumstances and relationships (Hirna, Gebre Guracha, Hossana, Wolayta Sodo and Woreta)
- Explore issues related to sexuality (Hirna, Fiche, Gebre Guracha, Hossana, Wolayta Sodo and Woreta)
- Explore client's history of HIV and other STIs (Fiche, Gebre Guracha, Hossana, and Wolayta Sodo)
- Explain STI risk and dual protection, and help the client determine his or her risk for contracting and/or transmitting STIs (Fiche, Gebre Guracha, and Wolayta Sodo)
- Screen client for possible medical conditions (Woreta)
- Help client weigh the benefits, disadvantages and consequences of each option (Hossana)
- 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.) (Fiche, Hossana and Wolayta Sodo)
- Have the client develop skills to use his or her chosen method and condoms (Hirna, Fiche, Gebre Guracha, Hossana, Wolayta Sodo and Woreta)
- Identify barriers the client may face in implementing his or her decision (Hirna, Fiche, Gebre Guracha, Hossana, Wolayta Sodo and Woreta)
- Develop strategies to overcome the barriers (Hirna, Fiche, Gebre Guracha, Hossana, Wolayta Sodo and Woreta)
- Make a plan for follow-up and/or provide referrals as needed (Fiche, Hossana, and Wolayta Sodo)

Detailed results on the trainees' counseling skills are provided in Table 3.

Table 3: Mean scores for counseling skills of trainees

Parameters	Oromia			SNNPR		Amhara	Tigray
	Hirna (n=46)	Fiche (n=23)	Gebre Guracha (n=22)	Hossana (n=22)	Wolayta Sodo (n=18)	Woreta (n=20)	Maichew (n=20)
RAPPORT BUILDING							
Greet client with respect	1.95	1.94	1.99	2.00	2.00	1.87	2.00
Make introductions	1.91	1.83	1.95	1.99	1.94	1.87	1.81
Assure confidentiality and privacy	1.21	1.44	1.69	0.51	1.05	1.28	1.76
Explain the need to discuss sensitive and personal issues	1.07	1.51	1.36	0.98	0.75	1.09	1.76
Use communication skills effectively	1.81	1.66	1.85	1.48	1.52	1.60	1.76
EXPLORATION							
Explore in-depth the clients reason for the visit	1.66	1.65	1.96	1.74	1.61	1.62	1.84
Explore client's reproductive history and goals	1.59	1.57	1.50	1.46	1.14	1.55	1.84
Explore client's social context, circumstances, and relationships	0.98	1.42	1.07	0.96	0.54	1.15	1.81
Explore issues related to sexuality	1.02	1.31	0.93	0.81	0.79	1.31	1.76
Explore client's history of HIV and other STIs	1.43	1.06	1.05	1.38	1.17	1.46	1.78
Explain STI risk and dual protection, and help the client determine his or her risk for contracting and/or transmitting STIs	1.49	1.02	1.14	1.47	1.36	1.59	1.76
Focus your discussion on the method(s) of interest to client	1.79	1.82	1.88	1.88	1.85	1.68	1.76
Rule out pregnancy and explore factors related to monthly bleeding and any recent pregnancy	1.76	1.82	1.79	1.90	1.63	1.55	1.81
Screen client for possible medical conditions	1.53	1.64	1.84	1.63	1.52	1.09	1.81
DECISION MAKING							
Identify the decisions client needs to confirm or make	1.69	1.68	1.96	1.40	1.46	1.79	1.89
Explore relevant options for each decision	1.69	1.59	1.61	1.51	1.40	1.70	1.84
Help client weigh the benefits, disadvantages, and consequences of each option	1.67	1.49	1.66	1.19	1.40	1.74	1.89
Encourage the client to make his or her own decision	1.76	1.61	1.86	1.60	1.53	1.64	1.86
IMPLEMENTATION							
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.)	1.45	1.35	1.45	1.19	1.05	1.70	1.84
Have the client develop skills to use his or her chosen method and condoms	1.21	1.33	1.16	0.87	0.86	1.01	1.86
Identify barriers the client may face in implementing his or her decision	1.13	1.38	1.39	0.70	0.51	1.26	1.86
Develop strategies to overcome the barriers	1.03	1.07	1.39	0.63	0.45	1.18	1.78
Make a plan for follow-up and/or provide referrals as needed	1.44	1.16	1.43	1.08	1.08	1.84	1.86

INSERTION SKILLS

A four point scale (0=Not practiced at all, 1= Not done very well, 2= Needs improvement, and 3= Done perfectly) was used to rate trainees' skills in performing all of the IUCD, Jadelle[®] and Implanon[®] insertion elements. As displayed in Figures 4-6, trainee competency improved with each subsequent client. The average scores on insertion skills were calculated based on observations of each trainee inserting each of the methods to 2-5 clients.

Figure 4: Performance on IUCD insertion

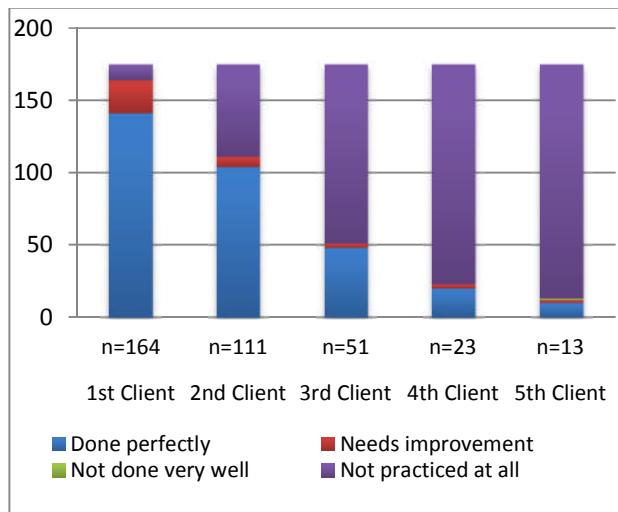


Figure 5: Performance on Implanon[®] insertion

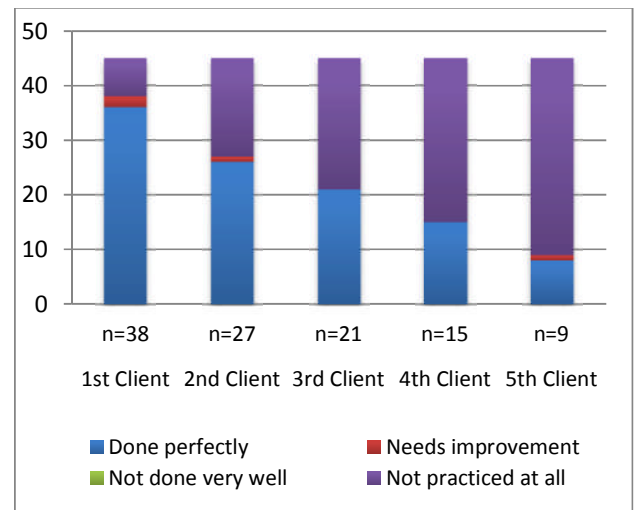


Figure 6: Performance on Jadelle[®] insertion



IUCD INSERTION

IUCD insertion procedure involves doing 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, which includes ensuring that the client has understood the information provided on the IUCD, and telling the client about the availability of analgesics if required. 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:

- Review reproductive goal and pertinent general medical history (Hossana and Wolayta Sodo)
- 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) (Hossana and Wolayta Sodo)
- Ask the client to repeat information to ensure that she understands (Hossana, Wolayta Sodo, Maichew and Woreta)
- If client is nervous and tense, explain that analgesics are available, provide if requested, and wait 20 minutes to insert the IUCD (Hirna, Hossana, Wolayta Sodo, Maichew and Woreta)

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

Parameters	Oromia	SNNPR		Tigray	Amhara
	Hirna	Hossana	Wolayta Sodo	Maichew	Woreta
	n=20	n=20	n=17	n=19	n=17
Pre -Insertion Medical assessment					
Greet client politely, introduce one self, offer a seat and ensure privacy for IUCD insertion	1.94	1.98	1.97	1.84	1.94
Ask client if she still wants the IUCD (CU-T 380A) inserted	1.89	1.78	1.82	1.94	1.92
Review with client information in her record and ensure that she has been appropriately counseled for IUCD (CU-T 380A) insertion_ Fourth client	1.76	1.51	1.52	1.51	1.87
Review reproductive goal and pertinent general medical history	1.68	1.06	1.12	1.77	1.74
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)	1.75	1.16	1.24	1.48	1.81
Ask the client to repeat information to ensure that she understands	1.41	0.82	0.91	1.25	0.98
If client is nervous and tense, explain that analgesics are available, provide if requested, and wait 20 minutes to insert the IUCD	0.65	0.37	0.06	1.06	0.33

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 all the necessary instruments ready 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, except for the following elements:

- 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 (Hirna, Hossana and Wolayta Sodo)
- Drape the client appropriately for pelvic exam (Hirna, Hossana and Wolayta Sodo)
- Wash hands thoroughly with soap and water; dry with clean, dry cloth or air dry (Hirna, Wolayta Sodo and Woreta)

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

Parameters	Oromia	SNNPR		Tigray	Amhara
	Hirna	Hossana	Wolayta Sodo	Maichew	Woreta
	n=20	n=20	n=17	n=19	n=17
Pre insertion tasks					
Ensure that needed supplies and equipment are available in the procedure	1.93	1.84	1.88	1.89	1.96
Confirm the client has recently emptied her bladder	1.83	1.88	1.79	0.81	1.76
Help the client onto the examination table	1.96	1.85	1.76	1.98	1.85
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	1.34	1.22	1.18	1.63	1.06
Palpate abdomen and check for lower abdominal, especially suprapubic, tenderness and masses or other abnormalities	1.93	1.84	1.88	1.89	1.96
Drape the client appropriately for pelvic exam	1.32	1.43	NA	1.98	1.65
Wash hands thoroughly with soap and water; dry with clean, dry cloth or air dry	1.05	1.55	1.06	2.00	1.28
Open high-level disinfected instrument pan or sterile pack/container without touching instruments, pour iodine solution in a cup, open gauze package	1.84	1.80	1.82	1.88	1.83
Put new examination gloves on both hands	1.94	1.94	1.91	2.00	1.81
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	1.91	1.71	1.85	1.86	1.89

TRAINEE PERFORMANCE DURING PELVIC EXAMINATION AND IUCD INSERTION TASKS

All evaluated trainees performed well on pelvic examination and IUCD insertion tasks. As shown in Table 6, the average scores on pelvic examination ranged from 1.5 to 1.9 in all elements evaluated. There was only one pelvic examination where the average score of trainees was below the minimum of 1.5, which was in Hossana (1.49) for performing the speculum exam.

Table 6: Average scores of trainees on Pelvic examination

Parameters	Oromia	SNNPR		Tigray	Amhara
	Hirna	Hossana	Wolayta Sodo	Maichew	Woreta
	n=20	n=20	n=17	n=19	n=17
Pelvic Examination					
Inspect external genitalia and urethral opening	1.79	1.73	1.85	1.66	1.93
Perform bimanual exam	1.74	1.45	1.61	1.86	1.72
Perform speculum exam	1.91	1.49	1.64	1.89	1.85

Table 7 shows the evaluation results on IUCD insertion tasks. Average scores of trainees were found to be between 1.5 and 1.9, except for the following elements:

- 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 (Hirna)
- 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 (Maichew)
- Remove the sound along with the sponge forceps and determine the depth of the uterine cavity by reading from the sound (Maichew)
- Place the sound in 0.5% chlorine decontamination solution (Hirna, Maichew and Woreta)
- Load the Copper T 380A while it remains inside the sterile package (Maichew)
- 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 (Maichew)
- 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 (Maichew)
- Remove the loaded inserter tube without touching anything that is not sterile (Maichew)
- Hold the tenaculum and the white rod stationary in one hand (Maichew)
- Partially remove the inserter tube from the cervical canal until IUCD strings can be seen protruding from cervical (Maichew)
- Gently remove the tenaculum and place it in 0.5% chlorine decontamination solution (Maichew)

- 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 (Maichew)
- 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 (Maichew)

Table 7: Average scores of trainees on IUCD insertion tasks

Parameters	Oromia	SNNPR		Tigray	Amhara
	Hirna	Hossana	Wolayta Sodo	Maichew	Woreta
	n=20	n=20	n=17	n=19	n=17
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	1.36	1.51	1.55	1.81	1.10
Clean the cervix and the vagina with antiseptic solution 2 times using 2 gauzes, and wait 2 minutes for the solution to act	1.94	1.92	1.97	1.86	1.83
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.	1.91	1.78	1.73	1.55	1.81
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.	1.91	1.69	1.76	1.48	1.67
Remove the sound along with the sponge forceps and determine the depth of the uterine cavity by reading from the sound	1.77	1.86	1.97	1.42	1.59
Place the sound in 0.5% chlorine decontamination solution	1.05	1.65	1.73	1.03	1.15
Load the Copper T 380A while it remains inside the sterile package	1.80	1.73	1.61	1.44	1.76
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	1.80	1.73	1.61	1.44	1.76
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	1.93	1.86	1.82	1.41	1.85
Remove the loaded inserter tube without touching anything that is not sterile	1.92	1.90	1.82	1.39	1.76
Hold the inserter tube with your palms turned upwards and the flange in the horizontal position	1.88	1.88	1.58	1.50	1.85
Hold the tenaculum and the white rod stationary in one hand	1.81	1.80	1.64	1.48	1.64
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	1.92	1.86	1.55	1.53	1.74
Remove the white rod	1.94	1.94	1.85	1.53	1.83
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)	1.85	1.78	1.76	1.52	1.60
Partially remove the inserter tube from the cervical canal until IUCD strings can be seen protruding from cervical	1.92	1.84	1.52	1.45	1.72
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	1.92	1.69	1.58	1.61	1.69
Gently remove the tenaculum and place it in 0.5% chlorine decontamination solution	1.36	1.80	1.82	1.17	1.56

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	1.84	1.71	1.82	1.05	1.79
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	1.77	1.76	1.73	1.34	1.70
Allow the client to rest until she feels ready to get dressed; help her off the table when she feels ready	1.94	1.76	1.64	1.83	1.66

TRAINEES PERFORMANCE ON IUCD POST INSERTION TASKS

Post insertion tasks included proper handling of contaminated materials, hand washing, providing instruction to the client, recording the procedure and decontaminating the examination table. Average scores on the post insertion tasks were 1.5 or higher, except for the following elements:

- Immerse both gloved hands in 0.5% chlorine decontamination solution. Remove gloves by turning them inside out (Hirna, Hossana, Wolayta Sodo, Maichew and Woreta)
- Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry (Hirna, Hossana, Wolayta Sodo and Woreta)
- Provide post insertion instructions (Hossana and Wolayta Sodo)
- After the client has left, wear utility gloves and clean the examination table with the 0.5% chlorine decontamination solution (Hossana, Wolayta Sodo and Woreta)

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

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

Parameters	Oromia	SNNPR		Tigray	Amhara
	Hirna	Hossana	Wolayta Sodo	Maichew	Woreta
	n=20	n=20	n=17	n=19	n=17
Post insertion tasks					
Dispose of waste materials such as cotton balls or gauze by placing them in a leak proof container or plastic bag	1.93	1.71	1.82	1.86	1.68
Immerse both gloved hands in 0.5% chlorine decontamination solution. Remove gloves by turning them inside out	1.21	1.31	1.33	1.14	1.49
Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry	1.28	1.37	1.15	1.97	1.34
Provide post insertion instructions	1.77	1.27	1.30	1.89	1.79
Complete the IUCD card, client record and IUCD register/log (as applicable)	1.91	1.71	1.79	1.95	1.68
After the client has left, wear utility gloves and clean the examination table with the 0.5% chlorine decontamination solution	1.50	1.27	1.36	1.52	1.26

JADELLE[®] INSERTION

The Jadelle[®] insertion procedure requires doing 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 the model demonstration 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 elements:

- Ask the woman about her reproductive goals and need for protection against STIs (Hossana)
- Review client screening checklist to determine if Jadelle[®] is an appropriate choice for the client (Maichew)
- Perform (or refer for) further evaluation, if indicated (Hossana and Maichew)
- Provide more detailed information about Jadelle (Hossana)
- Ask the client to repeat information to ensure that she understands (Hossana)
- Respond to client's needs and concerns about Jadelle[®] (Hossana)
- Describe insertion procedure and what to expect (Hossana)

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

Parameters	SNNPR	
	Hossana	Maichew
	(n=12)	(n=6)
<i>Pre insertion client assessment</i>		
Greet client politely, introduce one-self, offer a seat and ensure privacy	2.00	2.00
Ask the woman about her reproductive goals and need for protection against STIs	1.57	1.91
Make sure that the woman's contraceptive choice is Jadelle [®]	1.86	1.97
Review client screening checklist to determine if Jadelle [®] is an appropriate choice for the client	1.86	1.41
Perform (or refer for) further evaluation, if indicated	0.57	1.44

Provide more detailed information about Jadelle	1.14	1.79
Show the client the package of Jadelle, and using a training model, show her how the rods are inserted	1.86	1.94
Ask the client to repeat information to ensure that she understands	0.86	1.62
Respond to client's needs and concerns about Jadelle®	1.57	1.68
Describe insertion procedure and what to expect	1.00	1.73

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 the below elements, which scored less than 1.5 in the Hossana and Maichew trainings.

- Tell the client what is going to be done and encourage her to ask questions (Hossana)
- Help the client onto the examination table (Maichew)

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

Parameters	SNNPR	
	Hossana	Maichew
	(n=12)	(n=6)
Pre insertion tasks		
Ensure that needed supplies and equipment are available and made ready for use	2.00	1.76
Tell the client what is going to be done and encourage her to ask questions	1.43	1.76
Check to be sure that client has thoroughly washed her entire arm with soap and water	2.00	1.94
Help the client onto the examination table	2.00	1.29
Position the woman's arm and place clean, dry cloth under her arm	2.00	1.74
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	1.86	1.91
Wash hands thoroughly and dry them	2.00	1.94
Put sterile gloves on both hands	2.00	1.76
Prepare insertion site with iodine solution two times then put fenestrated drape over the arm	2.00	1.88
Inject local anesthetic about 2ml (1% lidocaine without epinephrine) just under skin	1.86	1.94
Check for anesthetic effect before making skin incision	2.00	1.85

TRAINEE PERFORMANCE DURING JADELLE[®] INSERTION TASKS

The performance of all evaluated trainees on Jadelles[®] insertion tasks was good. As shown in Table 11, the average scores were 1.5 or higher except for two elements, which scored less than 1.5 in the Hossana training. The two elements are as follows:

- Holding the disposable trocar at about a 45° angle, insert directly through the skin
- Remove plunger and load capsule into trocar with gloved hand or forceps

Table 11: Average score of trainees on Jadelles[®] insertion tasks

Parameters	SNNPR	
	Hossana	Maichew
	(n=12)	(n=6)
<i>Insertion tasks</i>		
Holding the disposable trocar at about a 45° angle, insert directly through the skin	1.43	1.91
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	1.57	1.79
Remove plunger and load capsule into trocar with gloved hand or forceps	1.43	1.88
Reinsert plunger and advance it until resistance is felt	1.57	1.88
Hold plunger firmly in place with one hand and slide trocar out of incision until it reaches plunger handle	1.57	1.82
Withdraw trocar and plunger together until mark (2) nearest trocar tip just clears incision (do not remove trocar from skin)	1.57	1.79
Move tip of trocar away from end of capsule and hold capsule out of the path of the trocar	1.57	1.85
Redirect trocar about 15° and advance trocar and plunger to mark (1)	1.71	2.00
Insert remaining capsule using the same technique	1.71	1.82
Palpate capsules to check that two capsules have been inserted in V shape distribution	2.00	1.76
Palpate incision to check that the ends of the two capsules are 5 mm away from incision site	1.71	1.91
Remove trocar only after insertion of last capsule	2.00	1.94

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 at the Hossana training;

- 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
- Immerse gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out

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

Parameters	SNNPR	
	Hossana	Maichew
	(n=12)	(n=6)
Post insertion task		
Remove drape and wipe client's skin with alcohol	2.00	1.94
Bring edges of incision together and closes it with cotton or gauze swab	2.00	1.94
Apply pressure dressing snugly	1.86	1.97
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	1.43	1.85
Dispose waste materials by placing in leak proof container or plastic bag	1.57	1.85
Immerse gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out	1.24	1.88
Wash hands thoroughly and dry them	NA	NA
Complete client record, including drawing position of capsules	NA	NA
Instruct client regarding wound care and makes return visit appointment, if necessary	NA	NA
Discuss what to do if client experiences any problems following insertion or side effects	NA	NA
Assure client that she can have capsules removed at any time if she desires	NA	NA
Ask client to repeat instructions and answer client's questions	NA	NA
Observe client for at least 15 to 20 minutes before sending her home	NA	NA

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 a pre-insertion client assessment for medical conditions, reproductive history and understanding on Implanon®. Table 13 shows the evaluation results on these initial activities. The average scores of trainees on pre-insertion elements were 1.5 or higher, except for the following elements:

- Review with client information in her record and ensure that she has been appropriately counseled for Implanon® insertion (Gebre Guracha)
- Review reproductive goal and pertinent general medical history with client (Hossana and Maichew)
- Perform (or refer for) further evaluation, if indicated (Hossana, Maichew, Hirna, Fiche and Gebre Guracha)
- Provide more detailed information about Implanon (Hossana and Fiche)
- Show the client the package of Implanon, and using a training model, show her how the rods are inserted (Hirna)
- Ask the client to repeat information to ensure that she understands (Hossana, Hirna and Fiche)
- Describe the insertion procedure and what to expect (Hossana, Maichew, Hirna and Fiche)

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

Parameters	SNNPR	Tigray	Oromia		
	Hossana	Maichew	Hirna	Fiche	Gebre Guracha
	n=22	n=19	n=43	n=23	n=22
Pre-insertion Tasks					
Greet client politely, introduce one-self, offer a seat and ensure privacy	2.00	1.99	1.59	1.94	1.94
Ask client if she still wants the Implanon® inserted	1.93	1.99	1.76	1.78	1.90
Review with client information in her record and ensure that she has been appropriately counseled for Implanon® insertion	1.56	1.52	1.69	1.56	1.47
Review reproductive goal and pertinent general medical history with client	1.30	1.31	1.54	1.57	1.86
Perform (or refer for) further evaluation, if indicated	0.96	1.42	1.15	1.45	1.39
Provide more detailed information about Implanon	1.22	1.92	1.59	1.24	1.91
Show the client the package of Implanon, and using a training model, show her how the rods are inserted	1.70	1.91	1.22	1.50	1.72
Ask the client to repeat information to ensure that she understands	1.22	1.78	1.37	1.44	1.65
Describe the insertion procedure and what to expect	1.04	1.28	1.46	1.31	1.73

TRAINEE PERFORMANCE DURING IMPLANON[®] PRE-INSERTION TASKS

Each trainee is expected to explain the 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 were 1.5 or higher, except for the following elements:

- Help the client onto the examination table (Maichew)
- Explaining what you are doing at each step (Hossana, Maichew and Hirna)

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

Parameters	SNNPR	Tigray	Oromia		
	Hossana	Maichew	Hirna	Fiche	Gebre Guracha
	n=22	n=19	n=43	n=23	n=22
Pre-insertion Tasks					
Ensure that the needed supplies and equipment are available and ready for use	2.00	1.97	1.90	1.84	1.98
Check to be sure that the client has thoroughly washed and rinsed her entire non-dominant arm	1.78	1.87	1.97	1.85	1.95
Help the client onto the examination table	2.00	1.48	1.95	1.81	1.87
Explaining what you are doing at each step	1.26	1.33	1.25	1.51	1.55
Allow the client to lie on her back with her non dominant arm turned outwards and bent at the elbow	2.00	1.40	1.98	1.72	1.78
Mark the insertion site	1.96	1.96	1.83	1.67	1.85

TRAINEE PERFORMANCE DURING IMPLANON[®] INSERTION TASKS

Generally average scores of trainees on Implanon insertion elements were between 1.5 and 2.0. Washing hands before the procedure (in Hossana, Hirna and Fiche) and draping the insertion site with a small fenestrated towel (in Hossana, Hirna and Fiche) were the only items with a low score. Table 15 shows the average Implanon insertion scores.

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

Parameters	SNNPR	Tigray	Oromia		
	Hossana	Maichew	Hirna	Fiche	Gebre Guracha
	n=22	n=19	n=43	n=23	n=22
Insertion tasks					
Wash hands thoroughly and dry them	1.44	1.89	0.73	1.35	1.96
Put on sterile gloves	2.00	1.88	2.00	1.93	1.97
Clean the insertion site two times with the iodine solution, using folded gauze	1.93	1.87	2.00	1.82	1.95
Drape with a small fenestrated drape, if available	0.83	1.75	0.80	0.68	1.55
	2.00	1.89	1.95	1.60	1.95
Remove the sterile disposable applicator carrying the Implanon, from its blister and remove the needle shield	1.78	1.92	1.95	1.70	1.95
Always hold the applicator in the upward position (i.e. with the cannula pointed upwards), to prevent the implant from dropping out	1.87	1.91	1.95	1.73	1.85
Visually verify the presence of the implant inside the metal part of the cannula	1.93	1.90	1.87	1.73	1.91
Keep the cannula and the implant sterile. If contamination occurs, a new package must be used	1.96	1.92	1.98	1.71	1.96
Stretch the skin around the insertion with thumb and index finger place the hand over the insertion site, directed towards you	1.59	1.88	1.83	1.55	1.82
Insert only the tip of the cannula, slightly angled (~ 20°)	1.81	1.93	1.95	1.72	1.81
Release the skin and lower the applicator to a horizontal position	1.78	1.84	1.93	1.73	1.89
Lift the skin with the tip of the needle	1.78	1.84	1.93	1.73	1.89
Gently advance, while lifting the skin, forming a tent, until inserting the full length of the cannula without using force	1.74	1.58	1.97	1.62	1.80
Break the seal of applicator. Turn the obturator 90 degree	1.89	1.89	1.97	1.83	1.92
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	1.81	1.91	1.98	1.67	1.86
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	1.93	1.88	1.83	1.62	1.91
Apply sterile gauze with a pressure bandage to prevent bruising	1.96	1.94	1.93	1.81	1.97

TRAINEE PERFORMANCE DURING IMPLANON[®] POST INSERTION TASKS

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, except for the following:

- Wash hands thoroughly with soap and water and dry with clean towel or air dry (Hossana, Hirna and Fiche)
- Provide post insertion instructions (Hossana, Maichew and Fiche)

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

Parameters	SNNPR	Tigray	Oromia		
	Hossana	Maichew	Hirna	Fiche	Gebre Guracha
	n=22	n=19	n=43	n=23	n=22
Post insertion tasks					
Dispose the cannula in safety box as any other sharps/needle	1.74	1.93	1.90	1.61	1.90
Dispose of waste materials, decontaminate and clean the work tops	1.70	1.91	1.93	1.63	1.89
Wash hands thoroughly with soap and water and dry with clean towel or air dry	1.00	1.98	1.23	1.05	1.71
Fill-out the two parts of the user card and fix one part on the client card and give the other part to the client	2.00	1.88	1.97	1.84	1.95
Provide post insertion instructions	1.35	1.43	1.83	1.39	1.65

REMOVAL SKILLS

A three point scale (0-2) was used to rate trainees' skills in performing IUCD and implant removal tasks. The average scores were calculated based on observations of each trainee removing IUCD and implants from one or more clients.

IUCD REMOVAL

Between March and June 2012, there were no IUCD removals performed by health professionals in the four training regions: Amhara, Oromia, SNNPR and Tigray.

IMPLANT REMOVAL

From a total of 84 implant removals conducted, 39 were evaluated. These were performed by trainees from across the three training sites: Hirna, Hossana and Wolayta Soda.

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 17, the average scores ranged from 1.5 to 2.0, except for the following elements: describing removal procedures (Hossana and Maichew), explaining next steps (Hossana) and allowing the client to lie on their back (Maichew).

Table 17: Average scores of trainees on client assessment and Implant pre removal tasks

Parameter	Hirna n=16	Hossana n=6	Maichew n=17
Client Assessment			
Greet client politely, introduce one-self, offer a seat and ensure privacy	1.9	2.0	2.0
Ask the client her reason for removal and answer any questions	1.9	2.0	2.0
Review client's present reproductive goals and ask if she wants another method or a new implant	1.8	1.7	1.6
Describe the removal procedure and what to expect	1.5	1.3	1.3
Ensure that needed supplies and equipment are available and made ready for use	1.9	2.0	1.9
Check to be sure client has thoroughly washed and rinsed her entire arm	1.9	2.0	1.9
Help the client onto the examination table	2.0	2.0	1.8
Explaining to client what you are doing at each step	1.4	1.0	1.4
Allow the client to lie on her back with her non dominant arm turned outwards and bent at the elbow	2.0	2.0	1.3
Locate the rods first with ungloved fingers	1.9	2.0	2.0

TRAINEE PERFORMANCE DURING IMPLANT REMOVAL TASKS

Washing hands and putting on gloves, cleaning the site with iodine solution, draping the area, anesthetizing the site to be incised, making an incision, removing the capsules and showing them to the client are tasks to be performed during implant removal. As shown in Table 18, the overall average scores of trainees on implant removal elements ranged from 1.5 to 2.0, except for three elements: washing hands (Hirna), draping the area (Hossana) and opening fibrous sheath with a sterile gauze (Hossana).

Table 18: Average scores of trainees on implant removal tasks

Parameter	Hirna	Hossana	Maichew
	n=16	n=6	n=17
Removal tasks			
Wash hands thoroughly and dry them	0.9	2.0	1.9
Put on sterile gloves	2.0	2.0	1.9
Clean the area two times with the iodine solution, using folded gauze	2.0	2.0	2.0
Localize the implant	1.9	2.0	1.9
Drape with a small fenestrated drape	1.8	0.5	1.8
Anaesthetize with 2 ml of 1% lidocaine applied just under the lower tip of the implant	2.0	2.0	1.9
Check for anesthetic effect before making skin incision	1.8	2.0	1.9
Make a small (2mm or 4 mm) transverse incision on the lower tip of the implants	2.0	2.0	1.9
Push the end of capsule easiest to remove towards the incision	1.9	1.7	1.9
Clean off and open fibrous sheath with sterile gauze (or scalpel if necessary)	1.9	1.3	1.9
Grasp exposed end of capsule with curved forceps and remove capsule completely	1.9	1.7	1.9
After removal of the capsule(s), show to the client	1.7	2.0	1.9

TRAINEE PERFORMANCE DURING IMPLANT POST REMOVAL TASKS AND COUNSELING

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:

- Remove drape and wipe client's skin with alcohol (Hossana)
- Wash hands thoroughly with soap and water and dry with clean towel or air dry (Hirna)
- Counsel client regarding new contraceptive method, if desired (Hossana and Maichew)
- Observe client for at least 15 to 20 minutes before sending home (Hossana)

Table 19: shows the average implant post removal tasks and counseling scores.

Table 19: Average scores of trainees on implant post removal tasks and counseling

Parameter	Hirna	Hossana	Maichew
	n=16	n=6	n=17
Post removal tasks			
Remove drape and wipe client's skin with alcohol	2.0	1.3	1.9
Bring edges of incision together and close it with Band-Aid or surgical tape with sterile cotton	2.0	2.0	1.9
Apply pressure dressing snugly	2.0	2.0	1.8
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	1.8	1.7	1.9
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	2.0	1.7	1.9
Immerse gloved hands in 0.5% chlorine solution. Remove gloves by turning inside out	2.0	1.7	1.9
Wash hands thoroughly with soap and water and dry with clean towel or air dry	1.2	1.0	1.9
Complete client record	1.8	1.7	1.9
Instruct client regarding wound care and make return visit appointment, if necessary	1.7	1.7	1.9
Discuss what to do if any problems occur and answer any questions	1.9	1.7	1.5
Counsel client regarding new contraceptive method, if desired	1.6	1.3	1.3
Help client obtain new contraceptive method or provide temporary (barrier) method until method of choice can be started	1.6	1.0	1.6
Observe client for at least 15 to 20 minutes before sending home	1.6	1.3	1.9

CONCLUSIONS AND RECOMMENDATIONS

Based on the findings reported here, we conclude as follows:

The general conclusion of the trainings was that early community mobilization and additional practical training focusing on developing the trainee's counseling, screening and insertion skills are key to ensuring successful learning of FP skills. Although the overall training approaches used during classroom teaching and practical attachments were good, there were some instances where scores were lower for trainees because of the complex and subjective nature of the FP training. This was observed across the training sites where trainees had difficulty in translating theoretical ideas in practical shape due to lower skill levels prior to beginning the training.

Specific findings include the following:

Human resource capacity and skills. There is a need for capacity building and skill enhancement at all levels of the health cadre. Generally, the trainees need more training in insertion methods, screening and counseling skills on FP products (IUCD, Implanon and Jadelle®).

Community mobilization in FP. There is a need for conducting early community mobilization prior to FP trainings to ensure clients are available during the practical attachment. Community mobilization efforts in FP need to place greater emphasis on information and education and develop strategies for communication methods for awareness campaigns and for reaching remote areas. Specific information on FP products is also needed.

APPENDIX 1: OBSERVATIONAL RESULTS FROM CLASSROOM AND PRACTICAL ATTACHMENT SESSIONS

Fiche 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.	x
Discuss when to insert and remove an IUCD.	x
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.	x
Post-insertion client instruction and follow-up management of the IUCD client	x
IUCD (Cu-T380A®) loading	x
Standard insertion and removal procedures for IUCDs (Cu-T380A®)	x

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	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.	✓

Gebre Guracha 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.	x
Discuss when to insert and remove an IUCD.	x
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.	x
Post-insertion client instruction and follow-up management of the IUCD client	x
IUCD (Cu-T380A®) loading	x
Standard insertion and removal procedures for IUCDs (Cu-T380A®)	x
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.	✓

Hirna 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	x
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.	✓

Hossahena 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.	✓

Maichew 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.	✓

Wolayta Sodo 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.	✓

Woreta 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.	✓

