



Implanon Insertion Training Evaluation Report

Ministry of Health
Federal Democratic Republic of Ethiopia

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INTRODUCTION

USAID/Ethiopia 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 mid-June 2009, while the IUCD revitalization initiative was started in 2010. 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 transformational capacity of Ministry of Health staff at Federal, Regional and Woreda levels to monitor and evaluate the results of the Implanon and IUCD interventions. In addition, FHI 360 is also mandated to conduct independent evaluation of the training of health providers in Implanon and IUCD insertion.

FHI 360 evaluated trainings conducted by IFHP in Oromia (Jan 31 – Feb 9, 2011), Amhara (Feb 9–21, 2011), SNNPR (Feb 17 – Mar 2, 2011) and Tigray (Mar 14–19, 2011). FHI 360 also evaluated trainings conducted by EPHA on behalf of the FMOH in SNNPR (May 1–20, 2011). Except for SNNPR where training was conducted by IFHP and EPHA at different sites, IFHP conducted all the trainings in Amhara, Oromia and Tigray over six days. The first two days were dedicated to theoretical teaching. On the third day of training, trainees conducted practical sessions covering counseling and Implanon insertion skills using an arm model. On days four to six, trainees were deployed to the field for practical attachments, where they conducted insertions on actual clients.

TRAINING SITES AND PARTICIPANTS

Oromia (Jan 31 – Feb 9, 2011)

In Oromia, FHI 360 evaluated the rollout training of HEWs conducted by IFHP in conjunction with previously trained trainers. The training was conducted in Bediessa (attended by 29 HEWs) and in Mechara (attended by 28 HEWs) located in West Harargie Zone.

Amhara (Feb 9–21, 2011)

The training in Amhara was also conducted by IFHP. It took place in Motta and Debrework sites, East Gojjam Zone. The trainees included 25 participants for the TOT, and 85 HEWs attended the rollout training. Training participants came from Motta town administration, Hulet Eju Enesie and Enarji Enawuga woredas.

Tigray (Mar 14–19, 2011)

The Tigray training was also conducted by IFHP. The training took place in Atsbi and Wukro. All trainings evaluated in Tigray were rollout trainings for HEWs. A total of 33 HEWs were trained, 17 in Wukro and 16 in Atsbi, and all trainees were from these respective woredas.

SNNP (Feb 17 – Mar 2, 2011 for IFHP; May 1–22, 2011 for EPHA)

The trainings evaluated in SNNP region were conducted by IFHP and EPHA. IFHP conducted their training from February 17th to March 2nd, 2011 in Hossana, Hadiya Zone. The trainees included 26 participants in the TOT and 92 HEWs in the rollout training. Training participants came from Lemo, Misha and Soro woredas.

The EPHA trainings were conducted in Tercha, Dawro Zone from May 1–20. The FMOH participated in monitoring the implementation of the trainings. The trainees included 20 for the TOT and 202 for HEWs. Training participants came from Mareka, Loma, Gena, Essara and Tocha woredas. The characteristics of the trainings are presented in Table 1 below.

TABLE 1: CHARACTERISTICS OF THE TRAININGS EVALUATED

Date 2011	Region	Training site	Training partner	Training type	Total # trainees
Jan 31 - Feb 5	Oromia	Bediessa	IFHP	Rollout	29
Feb 3-9	Oromia	Mechara	IFHP	Rollout	28
Feb 9-14	Amhara	Motta	IFHP	TOT	25
Feb 16-21	Amhara	Motta	IFHP/GADO	Rollout	85
Feb 17-22	SNNPR	Hossana	IFHP	TOT	26
Feb 26 - Mar 2	SNNPR	Hossana	IFHP	Rollout	93
Mar 14-19	Tigray	Wukro	IFHP	Rollout	17
Mar 14-19	Tigray	Atsbe	IFHP	Rollout	16
May 1-6	SNNPR	Dawro	EPHA/FMOH	TOT	20
May 8-20	SNNPR	Dawro	EPHA/FMOH	Rollout	202

OBJECTIVES

This evaluation was primarily conducted to assess the quality of Implanon insertion training and 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

Observational and self-completion interview approaches were used to evaluate the training. A checklist was used to record observations of the training. The observations were conducted on the training preparation of the trainers, classroom training approaches, role play and model demonstration and practice and the trainers' handling of the training in general. Observations were also conducted during the practical attachment of trainees to health facilities. In this, the evaluators observed trainees conducting clients counseling, Implanon insertion procedures and disposal of waste materials. A self-completion questionnaire was also administered to trainees (pre- and post-training) to investigate 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 medical background. FHI 360 trained the consultants for one day to orient them on the evaluation tools (checklists) previously developed by FHI 360 in consultation with the FP technical working group. 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 skills assessment checklist

Practical attachment evaluation

- Counseling skills assessment checklist—scored on a 1-3 scale based on trainee performance in accordance with the training guidelines
- Clinical insertion assessment checklist—scored on a 0-2 scale also based on trainee performance in accordance with the training guidelines

RESULTS

In this section, we present the results from the evaluation encompassing classroom and practical attachment components of the training. The training included three days of classroom training and another three days of practical attachment. The trainee's attachments took place in pre-arranged health posts and health centers. During their attachment, trainees conducted practical insertions with women from within the catchment areas of the health facilities who had been mobilized and counseled at the community and were interested in receiving an Implanon insertion.

OBSERVATIONAL RESULTS FROM THE CLASSROOM AND FIELD TRAINING

During the training sessions, the consultants and FHI 360 staff examined how the trainers conducted the training based on the following topics:

- General training setting and methodology
- Contraception overview
- Contraceptive counseling
- Medical eligibility screening
- Implanon insertion
- Practical attachment
- HEW certification

The observation results are summarized in the tables contained in **Appendix 1**. The overall view of the evaluators is that the training was conducted in a satisfactory manner. We observed that the trainers were generally patient with their trainees and adjusted the training to the trainees pace. During classroom training, sufficient time was allotted to the practical sessions, which covered FP counseling and arm model insertions in addition to the theoretical teaching. The practical sessions conducted in class included role plays in family planning counseling and Implanon insertion using an arm model. The uptake of skills by trainees was generally impressive. However, there were a few instances where we observed that trainees who excelled in class took long to muster performance on real clients during field attachments. This was particularly the case with the practical Implanon insertion procedure with clients. Such trainees were mostly affected by the transition from inserting Implanon into the fairly hard arm model skin to the softer human skin. They however adjusted effectively after the first client. We also observed the reverse, where trainees who did not seem to grasp the theoretical and practical skills during class work seemed to excel when working with real clients. Another observation for improvement was the need for trainers to consistently instruct trainees on areas that the trainee had not performed very well, and to praise them for steps that had been

correctly followed. This is particularly the case when working with clients. In observations where the evaluators and trainers provided feedback to the trainees, remarkable improvement in the confidence and performance of the trainees was observed.

We also observed that practical attachments were done differently in some locations. While some trainers sent the trainees to practice insertions with eligible clients at their own health posts, others organized them in a group and moved from one center to another conducting insertions as a team. The team approach in our view was much better because it allowed the trainers to closely observe and guide trainees. Trainees were also able to observe their colleagues and learn from each other. Additionally, this approach allowed for adequacy of clients for the practical sessions because the clients who turned up at the site were divided equally to all trainees. In the practical sessions where trainees were sent only to their own health posts and Implanon clients were fewer, such a trainee did not get the minimum of five practical insertions as required in the training guidelines.

The main areas for improvement in classroom sessions are presented below, and the full evaluations of the classroom sessions are contained in **Attachment A**.

- Giving daily feedback to trainees based on trainees daily evaluation. This was not consistently done in all groups
- The learning and practice guide for Implanon counseling skills was not used in some groups to evaluate the trainees
- In four out of eight trainings conducted in SNNP, the trainees did not use the standard checklist to practice screening of clients for pregnancy and contraceptive eligibility
- Trainers in some instances did not observe and evaluate individual trainees while practicing medical eligibility screening
- Consistent provision of feedback to trainees during practical attachment

EXTENT OF IMPLANON INSERTIONS DURING PRACTICAL ATTACHMENT

Virtually all women who came for Implanon insertion had been pre-identified and counseled by the HEWs and community mobilizers prior to coming to the health facility. We observed that most of the women who accepted an Implanon insertion during training were current users of injectable contraceptives and were mothers. However, we also saw a few clients who were first-time FP users receiving Implanon. Four of the non-married Implanon clients observed in Tigray said they were virgins, but wanted to get an Implanon insertion because they had plans to travel out of the country in search of employment.

Figure 1 shows the total number of Implanon insertions conducted by trainees during their practical attachment. Overall, 3,916 insertions were conducted by the 541 trainees (an average of 7.2 insertions per trainee) in the trainings evaluated. However, we observed also that not all trainees achieved a minimum of five insertions during training. The largest numbers of Implanon insertions were conducted in Dawro and Motta trainings, but this was because of the multiple trainings conducted at these sites.

FIGURE 1: TOTAL NUMBER OF IMPLANON INSERTIONS CONDUCTED BY TRAINEES IN EACH TRAINING SITE

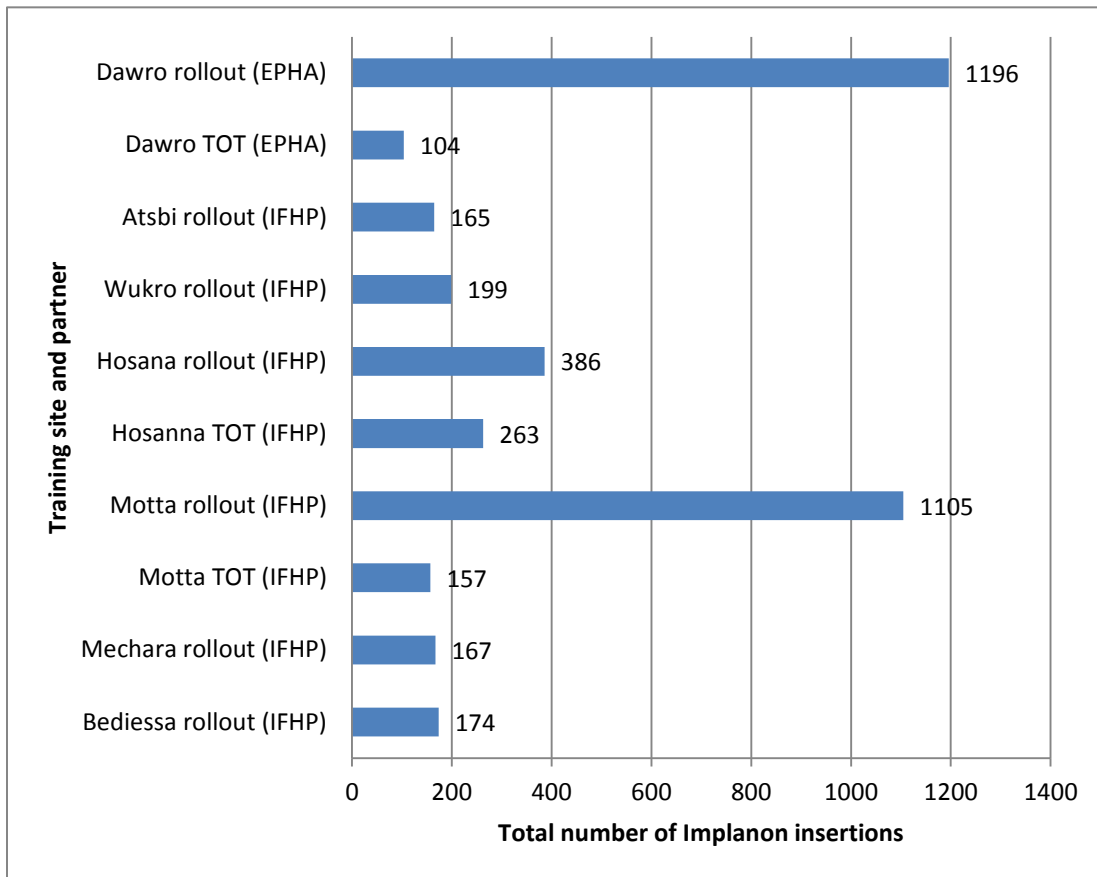
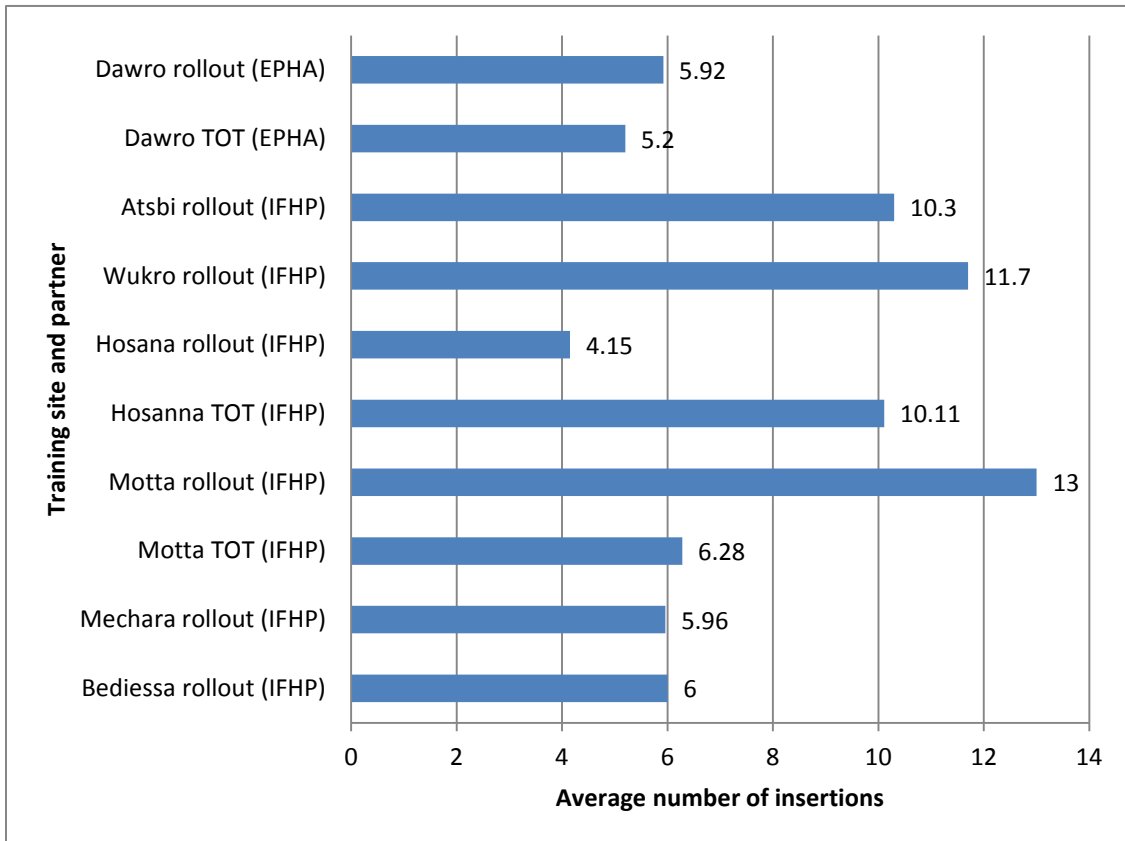


Figure 2 shows the average number of insertions per trainee. Overall, the average insertions per trainee were highest in the rollout training conducted by IFHP in Motta in Amhara region (13), Wukro (11.7), Atsbi (10.3) and in the Hossana in SNNP region TOT (10.1). In the Hossana rollout training, the average insertions per trainee (4.15) were lower than the recommended minimum of five Implanon insertions per trainee according to the training guide.

FIGURE 2: AVERAGE NUMBER OF IMPLANON INSERTIONS PER TRAINEE DURING PRACTICAL ATTACHMENT



COUNSELING SKILLS

Trainees were evaluated on counseling skills based on a three-point scale (1-3). The average scores were calculated based on observations of each trainee counseling 3-5 clients. Trainees generally scored highly on counseling skills. With the exception of the elements below (for trainings conducted in Hosanna and Wukro), the average scores on counseling skills were greater than 2.4:

- Helping the client to choose a method (Hossana roll-out trainees)
- Screening of the client on medical conditions (Wukro)
- Helping the client to choose a method (Hossana and Wukro)
- Providing general information to the client (Hossana and Wukro).

Detailed results on the trainees performance on counseling skills are provided in Table 2.

TABLE 2: MEAN SCORES FOR COUNSELING SKILLS AMONG IFHP TRAINEES

	Amhara			Oromia		SNNPR				Tigray	
	Motta		Debrework	Bediessa	Mechara	Hossana		Dawro (EPHA)		Atsbi	Wukro
	TOT (n=8)	RO (n=6)	RO (n=9)	RO (n=17)	RO (n=11)	TOT (n=11)	RO (n=5)	TOT (n=14)	RO (n=60)	RO (n=13)	RO (n=8)
<i>Items assessed</i>											
Creating rapport	2.8	3.0	2.8	2.8	2.8	3.0	2.8	2.8	2.8	2.7	2.8
Providing general information	2.8	2.9	2.8	2.7	2.8	2.6	2.2	2.8	2.7	2.7	2.1
Helping the client choose a method	2.7	2.9	2.8	2.6	2.7	2.1	2.3	2.6	2.5	2.7	2.2
Screening of client for medical conditions	2.7	2.9	2.7	2.7	2.8	2.3	2.5	2.8	2.7	2.6	1.9
Describing insertion procedure	2.8	2.9	2.7	2.7	2.8	2.3	2.4	2.7	2.5	2.6	2.1

PRE-INSERTION MEDICAL ASSESSMENT AND TASKS

The training guidelines require that each trainee, both during the model demonstration and practical attachment, conducts a pre-insertion medical assessment, ensures needed supplies are in place, and prepares the client for the insertion. Table 3 shows the evaluation results on these three initial activities. While the average score for all trainees was 1.5+, the trainees in the IFHP sites were more likely to follow most of the prescribed procedures than those in the EPHA training. Specifically, participants in the EPHA TO scored an average of 1.5 on the following elements:

- Asking the client if she still wants Implanon inserted
- Ensuring that needed supplies are available for Implanon insertion
- Reviewing the client information with the client
- Explaining to each client what is being done in each step

Detailed scores on each element evaluated are presented in Table 3.

TABLE 3: AVERAGE SCORES OF TRAINEES ON IMPLANON PRE INSERTION MEDICAL ASSESSMENT AND PRE-INSERTION TASKS

	Amhara		Oromia		SNNPR				Tigray		
	Motta		Debrework	Bediessa	Mechara	Hossana		Dawro (EPHA)		Atsbi	Wukro
	TOT (n=8)	RO (n=6)	RO (n=9)	RO (n=17)	RO (n=11)	TOT (n=11)	RO (n=5)	TOT (n=14)	RO (n=60)	RO (n=13)	RO (n=8)
Pre-insertion tasks											
Asking client if she still wants Implanon inserted	1.9	1.9	2.0	2.0	2	1.5	1.9	1.7	1.8	2.0	1.9
Review of client information	2.0	1.9	2.0	2.0	2.0	1.5	1.8	1.7	1.8	2.0	1.7
Ensuring that needed supplies are available for Implanon insertion	2.0	1.9	2.0	2.0	2.0	1.5	2.0	2.0	1.9	2.0	2.0
Checking if client has washed hands thoroughly	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.9	2.0	2.0
Helping the client lie on her back/rest hand correctly	2.0	2.0	2.0	2.0	2.0	1.9	2.0	2.0	1.9	2.0	Not scored
Explaining to each client what is being done in each step	2.0	1.9	2.0	1.9	1.9	1.5	1.7	2.0	1.7	2.0	1.7

TRAINEE PERFORMANCE IN IMPLANON INSERTION TASKS

All evaluated trainees performed well on Implanon insertion tasks. As shown in Table 4, the average scores ranged from 1.7-2.0 in all elements evaluated.

TABLE 4: AVERAGE SCORES OF TRAINEES ON IMPLANON INSERTION TASKS

	Amhara			Oromia		SNNPR				Tigray	
	Motta		Debrework	Bediessa	Mechara	Hossana		Dawro (EPHA)		Atsbi	Wukro
	TOT (n=8)	RO (n=6)	RO (n=9)	RO (n=17)	RO (n=11)	TOT (n=11)	RO (n=5)	TOT (n=14)	RO (n=60)	RO (n=13)	RO (n=8)
<i>Implanon Insertion tasks</i>											
Trainee washing hands properly and drying them	2.0	2.0	2.0	2.0	2.0	1.8	1.2	1.9	2.0	2.0	2.0
Putting on sterile gloves properly	1.9	2.0	2.0	2.0	1.9	1.7	2.0	1.9	2.0	2.0	2.0
Cleaning of insertion site two times with iodine solution	2.0	2.0	2.0	2.0	2.0	1.8	2.0	1.9	2.0	2.0	2.0
Proper provision of anesthesia	2.0	2.0	2.0	2.0	2.0	1.6	2.0	1.9	2.0	2.0	1.8
Proper use of the Implanon applicator	2.0	2.0	2.0	2.0	1.9	1.7	2.0	1.8	2.0	2.0	2.0
Proper Implanon insertion procedure	1.9	1.9	2.0	2.0	2.0	1.8	1.9	1.8	1.9	2.0	1.8

TRAINEES PERFORMANCE ON POST INSERTION TASKS

Post-insertion tasks included proper disposal of waste materials. Trainees are expected to dispose the syringe and needle into the safety box. As with other measurement parameters, trainees scored highly on the post-insertion tasks, with mean scores ranging from 1.7-2.0.

TABLE 5: AVERAGE SCORES OF TRAINEES ON POST INSERTION TASKS

	Amhara			Oromia		SNNPR				Tigray	
	Motta		Debrework	Bediessa	Mechara	Hossana		Dawro (EPHA)		Atsbi	Wukro
	TOT (n=8)	RO (n=6)	RO (n=9)	RO (n=17)	RO (n=11)	TOT (n=11)	RO (n=5)	TOT (n=14)	RO (n=60)	RO (n=13)	RO (n=8)
<i>Post insertion tasks</i>											
Proper disposal of the syringe and needle (in safety box)	2.0	2.0	2.0	2.0	2.0	1.9	2.0	2.0	1.9	2.0	2.0
Filling out the two part user card	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.9	2.0	2.0
Provision of post insertion instructions	2.0	2.0	2.0	1.9	1.9	1.7	1.7	1.9	1.8	1.9	2.0

CONCLUSIONS AND RECOMMENDATIONS

Based on the findings reported here, we conclude the following:

The training provided by IFHP and EPHA is successfully and adequately transferring skills for Implanon insertion. Following three days theoretical and classroom practical sessions and another three days of practical insertions with clients, we observed that the trainees were able to master Implanon insertion procedures, including counseling of clients. There is, however, a need to emphasize to trainees to adequately counsel clients and to ensure that they get confirmation of the clients continued interest in getting an Implanon insertion following the counseling. Trainers also need to consistently advise and coach the trainees during the Implanon insertion procedures with clients.

Based on the trainee evaluation scores and observations of the evaluators, trainees appear to achieve competency in the insertion procedures at their second to third client as long as the classroom practical sessions are well-covered. Considering that the Implanon client's levels vary by location, it might be necessary to revisit to the requirement for a minimum of five insertions for trainees to be certified. Additionally, we observed that the attachment approach in which trainees move as a team and conduct insertions from one health facility to another allows closer observations and guidance by the trainer, balancing of clients between trainees to ensure that each has adequate clients to practice on, consultations and observation of peers conducting insertions (which seemed to boost morale and support within themselves) and also enables easy evaluation.

The skin material used in some of the trainings appears to be harder and not comparable to the human skin. We observed that trainees who had used the non-rubber arm models seemed to apply more force to the injection and insertion applicator on their first client, but adjusted how much pressure to exert in their subsequent clients.

APPENDIX 1: OBSERVATIONAL RESULTS FROM CLASSROOM AND PRACTICAL ATTACHMENT SESSIONS

TIGRAY ROLL-OUT TRAINING EVALUATION

General training setting and methodology	Wukro	Atsebe
Daily attendance taken	✓	✓
Daily training evaluation filled	✘	✘
Recap done daily	✓	✓
Schedule adhered strictly	✓	✓
Daily feedback given to trainees according to trainees daily evaluation	✘	✘
Course evaluation done	✓	✓
Teach back feedback filled for each TOT	NA	NA
Pretest given on the first day	✓	✓
Posttest given on the last day	✓	✓
Are all needed handouts and teaching material available	✓	✓
Contraception Overview		
Trainers provide an update on short-term contraceptives including a review of the medical eligibility criteria (MEC).	✓	✓
Trainers provide an overview of long acting and permanent methods (LAPM) including implants, IUCD, male and female sterilization.	✓	✓
Trainers conduct a detailed information session on Implanon	✓	✓
Contraceptive Counseling		
Trainer explains steps for contraceptive choice counseling (informed choice counseling) with clients including benefits and limitations of each option available at the health post.	✓	✓
Trainer explains steps for Implanon-specific counseling.	✓	✓
Trainer demonstrates steps for informed choice counseling and for Implanon-specific counseling with clients through role plays	✓	✓
HEWs practice informed choice counseling through role plays	✓	✓
Trainer uses <i>Learning and Practice Guide for Implanon Service Provision: Counseling Skills</i> to evaluate the HEW trainee.	✓	✓
Medical Eligibility Screening		
Trainer explains the purpose of and how to use the <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> .	✓	✓
HEWs practice screening clients using <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> for pregnancy and contraceptive eligibility.	✓	✓
Trainers observe and evaluate the HEWs individually	✘	✘
Insertion		
Trainer demonstrates inserting Implanon in arm model.	✓	✓
HEWs practice inserting Implanon in an arm model.	✓	✓
HEWs are able to practice counseling and insertion through role plays	✓	✓
Trainer uses <i>Learning and Practice Guide for Implanon Service Provision: Clinical Skills: Insertion</i> to evaluate the HEW trainee.	✓	✓
Trainers observe and evaluate the HEWs individually	✘	✘

Practical Attachment		
Training includes a practical attachment in the field with clients	✓	✓
Each HEW practiced counseling and insertion on at least 5 clients	✓	✓
Trainers observe and evaluate the HEWs individually.	✓	✓
Trainers fill the checklists while HEW perform practical attachment	✓	✓
Trainers provide constructive feedback to HEWs during counseling and insertion practice.	✓	✓
Trainees are competent in understanding the checklists	✓	✓
HEW Certification		
Trainers evaluate the HEWs knowledge acquisition by comparing the pre and post-test scores.	✓	✓

NA = Teach-back feedback is **Not Applicable** on roll out trainings for it is only required on TOTs

AMHARA TOT AND ROLL OUT TRAINING EVALUATION

General training setting and methodology	Motta			Debrework
	TOT	RO Class 1	RO Class 2	RO
Daily attendance taken	NO	✓	✓	✓
Daily training evaluation filled	NO	✓	✓	✓
Recap done daily	NO	✓	✓	✓
Schedule adhered strictly	NO	✓	✓	✓
Daily feedback given to trainees according to trainees daily evaluation	NO	✓	✓	✓
Course evaluation done	✓	✗	✓	✓
Teach back feedback filled for each TOT	✓	NA	NA	NA
Pretest given on the first day	NO	✓	✓	✓
Posttest given on the last day	✓	✓	✓	✓
Are all needed handouts and teaching material available	✓	✓	✓	✓
Contraception Overview				
Trainers provide an update on short-term contraceptives including a review of the medical eligibility criteria (MEC).	NO	✓	✓	✓
Trainers provide an overview of long acting and permanent methods (LAPM) including implants, IUCD, male and female sterilization.	NO	✓	✓	✓
Trainers conduct a detailed information session on Implanon	NO	✓	✓	✓
Contraceptive Counseling				
Trainer explains steps for contraceptive choice counseling (informed choice counseling) with clients including benefits and limitations of each option available at the health post.	NO	✓	✓	✓
Trainer explains steps for Implanon-specific counseling.	NO	✓	✓	✓
Trainer demonstrates steps for informed choice counseling and for Implanon-specific counseling with clients through role plays	NO	✓	✓	✓
HEWs practice informed choice counseling through role plays	NO	✓	✓	✓
Trainer uses Learning and Practice Guide for Implanon Service Provision: Counseling Skills to evaluate the HEW trainee.	NO	✗	✗	✗

Medical Eligibility Screening				
Trainer explains the purpose of and how to use the <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> .	NO	✓	✓	✓
HEWs practice screening clients using <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> for pregnancy and contraceptive eligibility.	NO	✓	✓	✗
Trainers observe and evaluate the HEWs individually	NO	✓	✗	✗
Insertion				
Trainer demonstrates inserting Implanon in arm model.	NO	✓	✓	✓
HEWs practice inserting Implanon in an arm model.	NO	✓	✓	✓
HEWs are able to practice counseling and insertion through role plays	NO	✓	✓	✓
Trainer uses Learning and Practice Guide for Implanon Service Provision: Clinical Skills: Insertion to evaluate the HEW trainee.	NO	✗	✗	✓
Trainers observe and evaluate the HEWs individually	NO	✓	✓	✓
Trainers provide constructive feedback to HEWs during counseling and insertion practice	NO	✓	✓	✓
Practical Attachment				
Training includes a practical attachment in the field with clients	✓	✓	✓	✓
Each HEW practiced counseling and insertion on at least 5 clients	✓	✓	✓	✓
Trainers observe and evaluate the HEWs individually.	✓	✓	✓	✓
Trainers fill the checklists while HEW perform practical attachment	✓	✓	✓	✓
Trainers provide constructive feedback to HEWs during counseling and insertion practice.	✓	✓	✓	✓
Trainees are competent in understanding the checklists	✓	✓	✓	✓
HEW Certification				
Trainers evaluate the HEWs knowledge acquisition by comparing the pre and post-test scores.	✓	✗	✗	✗

NO = Not observed since the evaluating team arrived at the training site on the fifth training day

NA = Teach-back feedback is **Not Applicable** on roll out trainings for it is only required on TOTs

OROMIA ROLL OUT TRAINING EVALUATION

General training setting and methodology	Bedessa	Mechara
Daily attendance taken	✓	NO
Daily training evaluation filled	✓	NO
Recap done daily	✓	NO
Schedule adhered strictly	✓	NO
Daily feedback given to trainees according to trainees daily evaluation	✓	NO
Course evaluation done	✓	✓
Teach back feedback filled for each TOT	NA	NA
Pretest given on the first day	NO	NO
Posttest given on the last day	✓	✓
Are all needed handouts and teaching material available	✓	NO

Contraception Overview		
Trainers provide an update on short-term contraceptives including a review of the medical eligibility criteria (MEC).	NO	NO
Trainers provide an overview of long acting and permanent methods (LAPM) including implants, IUCD, male and female sterilization.	NO	NO
Trainers conduct a detailed information session on Implanon	NO	NO
Contraceptive Counseling		
Trainer explains steps for contraceptive choice counseling (informed choice counseling) with clients including benefits and limitations of each option available at the health post	NO	NO
Trainer explains steps for Implanon-specific counseling.	NO	NO
Trainer demonstrates steps for informed choice counseling and for Implanon-specific counseling with clients through role plays	✓	NO
HEWs practice informed choice counseling through role plays	✓	NO
Trainer uses Learning and Practice Guide for Implanon Service Provision: Counseling Skills to evaluate the HEW trainee.	✗	NO
Medical Eligibility Screening		
Trainer explains the purpose of and how to use the <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> .	✓	NO
HEWs practice screening clients using <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> for pregnancy and contraceptive eligibility.	✓	NO
Trainers observe and evaluate the HEWs individually	✓	NO
Insertion		
Trainer demonstrates inserting Implanon in arm model.	✓	NO
HEWs practice inserting Implanon in an arm model.	✓	NO
HEWs are able to practice counseling and insertion through role plays	✓	NO
Trainer uses Learning and Practice Guide for Implanon Service Provision: Clinical Skills: Insertion to evaluate the HEW trainee.	✗	NO
Trainers observe and evaluate the HEWs individually	✓	NO
Trainers provide constructive feedback to HEWs during counseling and insertion practice	✓	NO
Practical Attachment		
Training includes a practical attachment in the field with clients	✓	✓
Each HEW practiced counseling and insertion on at least 5 clients	✗	✓
Trainers observe and evaluate the HEWs individually.	✓	✓
Trainers fill the checklists while HEW perform practical attachment	✗	✗
Trainers provide constructive feedback to HEWs during counseling and insertion practice.	✓	✓
Trainees are competent in understanding the checklists	✗	✗
HEW Certification		
Trainers evaluate the HEWs knowledge acquisition by comparing the pre and post-test scores	✓	✓

NO = Not observed since the evaluating team arrived at Bedessa training site on the third and at Mechara on the fourth training days.

NA = Teach-back feedback is **Not Applicable** on roll out trainings for it is only required on TOTs

SNNPR TOT AND ROLL OUT TRAINING EVALUATION

	Dawro					Hadiya		
	TOT	RO-1 Class 1	RO-1 Class 2	RO-2 Class 1	RO-2 Class 2	TOT	RO Class 1	RO Class 2
General training setting and methodology								
Daily attendance taken	✓	✓	✓	✓	✓	✓	✓	✓
Daily training evaluation filled	✓	✓	✓	✓	✓	✓	✓	✓
Recap done daily	✓	✓	✓	✓	✓	✓	✓	✓
Schedule adhered strictly	✓	✓	✓	✓	✓	✓	✓	✗
Daily feedback given to trainees according to trainees daily evaluation	✓	✓	✓	✓	✓	✗	✓	✗
Course evaluation done	✓	✓	✓	✓	✓	✓	✗	✓
Teach back feedback filled for each TOT	✗	NA	NA	NA	NA	✗	NA	NA
Pretest given on the first day	✓	✓	✓	✓	✓	✓	✓	✓
Posttest given on the last day	✓	✓	✓	✓	✓	✓	✓	✓
Are all needed handouts and teaching material available	✓	✓	✓	✓	✓	✓	✗	✓
Contraception Overview								
Trainers provide an update on short-term contraceptives including a review of the medical eligibility criteria (MEC).	✓	✓	✓	✓	✓	✓	✓	✓
Trainers provide an overview of long acting and permanent methods (LAPM) including implants, IUCD, male and female sterilization.	✓	✓	✓	✓	✓	✓	✓	✓
Trainers conduct a detailed information session on Implanon	✓	✓	✓	✓	✓	✓	✓	✓
Contraceptive Counseling								
Trainer explains steps for contraceptive choice counseling (informed choice counseling) with clients including benefits and limitations of each option available at the health post.	✓	✓	✓	✓	✓	✓	✓	✓
Trainer explains steps for Implanon-specific counseling.	✓	✓	✓	✓	✓	✓	✓	✓
Trainer demonstrates steps for informed choice counseling and for Implanon-specific counseling with clients through role plays	✓	✓	✓	✓	✓	✓	✓	✓
HEWs practice informed choice counseling through role plays	✓	✓	✓	✓	✓	✓	✓	✓
Trainer uses <i>Learning and Practice Guide for Implanon Service Provision: Counseling Skills</i> to evaluate the HEW trainee.	✓	✓	✓	✓	✓	✓	✗	✓

Medical Eligibility Screening								
Trainer explains the purpose of and how to use the <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> .	✓	✓	✓	✓	✓	✓	✗	✓
HEWs practice screening clients using <i>Checklist for Screening Clients Who Want to Initiate Contraceptive Implants</i> for pregnancy and contraceptive eligibility.	✓	✓	✗	✓	✓	✗	✗	✗
Trainers observe and evaluate the HEWs individually	✓	✓	✓	✓	✓	✓	✓	✓
Insertion								
Trainer demonstrates inserting Implanon in arm model.	✓	✓	✓	✓	✓	✓	✓	✓
HEWs practice inserting Implanon in an arm model.	✓	✓	✓	✓	✓	✓	✓	✓
HEWs are able to practice counseling and insertion through role plays	✓	✓	✓	✓	✓	✓	✓	✓
Trainer uses <i>Learning and Practice Guide for Implanon Service Provision: Clinical Skills: Insertion</i> to evaluate the HEW trainee.	✓	✓	✓	✓	✓	✓	✗	✓
Trainers observe and evaluate the HEWs individually	✓	✓	✓	✓	✓	✓	✓	✓
Trainers provide constructive feedback to HEWs during counseling and insertion practice	✓	✓	✓	✓	✓	✓	✓	✓
Practical Attachment								
Training includes a practical attachment in the field with clients	✓	✓	✓	✓	✓	✓	✓	✓
Each HEW practiced counseling and insertion on at least 5 clients	✓	✓	✓	✓	✓	✓	✓	✗
Trainers observe and evaluate the HEWs individually.	✓	✓	✓	✓	✓	✓	✓	✓
Trainers fill the checklists while HEW perform practical attachment	✓	✓	✗	✓	✓	✗	✓	✗
Trainers provide constructive feedback to HEWs during counseling and insertion practice.	✓	✓	✓	✓	✓	✓	✓	✓
Trainees are competent in understanding the checklists	✓	✓	✓	✓	✓	✓	✓	✓
HEW Certification								
Trainers evaluate the HEWs knowledge acquisition by comparing the pre and post-test scores.	✓	✓	✓	✓	✓	✗	✓	✗

NA = Teach-back feedback is **Not Applicable** on roll out trainings since it is only required on TOTs

