Follow-up of Health Care Providers Trained on Long Acting Reversible Contraceptives (LARC) Services

POST TRAINING FOLLOW-UP TOOL

November 2015.

FOREWORD

The unacceptably poor maternal and child health indices in Nigeria have been of much concern to various governments at all levels in the country. In efforts to address these unfavorable indices, Family Planning which is one of the pillars of safe motherhood is being vigorously implemented through series of interventions. Notable amongst these, is the introduction of Task Shifting policy for Community Health Extension Workers, CHEWS to provide Injectables with mentoring for ensuring wider coverage of FP services in the country. The success being achieved led stakeholders to seek for Federal Government's approval for the provision of Long Acting Reversible Contraceptive Methods (IUDs and contraceptive Implants) which was approved by the National Council on Health in 2014.

To this end the Federal Ministry of Health, Marie Stopes International Organisation Nigeria (MSION), Clinton Health Access Initiative (CHAI), United Nations Population Fund (UNFPA), and other partners met and developed a draft Training Manual, Participant Reference Book and Supervisory Checklist for impacting knowledge and skills on CHEWS to provide quality family planning services to clients who need IUDs and implant contraceptives. This intervention is expected to reduce the high unmet need for services and accelerate achievement of the target Family Planning Blueprint of 36 percent Contraceptive Prevalence Rate by the year 2018.

The Federal Ministry of Health recognizes and appreciates all the development partners, especially Marie Stopes Nigeria, for their efforts in making all these interventions realizable and assures partners of government supports for further efforts at improving the health and well-being of our women and children in the country.

May I say that it is one thing to develop valuable documents and it is another to make effective use of them. Therefore, it is my expectation that all stakeholders will make the best use of these manuals and checklist to improve skills of service providers for provision of quality family planning services in Nigeria.

I thank you all while strongly recommending the National Long Acting Reversible Contraceptive (LARC) Manuals and Supervisory Checklists for use to support provision of quality family planning services in the country.

Professor Isaac Folorunso Adewole FAS, FSPSP, D.Sc (Hons)
Honourable Minister of Health

November, 2015

ACKNOWLEDGEMENT

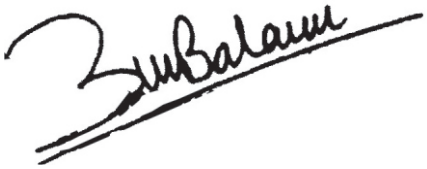
The development of the Long Acting Reversible Contraceptive (LARC) Training Manual has been recognised as another milestone in building the technical competence of the health workers in the provision of quality Family planning service. This achievement has been through the concerted effort of the Ministry and its technical partners.

The Federal Ministry of Health would like to extend its gratitude to individuals and organizations who contributed to the development of this competency based Long Acting Reversible Contraceptive Training manual for health workers in the provision of Family Planning services. The manual will continually strengthen the skills and capacity of health workers.

I commend the support of our esteemed partners particularly United Nations Population Fund (UNFPA) who provided technical support to Federal Ministry of Health in the development of the LARC Training Manual

I also acknowledge the contributions of other stakeholders such as NPHCDA, MSION, ARFH, MSD, JHPIEGO, Pathfinder International, NURHI, Bayer Health Care and Independent consultant Prof. Adekunle Adeyemi who worked tirelessly to make the manual a success.

Finally, I want to thank the Head, Reproductive Health Division, Dr Kayode Afolabi and also commend the immense contribution of the technical officers in FP branch of the RH Division for their drive and support in the development of the training manual for health workers in the country.



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Follow up of Healthcare Providers Trained in Long Acting Reversible Contraceptive Services Instructions for Follow up Visits

Contact trainees and supervisors to mobilize clients within cluster of communities around their HFs and set Supportive Supervision date.

Finalize date and arrange schedules

Select and photocopy relevant portions of the supervisory tool

Photocopy Action Plan Documents

Meet candidates individually to review the following:

- Observe clinical skills on clients to
  - Assess Clinical skills experience in training and confidence.
  - (Confidence and Experience)
  - Update Skills documentation /Log Sheets
  - Progress towards commitments (Action plan progress)
  - Complete Session B on Resource Availability including:
- Session on Equipment, Utilities, Contraceptives and Supplies to identify gaps and challenges
- Spend at least one full day in each facility observing clinical practice

Conduct a Team activity such as: clinical simulation on counselling, physical examination, IUD or Implant insertion and removal as part of coaching and corrective action

Plan update training event if need be

Evaluate training event (Training skills performance measures)

Provide Group Feedback and individual feedback

Discuss action plans

Debrief with clinic supervisor.

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FOLLOW UP OF HEALTHCARE PROVIDERS TRAINED IN LONG ACTING REVERSIBLE CONTRACEPTIVE (LARC) SERVICES.

Executive Summary

The Federal Ministry of Health in collaboration with Marie Stopes International Organisation, Nigeria and with support from UNFPA, is building the capacity of frontline health providers from the public health facilities in the management and delivery of quality LARC services in selected states of Nigeria.

This tool was developed for the supervision of service providers working in public health facilities following completion of a six-day intensive competency-based training program on long acting reversible contraceptives services. The tool is intended for use by either LARC Master Trainers or State Core Trainers who are regularly involved in the conduct of post-training supportive supervision exercises. The part “A' portion of this tool should be completed during each post-training supervisory visits. While both part A and B should be administered during quarterly supportive supervision visits or as deemed fit by the program implementers or state, as part of continuous effort to further improve the quality of services.

These supervisory visits may be conducted at bi-monthly or quarterly intervals, or at any time agreed upon by the trainer and the trainees being supervised based on action plans previously developed in order to monitor progress in skills development after the initial training programme. It will therefore help to track progress as each trainee advance from the level of competency to proficiency. The tool may also be used to assess competency during unscheduled visits.

Feedback should be provided to all trainees being supervised during and after the supervisory visit. Feedback should be timely, non-judgmental and specific and should include suggestions for improvement. During the visit, feedback should be minimal whenever clients/community members are present unless there will be a risk to life or health of the client should the trainer delay or defer immediate intervention. At the end of the visit, the trainer/supervisor should meet with the trainees being supervised and provide unbiased feedback on observations that were made, beginning with areas of strength, before proceeding to discuss areas that require improvement. Post training supervision actions plans should be reviewed to determine the extent of accomplishment and if need be, the follow on action plans should be drawn centered around new gaps identified and areas that need improvement.

A written report of the training supervisory visit should be compiled after the visit and circulated to relevant officials including the trainee, facility supervisor and the State FP Coordinating Unit. Reports should summarize key findings during the supervisory visit highlighting strengths, improvements made before the visit (based on previous observations), areas that need further improvement and recommendations for improving performances. The report is key to identifying further follow-up actions required for improving the performance of trainees at the various stages of their practice within the facilities.

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Background Information

Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, optimizing the allocation of resources, promoting high standards, team work and better two way communication. Marquez and Kean (2002)
The traditional approach to supervision leaned more towards facility inspection rather than guidance for problem solving to improve provider performance through coaching and mentoring.
Unlike traditional approaches to supervision mechanism, in the conduct of post-training supportive supervision, the supervisors work closely with the supervisees to establish goals, monitor progress and identify opportunities for improvement. Post-training supportive supervision, if carried out properly, can lead to:

- Improved service quality, as staff learn and improve skills on-the-job
- Efficient use of resources, as staff are supported to prioritize activities and allocate resources accordingly
- Higher health worker motivation
- Increased and sustained job satisfaction
- Enhanced equity in access to services, as staff are reminded of the health needs of the population and encouraged to work towards meeting these needs.

This tool is provider performance focused and was developed in accordance with the competency based model. It will guide health managers and trainers in the conduct of supportive supervision and post training supportive supervision exercises respectively,

Description of the Post Training Supportive Supervision Initiative
Federal Ministry of Health (FMoH) and LARC projects implementers are saddled with the responsibility of monitoring improvement in skills development of LARC trained providers following completion of the intensive LARC training program for continuity and tracking of trainees as they progress from the level of competency to proficiency.
The post-training supportive supervision strategy involves implementation of correlated activities designed to move trained providers from the level of competency to proficiency using methodologies such as mentoring, coaching and On-the- Job Training (OJT). Under the strategy, each provider is accorded special attention as the master trainer concentrates on the supervisee alone until he or she is able to perform the procedures correctly. Thus further improving each supervisee's skills, knowledge and attitude on a sustained basis until the expertise/proficiency for effective delivery of quality LARC services is attained.

The objectives of the post-training supportive supervision exercise include:

1. Identifying performance gaps and coaching the trainee to improve and ultimately achieve proficiency in performance of assigned tasks;
2. Helping service providers to achieve work objectives and adhere to approved quality standards in order to ensure clients' satisfaction;
3. Following-up on decisions reached at the end of each competency based LARC training program or during the process of post training supportive supervisions visits, and

4. Providing opportunities for tailored development.

Master trainers set the stage for the post training supportive supervision exercise by impressing on the participants during training that the process of attaining proficiency in the context of the competency-based training model will be in three stages:

Stage 1: The didactic session

Stage 2: The facility based practical sessions

Stage 3: The post-training supportive supervision sessions conducted between two weeks to one month after the workshop

Against this background, the trainer along with trainees at the end of each training session develops a post-training supportive supervision plan, conducts a gaps analysis and develops an action plan as part of joint efforts towards the trainees' attainment of proficiency.

This new concept is a cost effective strategy which spurs participants into action and motivate them to engage in personalized efforts to mobilize adequate number of clients required for the performance of LARC procedures that will help them attain proficiency. On the part of the supervisor, it reduces the number of visits and contacts with LARC trainees, as well as the risk of supervisors repeatedly travelling to the health facilities under harsh conditions without meeting clients. Again, on the part of the funding agency, it could free funds that could be re-channelled or used to scale up the program as it reduces the resources spent on endless and unproductive supportive supervisory visits to the health facilities.

The improved commitment of service providers ensures that adequate numbers of clients are mobilized from the cluster of communities around their health facilities for the purpose of the post-training supportive supervision exercise to the extent that between twenty five (25) to thirty (30) clients or more are mobilized in some instances.

Because adequate numbers of clients are mobilized prior to each visit, a trained provider could be certified in one or two visits depending on the number of clients found eligible and the methods they eventually accepts to use.

The strategy has shown optimal utilization of scarce resources (personnel, time and finance) and proven to be effective for the attainment of desired programmatic results within the shortest time possible.

Based on the pre-test exercises conducted in selected facilities within the FCT, the approach was found suitable and is being recommended for adoption by all that are working on the LARC capacity building project especially in poor resource settings.

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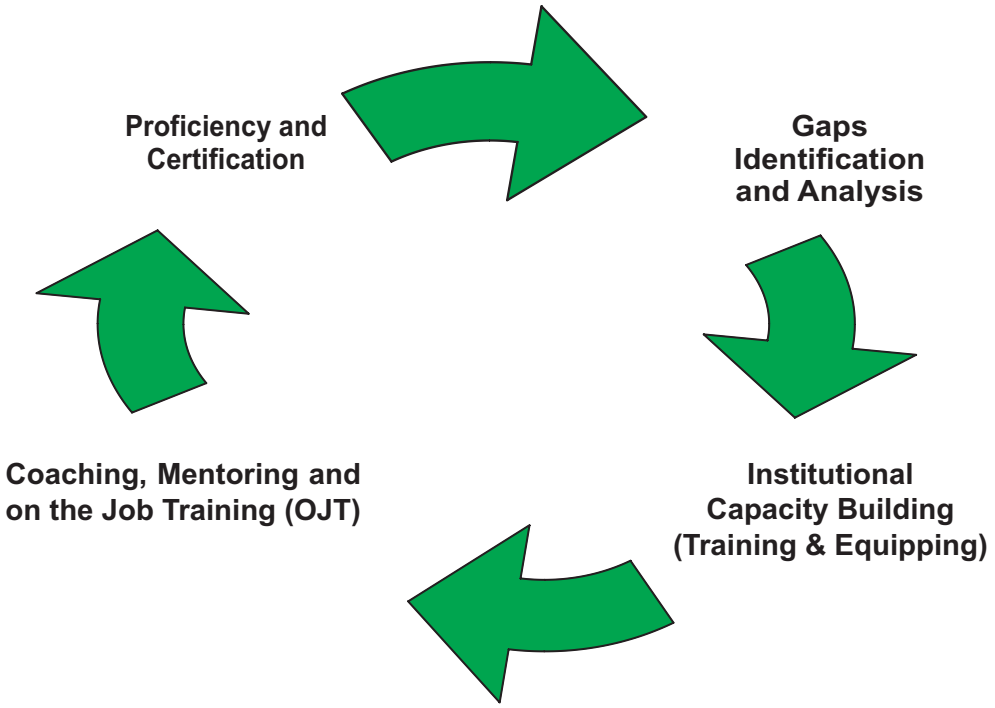
Process of Certification



Description of Technical Approach to Post Training Supportive Supervision Exercise

The approach to post training supportive supervision will focus on coaching and mentoring to foster the service providers' ability to perform their expected tasks in line with approved quality standards, guided by the national service delivery guidelines and Standards of Practice. Below are the descriptions of activities outlined as part of the process.

 Develop Post Training Supportive Supervision Action Plan

At the completion of each LARC training program, the Master Trainers along with the participants' will work together to develop the post training supportive supervision action plan. The purpose is for the supervisors and supervisees to form alliance and begin to work together in finding lasting solutions to some of the gaps/challenges existing within the health facilities; and to reach a consensus on modalities to adopt towards attainment of the project goal of ensuring that participants attain proficiency in the delivery of quality LARC services. To this end, the supervisor and supervisees will:

- Explore generic gaps existing within the health facilities
- Conduct a root cause analysis with participants
- Jointly proffer solution, determine resources' requirements and assign roles and responsibilities.
- Develop itinerary of visits by agreeing on dates with each participants

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 Schedule Date of Clinic Event

Prior to the date of the proposed clinic visit and in line with previously developed supportive supervision action plan, the service provider will be contacted at least 3 weeks ahead of the clinic event to allow enough time for preparations. This will help to ensure that adequate time is allotted for client mobilization and that other preparations within the clinic are finalized. In line with this development, the team will:

- Review the itinerary of post-training supportive supervision visits with LARC master trainers.
- Produce monthly visit list
- Based on itinerary, contact participants and finalize the date for supportive supervision with them

 Logistics Preparation

Logistic preparation will be concluded by FMoH, SMoH/FPC Unit and the host, facility-in-charge or Implementing Partner. This will include: Ensure availability of adequate quantities of Contraceptives (Implanon, Jadelle and IUD), Form A 1, Consumable supplies including: Antiseptic and Disinfectants (Savlon, Purit, Spirit and Bleach Solution), equipment for high level disinfection (Bowls, Buckets, Plastic bucket with tap and Plastic Trays), Drapes and Wrapping towels, Detergents for cleaning (Omo), Liquid soap, Cotton wool and Plaster (Elastoplast and Adhesive plaster). Others include: 1% Plain Xylocaine injection, water for dilution, syringes and needles insertion and removal packs, Povidon iodine solution or spirit, gloves, equipment for insertion and removal, as well as, bowls, buckets with taps, buckets with cover and Bleach solution for HLD and waste disposal. Details of preparatory activities will include:

- Contact FMoH/SMoH FP Coordination unit to obtain contraceptives.
- Obtain release of Master Trainers/Supervisors from the SMoH and training institutions.
- Obtain equipment, client cards, consumables and supplies
- Contact HFs to prepare equipment for HLD and plastic buckets with tap.
- Obtain funds for transportation, accommodation and M&E depending on the proximity of the health facilities.
- Obtain copies of the post-training supportive supervision tool.

 Community Involvement and Mobilization

In order to solicit the support and cooperation of the community gate-keepers, the provider will visit the cluster of communities around the health facilities for advocacy. Similarly s/he will liaise with the Community Announcer to create awareness about the upcoming clinic event and also carry out house-to-house visits to discuss with families and invite them for the program. It is expected that at least between 25 to 30 or more women will be invited to the health facility to benefit from the program. To this effect, activities will include the following:

- Conduct advocacy to gatekeepers from cluster of communities around the health facility
- Contact the Community Announcer to notify community members about the upcoming clinic event
- Conduct house to house visits to invite women to the health facilities for the clinic event.

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 Post Training Supportive Supervision Exercise

The supervisor/coach or mentor arrives the Health Facility (HF) a day before the event to ensure that preparations have been concluded and everything required for the exercise is in place. It is expected that the supervisor will spend a full day in the health facility.

Using the approved tool, she observes, provides feedback and mentors/coaches the provider until the provider attains proficiency in the delivery of LARC services.

Furthermore, along with the supervisee, the post-training supervision actions plans would be reviewed to determine the extent of accomplishment of planned activities based on previous gaps identified and the next level action. A follow-up action plan should be drawn and centered on existing or new areas of gaps that require improvement. The date for the next visit must be agreed upon by the trainee and supervisor. If the trainee has attained proficiency, the supervisor will recommend for certification and then the proficient provider is turned over to the state supportive supervision team who continues to visit on a quarterly basis.

Implementers are therefore expected to:

- Adapt and reproduce Post Training Supportive Supervision tool
- Develop PTSS Action Plan and assign Supervisors to different sites
- Provide copies of tools and stationary including logistics support (funds for transport, accommodation and M&E or refreshment).
- Print out and share copies of the post training supportive supervision action plan
- Conduct Post Training Supportive Supervision to assess gaps and coach trainees in the provision of quality LARC services
- Analyze scores, provide unbiased feedbacks, coach supervisee and again allow her to practice skills and document results.

 Documentation and Reporting

The process of supportive supervision as well as the step by step conduct of procedures will be documented in line with nationally recommended standards. The aim is to ensure that procedures are carried out in line with approved standards and protocols and as such, use the outcome in providing useful feedback to trainees being supervised during and after the visit.

A written report of the training supervisory visit should be compiled after each visit and circulated to relevant officials including the trainee, facility supervisors and management. Reports should summarize key findings during the visit; highlighting strengths, improvements made before the visit (based on previous observations), areas that need further improvement and recommendations. The report is key to identifying the following up actions required for improving performance of trainees at the various stages of proficiency development.

Implementers will:

- Analyze scores at the end of the supportive supervision exercise and make recommendations as appropriate.
- Write end-of-visits report indicating how many participants were certified and

how many insertions were done at each facility visited.

- o Retrieve the skills documentation forms from supervisees' as soon as they have completed and correctly inserted at least 5 IUD, 5 Implanon and 5 Jadelle and 2 removals each for IUD and implants using the right techniques and adhering to proper infection prevention practices.
- o Recommend for certification if provider has attained proficiency and if not develop follow-up action plan with supervisee.

Strengthen Linkages and Referrals

In case of complications, an effective linkage and referral system will be established and strengthened between the primary health facilities manned by midwives and the secondary and tertiary health facilities with trained LARC Doctors to facilitate referrals using the two way referral system. Copies of the two way referral forms will be obtained from the FMoH or State and distributed. Furthermore, referrals slips will be used where available. The following activities should be initiated to ensure effective linkages and referrals:

- o Obtain and distribute copies of the two way referral form to the PHC centres.
- o Monitor referral of clients to the health facilities using the referral forms.

Outputs and Deliverables

- Reports of supportive supervision exercises for LARC trained providers
- Copy of post training supportive supervision tools
- Community Mobilization reports with documented evidence of number of clients reached with information and Counselling about LARC services.
- Documented successes on acceptance and utilization of LARC by communities

Management and Resource Requirements

This activity will be managed by the State Team Leader/FP Coordinator in each state. She will provide direction as well as ensure that all the planned deliverables are accomplished. The FP Coordinating unit will ensure that both the processes and impact of this initiative is documented and shared with relevant stakeholders at the State, National and International as deem fit.

The SMoH/FP Coordination Unit will continue to liaise with the FMoH to ensure that adequate stock of contraceptive and supplies are always available in each State.

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Follow up of Service Providers Trained on Long Acting Reversible Contraceptives (LARC) Services
Part A: Key Skills Checklist

LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC) SERVICES

POST-TRAINING ASSESSMENT TOOLS

SKILLS ASSESSMENT TOOL

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HOW TO FILL IN A SKILLS CHECKLIST

(To be completed by Evaluator)

Name of Provider_____

Name of Facility_____

Name of Evaluator_____

Instruction: Please tick

Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted

Competently performed: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently

Proficiently performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Date(s) of Assessment_____

Directions: Please complete the following checklist. Write the date for the assessment before coaching in the date row above. For each step/task place a: (C) or (N) in the appropriate row.
If a row is blank, the space will be counted as an 'N'. After you have completed the checklist, add up the C in the before coaching column. If N is recorded anywhere in the 'before coaching' column, the provider is coached before being assessed again for the 'after coaching' column. Complete the box at the end of the form.

For example: Mark a C or N in the appropriate column.

EXAMPLE CHECKLIST

STEP/TASK	Before Coaching (Client 1)	After Coaching (Client1)	Before Coaching (Client 2)	After Coaching (Client 2)	Before Coaching (Client 3)	After Coaching (Client 3)
Dates Observed						
GETTING READY						
1. Prepares the necessary Equipment	C					
2. Greets clients respectfully with kindness and introduce yourself	N	C				
3. Offers the client a seat	N	C				
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A 'C'						

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After you have finished the observation, please write:

- **After the first observation, the total number of times the provider was coached performing these skills**
- **Your assessment of the participant before coaching and after coaching**

Before Coaching	After Coaching
Total Correct _____ Total Not Correct_____ _____Needs further follow up and support to achieve competency	Total Correct_____ _____Needs further follow up and support to achieve competency

COMMENTS_____

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Follow up of Healthcare Providers Trained in Family Planning/Reproductive Health
Part A 1: Key Skills Checklist

CHECKLIST FOR FAMILY PLANNING BALANCED COUNSELING STRATEGY (BCS) PLUS
(To be used by Evaluator)

Name of Provider_____

Name of Facility _____

Name of Evaluator _____

Instruction: Please tick

1. **C**(Correct) when the provider knows the steps for the skills and can perform them correctly but still needs further follow-up and support to achieve competency
2. **N**(Not correct) when the provider DOES NOT know the steps for the skills and does not perform them correctly

Mark a 'C' or 'N' in the appropriate column

CHECKLIST FOR FAMILY PLANNING COUNSELING SKILLS						
STEP/TASK	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
PRE -CHOICE						
1. Establishes and maintains a warm and cordial relationship. Listen to the client's contraceptive needs□						
2. Rules out pregnancy using the pregnancy checklist card with the following 6 questions□ • Did you have a baby less than 6 months ago□ If you did, are you fully breastfeeding□ Have you had any menses since you gave birth□ • Have you abstained from unprotected sex since your last menses or delivery□ • Have you given birth during the last four weeks□ • Did your last menses start within the past 7 days (or 12 days if you plan to use IUD)□ • Have you had a miscarriage or an abortion within the last 7 days□ • Have you been using a reliable, modern contraceptive method consistently and correctly□						

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CHECKLIST FOR FAMILY PLANNING COUNSELING SKILLS						
STEP/TASK	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
3. Suspects that client is pregnant, and takes further actions such as perform a pregnancy test to rule out pregnancy						
4. Displays all of the counseling cards and asks relevant questions to explore the client's preferred FP options a) Do you wish to have children in the future b) Does your partner support you in family planning c) Are there any methods that you do not want to use or have not tolerated in the past						
5. Removes cards that are not relevant based on clients responses and explains why.						
6. Client wants a particular method, moves straight to Step 7						

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CHECKLIST FOR FAMILY PLANNING COUNSELING SKILLS						
STEP/TASK	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
METHOD CHOICE						
7. Gives information on the methods that have not been set aside and indicates their effectiveness.						
8. Asks the client to choose the method that is most convenient for her.						
CLIENTS SCREENING						
9. Uses the medical eligibility criteria wheel or wall chart to determine whether the client has any conditions for which the method is not advised .						
10. Performs further evaluation (physical examination), if indicated. (Non-medical counselors must refer client for further evaluation.)						
POST CHOICE						
11. Informs the client about the method chosen using the brochure of the method as a counseling tool.						
12. Determines the client's comprehension and reinforce key information						
13. Makes sure the client has made a definite decision. Gives her/him the method chosen and/or a referral and back-up method, depending on the method selected.						
14. Completes the counseling session. Asks the client to repeat instructions. Clarifies further if need be.						
Instructions Clarifies further if need be.						
15. Invites the client to return anytime. Thank her/him for the visit and end the session						
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A 'C'						

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After you have finished the observation, please write:

- **After the first observation, the total number of times the provider was coached performing these skills**
- **Your assessment of the participant before coaching and after coaching**

Before Coaching	After Coaching
_____Correct _____Needs further follow up and support to achieve competency	_____Correct _____Needs further follow up and support to achieve competency

COMMENTS_____

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CHECKLIST FOR INTRA-UTERINE DEVICE (IUD), INSERTION AND REMOVAL SKILLS
(To be completed by Evaluator)

Name of Provider

_____

Name of Facility

_____

Name of Supervisor

_____

Date of Assessment

_____

Instruction: Please tick

1. **P** (Proficient) Provider demonstrates ability to perform procedure, executing all indicated tasks without guidance, does not require further training.
2. **C** (Correct) when the provider knows the steps for the skills and can perform them correctly but still needs further follow-up and support to achieve competency
3. **N** (Not correct) when the provider DOES NOT know the steps for the skills and does not perform them correctly

ASSESSMENT RATING Mark an N, C or P in the appropriate column

CHECKLIST FORIUD INSERTION						
STEP/TASK	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
Pre insertion Tasks	**Client 1**		**Client 2**		**Client3**	
1. Before client enters procedure room, ensures room is prepared and necessary instruments and supplies covered on a sterile or HLD tray.						
2. Welcomes client into the insertion room with respect.						
3. Reviews brief reproductive health history with client.						
4.Checks client has recently emptied her bladder and washed her genital area if necessary						

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CHECKLIST FOR IUD INSERTION						
STEP/TASK	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
5. Tells client what is going to be done and encourages her to ask questions.						
INSERTION TASK						
6. Washes hands thoroughly and dries them.						
7. Palpates abdomen and checks for lower abdominal, especially supra pubic, tenderness and masses or other abnormalities.						
8. Puts on a pair of examination gloves on both hands.						
9. Cleans the vulva/vagina with a swab soaked in dilute savlon solution						
10. perform bi-manual pelvic examination						
11. Removes gloves by turning inside out, dips in 0.5% Chlorine solution then disposes in leak proof container or plastic bag.						
12. Puts on a new pair of gloves						
13. Gently Inserts vaginal speculum to see cervix, check for discharge and any other abnormalities which could rule out insertion at this time.						
14. Clean cervix and surrounding area with antiseptic solution at least twice.						
15. Gently grasps the anterior lip of cervix with Bonney Stops forceps/Tenaculum.						
16. Using non touch technique, sounds the uterus by gently introducing plastic uterine sound or size 4mm cannula						
17. Follow manufacturer's instruction, Loads Copper T 380A in sterile package using the non-touch technique.						
18. Inserts the Copper T 380A IUD using the **withdrawal** technique. Inserter tube containing the IUD is inserted up to the fundus of the uterus. Before withdrawal pushes inserter gently upwards until resistance is felt ensuring fundal placement. Then the plunger is withdrawn (pull method)						

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CHECKLIST FOR IUD INSERTION						
STEP/TASK	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
19. Cuts IUD strings to 3-4 cm in length (Optional).						
20. Gently removes Bonney Stops forceps/tenaculum and speculum						
21. Apply perineal pad and allow the client to rest on procedure table for at least 5 minutes						
Post Insertions Task						
22. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination.						
23. Disposes of waste materials in leak-proof container or plastic bag.						
24. Dips gloves in 0.5% chlorine solution, Removes gloves by turning inside out and disposes appropriately.						
25. Washes hands thoroughly and dries them.						
26. Completes client record.						
27. Teaches client how and when to check for strings.						
28. Discusses what to do if client experiences any side effects or problems.						
29. Provides follow-up visit instructions and answers any questions.						
30. Assures client that she can have the IUD removed at any time.						
31. Observes client for at least 15 to 20 minutes before sending her home.						
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A 'C'						

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CHECKLIST FOR IUD REMOVAL

STEP/TASK	Before Coaching	Before Coaching	Before Coaching	Before Coaching	Before Coaching	Before Coaching
	Client 1		Client 2		Client 3	
1. Welcomes client into the insertion room with respect.						
2. Asks client her reason for removal and answers any questions.						
3. Describes the removal procedure and what to expect and encourage her to ask question.						
4. Checks to be sure client has emptied her bladder and washed and rinsed her genital area if necessary.						
5. Washes hands thoroughly and dries them.						
8. Puts on two gloves on both hands.						
9. Performs bimanual exam.						
10. Inserts vaginal speculum to see cervix and IUD strings.						

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IUD REMOVAL	Before Coaching	Before Coaching	Before Coaching	Before Coaching	Before Coaching	Before Coaching
11. Clean cervix and surrounding area with antiseptic solution.						
12. Use Sponge holding forceps to grasps strings close to cervix and pulls slowly but firmly to remove IUD.						
13. Shows IUD to client.						
14. Gently removes speculum and places in 0.5% chlorine solution for 10 minutes for decontamination.						
16. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination.						
17. Disposes of waste materials in leak proof container or plastic bag.						
18. Dips gloves in 0.5% chlorine solution. Removes gloves by turning inside out then disposes in leak proof container or plastic bag.						

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IUD REMOVAL	Before Coaching	Before Coaching	Before Coaching	Before Coaching	Before Coaching	Before Coaching
19. Washes hands thoroughly and dries them.						
20. Records IUD removal in client record.						
21. Discusses what to do if client experiences any problems and answers any questions.						
22. Counsels client regarding new contraceptive method, if desired.						
23. Helps client obtain new contraceptive method or provides temporary (barrier) method until method of choice can be started if in need of contraception.						
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A 'C'						

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After you have finished the observation, please write:

- **After the first observation, the total number of times the provider was coached performing these skills**
- **Your assessment of the participant before coaching and after coaching**

Before Coaching	After Coaching
_____Correct _____Needs further follow up and support to achieve competency	_____Correct _____Needs further follow up and support to achieve competency

N, C and P needed

COMMENTS

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Follow up of Healthcare Providers Trained in Long Acting Reversible Contraceptives
PART A 3: Key Skills Checklist

CHECKLIST FOR IMPLANT INSERTION AND REMOVAL

Name of Provider

_____

Name of Facility

_____

Name of Supervisor

_____

Date of Visit

_____

Mark 'C' or 'N' in the appropriate column

Instruction: Please tick

1. **C**(Correct) when the provider knows the steps for the skills and can perform them correctly but still needs further follow-up and support to achieve competency
2. **N**(Not correct) when the provider DOES NOT know the steps for the skills and does not perform them correctly.

CHECKLIST FOR IMPLANT INSERTION AND REMOVAL

PRE INSERTION STEPS/TASKS	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
1. Welcomes client into the insertion room with respect.						
2. Asks woman about her reproductive goals and need for protection against STIs.						
3. If Implant Counseling was not done, arranges for counseling prior to performing procedure.						
4. Determines that the woman's contraceptive choice is the Implants						
5. Reviews Client Screening Checklist to determine if the Implant is an appropriate choice for the client.						

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6. Assesses woman's knowledge about the Implant's major side effects.						
7. Is responsive to client's needs and concerns about the Implants.						
8. Assures client that the Implants can be removed whenever she wants.						
9. Obtains or reviews brief reproductive health history.						
10. Describes insertion procedure and what to expect and encourages her to ask questions						
11. Checks to be sure that client has thoroughly washed her entire arm (optional)						
INSERTION TASK 12. Asks client to lie on her back on the couch so that arm (non dominant) in which implants will be placed is turned outwards, bent at elbow and is well supported.						
13. Opens the sterile instrument pack without touching the instruments or other items.						
14. For Jadelle, carefully opens sterile pouch containing implants by pulling apart sheets of pouch and without touching the rods, allowing them to fall into sterile cup or bowl.						
15. Washes hands thoroughly and dries them on a clean towel or air dry.						
16. Puts sterile surgical gloves on both hands.						
17. Cleans insertion site with cotton or gauze swab soaked in antiseptic solution (povidone iodine or savlon with spirit) and held in sterile or HLD forceps.						

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18. Places sterile drape with hole in it to cover arm. The hole should be large enough to cover the whole area where the implants will lie.						
19. Infiltrates the area sub dermally in a V-shape, using 1-2mls of 2% xylocaine diluted with equal volume of sterile water.						
20. Checks for anaesthetic effect before applying the trochar.						
21. While tenting the skin to maintain traction, gently advances trochar and plunger sub dermally to mark (1) nearest hub of trochar. (This mark indicates how far trocar should be introduced under skin to place implant)						
22.Removes obturator (plunger) and loads 1st implant into trochar using gloved thumb and forefinger						
23. Reinserts obturator and advances it until resistance is felt. Does not force obturator						
24. Holds obturator stationary and withdraws the trocar to the mark closest to trocar tip. The implant should be released under the skin at this point. Keeps obturator stationary and avoids pushing implant into tissue. Do not remove trocar.						
25. Places second implant by aligning trocar so that second implant is positioned at 20^{0} angle relative to first implant, placing rods in shape of a V opening towards the shoulder. Leaves distance of about 5mm between incision and tips of implants.						
26. Loads the second capsule and uses the same procedure to place sub dermally						

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27. Removes trocar from the arm only after insertion of last capsule						
28. Palpates capsules to check that capsules are properly inserted						
29. Remove drape and wipes client's skin with povidone iodine or savlon with spirit)						
30. Presses down on incision with gauze for a minute or so to stop bleeding, then cleans area round insertion site with antiseptic solution on a swab						
31. Brings edges of incision together and closes with Elastoplast or apply adhesive plaster to protect the insertion site						
32. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination.						
33. Disposes of waste materials by placing in leak proof container or plastic bag						
34. Dips gloved hands in 0.5% chlorine solution. Remove gloves carefully by turning inside out. Washes hands thoroughly and dries them on clean towel						
35. Completes client record, including drawing position of capsules						
Post insertion care						
36. Explains wound care						
37. Counsels on side effects						
38. Discusses action in case of post insertion problems or complications						
39. Assures client she can have implant removed at any time						
40. Asks client to repeat instructions and answers any questions						
41. Observes client for 10 - 15 minutes before she leaves clinic						

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IMPLANT REMOVAL	Before Coaching	After Coaching	Before Coaching	After Coaching	Before Coaching	After Coaching
1. Welcomes client into the insertion room with respect.						
2. Asks client about her reason for removal and answers any questions.						
3. Reviews client's reproductive goals and need for protection against STDs.						
4. Describes the removal procedure and what to expect and encourages her to ask question.						
5. Determines that the required sterile or high-level disinfected instruments are ready.						
6. Check precise location of Jadelle on client's User Card						
7. Asks client to lie on her back on the table so that arm in which implants was inserted is turned outwards, bent at elbow and is well supported.						
8. Locates Jadelle by palpating and mark distal end.						
9. Opens the sterile instrument pack without touching the instruments or other items						
10. Carefully opens scalpel blade size 11 by tearing apart sheets of pouch and without touching the blade, allowing it to fall into sterile cup or bowl.						

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Removal						
11.Washes hands thoroughly and dries them on clean towel or air dries						
12. Puts sterile gloves on both hands						
13. Cleans site with cotton or gauze swab soaked in antiseptic solution (povidone iodine or savlon with spirit) and held in sterile or HLD forceps						
14. Places sterile drape with hole in it to cover arm. The hole should be large enough to expose the whole area where the implants lies.						
15. Anaesthetises arm with 1-2mls of 2% xylocaine diluted with equal volume of sterile water at site of incision, which is just below the distal end of implant.						
16. Applies anesthetics under the implant to avoid swelling which can occur if injected over implant and makes it more difficult locating						
17. Makes an incision 2mm long in transverse direction of arm at the distal end of implant						
18. Gently pushes implant towards incision until tip is visible.						
19. Grasps implant with mosquito artery forceps and removes						
20. If implant has fibrotic tissue, makes incision into tissue sheath and removes implant with forceps						
21. If tip of implants not visible, gently inserts forceps into incision and grasps implant.						

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22. Dissects tissue around implant with second forceps and gently removesimplant						
23. Shows the implant to the client before discarding						
24. Applies sterile gauze with pressure bandage to prevent bleeding						
25. Observes client before leaving the couch for up to 2-5 minutes in case of bleeding or fainting.						
Post Removal tasks						
26. Removes drape and wipes client's skin with alcohol						
27. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes						
28. Disposes of waste materials by placing in leak proof container or plastic bag						
29. Dips gloves in 0.5% chlorine solution. Removes gloves by turning inside out. Places gloves in leak proof container						
30. Washes hands thoroughly and dries them on clean towel						
31. Completes client record						
32. Discusses what to do if client experiences any problems and answers any questions.						
33. Counsels client regarding new contraceptive method, if desired.						
34. Helps client obtain new contraceptive method or provides temporary (barrier) method until method of choice can be started if in need of contraception.						
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A 'C'						

I.D.
Number_____

After you have finished the observation, please write:

- **After the first observation, the total number of times the provider was coached performing these skills**
- **Your assessment of the participant before coaching and after coaching**

Before Coaching	After Coaching
_____Correct _____Needs further follow up and support to achieve competency	_____Correct _____Needs further follow up and support to achieve competency

COMMENTS_____

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ASSESSMENTS OF ACTION PLAN PROGRESS

Follow-up of Healthcare Providers Trained in Family Planning/Reproductive Health
Part A 4: Assessments of Action Plan Progress

Evaluator: Please complete an Action Plan table (question 1-11 below) for each trainee in the health facility.

Please read the following to the supervisee:

The goal of training was to develop competent providers who will become useful resources that are capable of making positive impact in order to make changes and improve family planning outcomes.

During the training, providers identified problems/service delivery gaps, solutions and also identified areas that they will work on in order to make meaningful impact in the delivery of LARC services. At the end of the training, each provider developed an action plan in order to make at least three changes towards improving access of community members to services. We are interested in learning about the changes and level of implementation of the plan of action since the completion of the training program.

Instruction to Evaluator: Use the information included in the action plan to complete the following questions:

In your action plan, the following were included:

a)_____
_____
_____

b)_____
_____

C)_____
_____

Evaluator: Please read to Trainee I will now ask you questions about what type of activities you have been able to implement based on activities outlined in the action plan document.

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No	Question	Response	Skip to	Comments
1.	Circle the appropriate plan of action of the provider	1) Dispel rumours and increase awareness about the benefits of family planning programs among community members 2) Liaise with the WDCs to advocate for provision of consumables and supplies by the LGAs. 3) Intensify awareness on availability of LARC services to the individual, families and communities in general. 4) Institutionalize infection prevention practices. 5) Promote Males as Partners (MAP) in family planning. 6) Improve client-provider interaction. 7) Improve quality of services by providing needed equipment and privacy. 8) Other commitments_____		

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2.	Have you been able to work on the commitment	Yes_____ No_____		
3.	What steps have you taken to work on the commitment	1). Held meeting with senior staff 2). Developed proposal for management 3). Planned training for colleagues 4). Conducted Training for other colleagues 5). Conducted male involvement meetings 6). Conducted house to house or community mobilization activities 7). Conducted advocacy to LGA Other (Specify)_____ _____		
4.	What helped you to work on the commitment **(Please circle all that Apply)**	Support from supervisor Support from Co-workers Support from Administration Other (Specify)_____ _____		
5.	What type of support do you need to continue to work on the action plan	1) Additional training 2) Additional supplies 3) Additional time 4) Other (specify)_____ _____		
6.	What type of barrier did you encounter	1). Current work load and lack of time 2). Lack of support from supervisor 3). Lack of support from co-workers 4). Lack of financial resources 5). Lack of policy/mandate 6). Other specify_____ _____		

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7.	What are the tasks not accomplished including emerging issues	1) Dispel rumours and increase awareness about the benefits of family planning programs among community members 2) Liaise with the WDCs to advocate for provision of consumables and supplies by the LGAs. 3) Intensify awareness on availability of LARC services to the individual, families and communities in general. 4) Institutionalize infection prevention practices. 5) Promote Males as Partners (MAP) in family planning. 6) Improve client-provider interaction. 7) Improve quality of services by providing needed equipment and privacy.		
		8) Other emerging issues_____ _____ _____ _____		

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Additional Comments:

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Follow up of Healthcare Providers Trained in Family Planning/Reproductive Health
PART A 5: Revising/Developing New Action Plans

REVISING/DEVELOPING NEW ACTION PLANS

SUBSEQUENT ACTION PLAN DEVELOPMENT

Review the level of the previous action plans implementation and also the gaps identified during this present visit. Synthesize information and use outcome to review /and or update action plans where necessary.

Action Plan

Problem	Root Cause	Intervention/ Solutions	Resources	Person(s) Responsible	Date of Completion

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*An action plan chart will provide a clear and concise method for monitoring the progress of quality of services in your health facilities.

8.	Are the long acting contraceptives currently available	1) Yes , State quantity in the Box Enclosed. IUD_____ | Jad_____ | Impl____ 2) No Remarks_____ _____ _____
9.	Do you have a functional CLMS **(Supervisor should sight and cross-check the CLMS data tools)**	3) Yes 4) No Remarks_____ _____
10.	Are clients cards and registers available in the health facility **(Supervisor should sight and cross-check registers for data quality)**	5) Yes 6) No Remarks_____ _____

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Follow Up Of Healthcare Providers Trained on Long Acting Reversible Contraceptives
Part B 1: Assessment of Structures and Utilities

STRUCTURES AND UTILITIES

For each item, mark whether the item is available and whether it is in satisfactory condition at the facility. Please use the comments box to provide additional information. ***Please mark an X for appropriate response.***

STRUCTURES AND UTILITIES					
Item	**Available**		**Not Available**		**Remarks**
Water Supply					
Toilet facility or latrine					
Electricity or Generator Set					
Emergency Light or Lamp					
Telephone					
Examination room or area providing client privacy for counseling					
IUD and Implants insertion or removal room with insertion couch					
Storage area for contraceptives and other supplies					
Refuse disposal bin with lid					

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Follow Up of Healthcare Providers Trained in Long Acting Reversible Contraceptives
Part B 2: Assessment of Equipment and Supplies for FP Service Provision

For each item, please mark the answer in the appropriate column if the equipment is available and is in satisfactory condition at the facility. Please use the Remarks column to provide additional information on the functionality of the equipment.

S./N	FP EQUIPMENT	Available	Quantity	Not Available	Remarks
1.	Insertion Couch				
2.	Angle Poise Lamp				
3.	Cuscus Vaginal Speculum				
4.	Sponge Holding Forceps				
5.	Kidney Dish				
6.	Galipots				
7.	Stethoscope				
8.	BP Apparatus				
9.	Instrument Trolley				
10.	Screen				
11.	Weighing Scale				
12.	WHO Eligibility Criteria Wheel				
13.	Aprons				
14.	Masks				
15.	Trays				
16.	Plastic Uterine sound				
17.	Stopes Forceps				
18.	Sterilizer				
19.	Autoclave				
20.	Drums				
21.	Cheatle Forceps Container				
22.	Mackintosh				
23.	Draping				
24.	Hand Washing Facility				
25.	Towels				

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SPECIALIZED EQUIPMENT					
26.	IUCD Insertion Kit				
27.	Implant Insertion and				
	removal Kit				
	SUPPLIES				
28.	Disinfectants				
29.	Gloves				
30.	Gauze				
31.	Cotton wool				
32.	Pad				
NON CLINICAL EQUIPMENT					
33.	High level disinfection equipment				

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	LARC SKILLS PRACTICE AND DOCUMENTATION FORM							
	CLIENT SCREENING AND DOCUMENTATION DATE_____							
S.NO.	**Name of Client**	**Name of Facility**	**Clients Registration No.**	**Physical Examination**	**Bi-manual Examination**	**Speculum Examination**	**Performed By**	**Supervised By/Date**
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	TOTAL							
	SUPERVISED BY _____SIIGNATURE_____ **DATE_____**							

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IMPLANT INSERTION AND REMOVAL							
S.NO.	Name of Client	Name of Model Site/Facility	Clients Registration No.	Type of Implant	Inserted By	Outcome of Procedure	Supervised By
1							
2							
3							
4							
5							
	TOTAL						
SUPERVISORS COMMENTS							
NAME _____ SIGNATURE_____							

		IMPLANON REMOVAL					
S.NO.	Name of Client	Name of Facility	Clients Registration No.		Inserted By	Outcome of Procedure	Supervised By
1							
2							
	TOTAL						
SUPERVISORS COMMENTS							
NAME _____ SIGNATURE_____							

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JADELLE INSERTION AND REMOVAL							
S.NO.	Name of Client	Name of Model Site	Clients Registration No.		Inserted By	Outcome of Procedure	Supervised By
1							
2							
3							
4							
5							
	TOTAL						
SUPERVISORS COMMENTS							
NAME _____ SIGNATURE_____							

		JADELLE REMOVAL					
S.NO.	Name of Client	Name of Facility	Clients Registration No.		Inserted By	Outcome of Procedure	Supervised By
1							
2							
	TOTAL						
SUPERVISORS COMMENTS							
NAME _____ SIGNATURE_____							

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	LARC POST TRAINING SUPPORTIVE SUPERVISION SCORE SHEET																	
	1st Visit						2nd Visit						3rd Visit					
S.No.	BCS	IUD INSER-TION	IUD REMOVAL	IMPLANT ON INSER-TION	JADELLE INSER-TION	IMPLANT REMO-VAL	BCS	IUD INSER-TION	IUD REMO-VAL	IMPLANT ON INSER-TION	JADELLE INSER-TION	IMPLANT REMO-VAL	BCS	IUD INSER-TION	IUD REMO-VAL	IMPLANT ON INSER-TION	JADELLE INSER-TION	IMPLANT REMO-VAL
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
TOTAL																		

FINAL REMARKS AND RECOMMENDATIONS BY SUPERVISOR: DATE

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Number_____

REFERENCES

1. International Planned Parenthood Federation (2006), ***Supportive Supervision for Quality Improvement.*** A Training of Trainers Guide for Health Professionals.

2. Augustine Asante & Graham Roberts (2011), ***Strengthening Supportive Supervision at the District Health Level in the Pacific.*** Health Workforce Management Policy Brief. Human Resources for Health Knowledge Hub.

3. Department of Health/United States Agency for International Development (2012), Supportive Supervision in Health Programs: ***Towards Improved Performance and Quality Services.*** A Resource Manual

4. Federal Ministry of Health (FMoH) 2011, National Standards of Practice (SOP) for Family Planning /Reproductive Health Service Delivery in Nigeria.