



## Health Sector Transition and Recovery Programme

### First Round Mobilisation of Integrated Coach/mentor for IUCD Coaching to SBAs Completed in 25 BCs

NHSSP Payment Deliverable FP7

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## Acronyms

ANM	auxiliary nurse midwife
BC	birthing centre
CPR	contraceptive prevalence rate
DC	district coordinator (NHSSP)
DFID	Department for International Development (UKaid)
DHO	district health office
DMT	decision making tool
DPHO	district public health office
FHD	Family Health Division
FP	family planning
HF	health facilities
HMIS	Health Management Information System
HP	health post
IUCD	intrauterine contraceptive device
LARC	long acting reversible contraceptive
MEC	medical eligibility criteria for contraceptives
MoH	Ministry of Health
MWRA	married women of reproductive age
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
PHCC	primary health care centre
QI	quality improvement
SBA	skilled birth attendant/attendance
USAID	United States Agency for International Development
VP	visiting provider

# 1 INTRODUCTION

## 1.1 Purpose of this Report

This report details progress on the mobilisation of visiting providers (VPs) as integrated coaches/mentors for the fitting of intrauterine contraceptive devices (IUCDs). This activity took place in five earthquake-affected districts under a programme for the rehabilitation, recovery, strengthening and expansion of family planning (FP) services with a focus on long acting reversible contraception (LARC). The programme is being implemented by the Nepal Health Sector Support Programme (NHSSP) under MoH's Health Sector Transition and Recovery Programme in coordination with district health offices (DHOs).

This report has the following four parts:

- Section 1: Introduction
- Section 2: Activities at central level
- Section 3: Activities at district level
- Section 4: Annexes

## 1.2 Background

Nepal has made significant progress with its family planning programme over the last thirty years. The total fertility rate (TFR) has decreased from 6.3 in 1976 to 2.6 in 2011 and the contraceptive prevalence rate (CPR) has increased from 2.9% to 43% within the same timeframe. However, despite these gains, the unmet need for family planning in Nepal is still high as 27% of married women reported unmet needs in 2011 (10% unmet need for birth spacing; 17% unmet need for limiting births), an increase from 25% in 2006. Large disparities exist in rates of contraceptive use while levels of unmet need also vary substantially by place of residence.

Due to sub-optimal access, utilization and demand for LARCs, especially for women of reproductive age (MWRA) in rural and hill zones, there is a strong case for increasing the availability of LARCs at rural health facilities. Current access to LARCs is very low and most IUCD and implant users in mountain and hill districts receive their services from hospitals, satellite clinics or mobile family planning camps/mobile clinics, the latter being available only once or twice a year. The use of LARCs obtained from these mobile clinics shows that there is considerable demand for this form of contraception among MWRA in rural Nepal. The consistent availability of LARC services at rural health facilities will potentially increase informed choices for women and contribute to increasing the CPR. Hence, this visiting provider intervention aimed to assess whether visits by dedicated skilled service providers working as mentors would expand the availability and uptake of LARC services in rural Nepal.

Nepal's public health system has been constrained in its ability to deliver regular family planning services as a result of the earthquakes of April and May 2015 and their recurring aftershocks. This has resulted in many women struggling to access the family planning methods they need. It was felt that family planning service strengthening was needed to improve access by women in hard-to-reach/affected areas and temporary settlements. Five priority districts of Okhaldhunga, Sindhuli, Nuwakot, Lalitpur and Gorkha were therefore selected on the basis of:

- family planning support need (low CPR and fewer health facilities providing 5 family planning methods);
- the presence of other family planning support partners in the district; and

- recommendations from the Family Health Division (FHD).

The programme's activities focus on hard-to-reach and internally displaced populations. A multipronged approach is used combining strategies discussed and agreed with the FHD, USAID and the Department for International Development (DFID), including those piloted by the Government of Nepal, NHSSP, DFID and USAID, with an emphasis on increasing access to family planning and improving quality of care.

The visiting provider approach, piloted in Ramechhap in 2015/16 under NHSSP-2, has been embraced by FHD. This approach deploys visiting providers (senior auxiliary nurse-midwives [ANMs] or staff nurses), who are skilled providers of LARC services and have coaching/mentoring skills and experience, to birthing centres to support skilled birth attendants (SBAs) to facilitate the delivery of LARC or to provide direct LARC services where local skilled staff are not available. Similarly, delivery of comprehensive family planning services through comprehensive mobile family planning camps (VSC+), was piloted in Baitadi and Darchula in 2015/16, and incorporated in the current programme.

Overall, the following recommended activities are supported by this programme:

- LARC expansion through mentoring and coaching
- Services delivery through visiting providers in remote areas
- Scale-up and increasing intensity of comprehensive mobile camps
- Demand generation through female community health volunteers (FCHVs) and the media
- Condom boxes stationed at appropriate places.

## 2 CENTRAL LEVEL PREPARATORY ACTIVITIES

### 2.1 Planning, Coordination and Partnership Meetings

Various planning and coordination meetings were held at central level between government bodies, funding agencies, and NHSSP in order to plan and review the programme.

### 2.2 Development of Guidelines, IEC Materials and Job Aids

The following materials were adapted as appropriate and printed for distributing to facilities in the five districts based on findings from initial district needs assessment and verification:

- Pregnancy rule-out job aid
- Family planning informed choice poster
- DMT (decision making tool) flip chart
- MEC (medical eligibility criteria for contraceptives) wheel

### 2.3 Supply of Equipment

Implant and intrauterine contraceptive device (IUCD) insertion and removal sets and other equipment were supplied to the districts as per requirements (*see details in Payment Deliverable FP 3*). Infection prevention equipment such as autoclaves was also delivered to the districts as per requirements (*see details in Payment Deliverable FP 3*).

### 2.4 Facilitation to Supply Family Planning Commodities

NHSSP's central team monitored and facilitated to ensure the timely supply of family planning commodities to districts and the avoidance of stock-outs. Regular coordination with FHD and the Logistic Management Division is ongoing.

### 2.5 Refresher and Coaching Skills Training and Orientation to Visiting Providers

The visiting providers' knowledge and skills were updated and refreshed on LARC service provision and coaching before they were deployed to the districts to start the coaching and mentoring and providing services. The two-day training was carried out by experienced coaches and trainers from Chetrapati Family Welfare Clinic and Paropakar Maternity and Women's Hospital, Kathmandu. The refresher training and orientation was also conducted for the visiting providers deployed in Sindhupalchok, Ramechhap and Dolakha. These training and orientation events focused on:

- reviews of knowledge on IUCDs including side-effects, effectiveness, return of fertility, complications, warning signs, and follow up visits;
- coaching skills on family planning counselling and IUCD service delivery;
- demonstrations on real IUCD and implant clients and observation of SBA coaching and mentoring skills; and
- infection prevention practices and the storage of LARCs.

In addition, the visiting providers were briefed before departure to districts on programme objectives, interventions, tasks, roles and responsibilities, movement plans within districts, reporting and recording requirements, preparedness and management, the referral of complications and potential adverse events after LARC service delivery, using the 'buddy system', and the use of family planning quality improvement (QI) tools including the DMT flip chart and the

WHO MEC wheel. They also heard the experiences of visiting providers who had worked on the Ramechhap visiting provider pilot programme.



### 3 DISTRICT LEVEL ACTIVITIES

#### 3.1 District Planning Meeting

A one day district planning meeting was organized in all five programme districts to identify district-level needs. Assessment of the provision of LARC services at these meetings revealed that of the 143 birthing centres, 100 (70%) had at least one SBA provider, 66 (46%) had at least one implant-trained service provider. However, only 28 (20%) and 47 (33%) of them were providing IUCD and implant services, respectively (Table 1). This clearly demonstrated the need for onsite coaching on IUCD and implants. Currently, the birthing centres in Lalitpur followed by Sindhuli, Okhaldhunga and Gorkha have the lowest IUCD service delivery coverage.

**Table 1: Availability of LARCs services in the five districts' birthing centres**

District	Total no. health facilities	No. of birthing centres	No. birthing centres with SBAs	No. birthing centres with implant trained health workers	No. birthing centres with	
					IUCDs	implants
Lalitpur	40	18	16	11	2	5
Nuwakot	63	28	19	13	9	9
Okhaldhunga	56	37	31	17	6	17
Sindhuli	56	20	8	10	5	5
Gorkha	79	40	26	15	6	11
<b>Total</b>	<b>294</b>	<b>143</b>	<b>100</b>	<b>66</b>	<b>28</b>	<b>47</b>

However, altogether 43 birthing centres in the five districts had no SBA-trained service providers. Visiting providers could only provide on-site coaching where an SBA/IUCD trained service provider was available. NHSSP's district coordinators will facilitate and advocate with DHOs to ensure the availability/deployment of SBAs in these health facilities.

The district planning meetings and initial assessment findings suggested that 72 birthing centres out of 143 needed IUCD coaching/mentoring (Tables 2 and 3). It should be noted that further needs may have developed during programme implementation.

It was recognised that:

- Some service providers who had received basic IUCD training but lacked confidence would need on-site IUCD coaching.
- There may be a need to coach SBA-trained service providers who were providing IUCD services (based on assessment by visiting providers).

**Table 2: Need for coaching/mentoring training in birthing centres of the five districts**

District	Total health facilities	No. birthing centres	No. birthing centres with SBAs	No. birthing centres with implant trained health workers	No. birthing centres needing IUCD coaching for SBAs
Lalitpur	40	18	16	11	14
Nuwakot	63	28	19	13	10
Okhaldhunga	56	37	31	17	25
Sindhuli	56	20	8	10	3
Gorkha	79	40	26	15	20

<b>Total</b>	<b>294</b>	<b>143</b>	<b>100</b>	<b>66</b>	<b>72</b>
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**Table 3: Birthing Centres and proposed interventions (based on initial district information)**

District	No. birthing centres	Coaching needed	Proposed intervention
Lalitpur	18	14	<b>IUCD coaching:</b> <ul style="list-style-type: none"> <li><b>Gotikhel cluster (6):</b> Bhardev HP, Manikhel HP, Chaughare HP, Bukhel HP, Gotikhel, Thuladurlung HP</li> <li><b>Bhattedanda cluster (5):</b> Ashrang HP, Pyutar HP, Malta HP, Bhattedanda HP, Dalchoki HP</li> <li><b>DPHO cluster (3):</b> Dukuchhap HP, Badegaaun HP, Bungamati,</li> </ul> <b>Monitoring quality of LARC provision: all</b>
Nuwakot	28	10	<b>IUCD coaching:</b> <ul style="list-style-type: none"> <li><b>Deurali cluster (2):</b> Raatmate HP, Sunkhaani HP</li> <li><b>Kharanitaar cluster (4):</b> Bageshowri HP, Gerku HP, Chaughadha HP, Samundrataar HP</li> <li><b>DPHO cluster (4):</b> ,Bungtaang HP, Fikuri HP, Kaaule HP, Khadgabhanjyaang HP</li> </ul> <b>Monitoring quality of LARC provision: all</b>
Okhaldhunga	37	25	<b>IUCD coaching:</b> <ul style="list-style-type: none"> <li><b>Phoolbari cluster (8):</b> Tarkarebari HP, Khijikalati HP, Khijichandeswori HP, Rangani HP, Katunje HP, Bilandu HP, Raniban PHCC, Khijipalate HP</li> <li><b>Chyyanam cluster (7):</b> Kuibhir HP, Rampur HP, Chyaanam HP, Toksel HP, Waksa HP, Thakle HP, Manebhanjyang HP</li> <li><b>Okhaldhunga cluster (10):</b> Bhadaure HP, Shreechaur HP, Pokhare HP, Naraaynsthana HP, Jantarkhani HP, Okhaldhunga HP, Betinee HP, Harkapur HP, Prapcha HP, Rumjaataar Hospital</li> </ul> <b>Monitoring quality of LARC provision: all</b>
Sindhuli	20	3	<b>IUCD coaching (3):</b> Balajor HP, Kapilakot PHCC, Ranibaas HP
Gorkha	40	20	<b>IUCD coaching:</b> <ul style="list-style-type: none"> <li><b>Ghairung cluster (7):</b> Dorbung HP, Ghyalchok HP, Bhumilchok HP, Tanglichok HP, Bungkot HP, Finam HP, Manakamana PHCC</li> <li><b>Harmi cluster (6):</b> Palungtar Badadanda HP, Chyangli HP, Jaubari HP, Khoplang HP, Harmi HP, Thanpu HP</li> <li><b>Aaruchanaute cluster (7):</b> Baguwa HP, Khanchok HP, Saurpani HP, Sirdibas HP, Takumajh HP Paakhuwadey HP, Aaruarbang HP</li> </ul> <b>Monitoring quality of LARC provision: all</b>
<b>Total</b>	<b>143</b>	<b>72</b>	

### 3.2 Initial Quality assessment

After completion of the district level planning meetings and the division of clusters, the visiting providers visited all birthing centres within their cluster and conducted a preliminary LARC facility and services assessment using selected family planning quality improvement tools. The tool (checklist) assessed adequacy of space, equipment, infection prevention practices and provider skills.

The main objectives of these initial assessments were to:

- collect information on and experience on clients' travel and movement routes to reach health facilities and introduce visiting providers to local service providers;
- estimate the number of days needed to reach different health facilities;
- identify and verify the number of health workers needing implant and IUCD coaching and mentoring; and
- assess the current status of health facilities (training status of human resources, infrastructure, equipment and commodities).

### **3.3 Quality Improvement Process**

A checklist was administered at each health facility/birthing centre using standard family planning QI tools to ensure that minimum family planning-related quality standards were met. This was done in accordance with the National Health Training Centre's 2012 'Family Planning, Quality Improvement Tools for Service Delivery' and family planning in-service training. All birthing centres were assessed for the quality of the LARC services provided by visiting providers in coordination with health facilities and service providers. These findings were considered as the baseline situation and guides for future actions to improve the quality of LARC services.

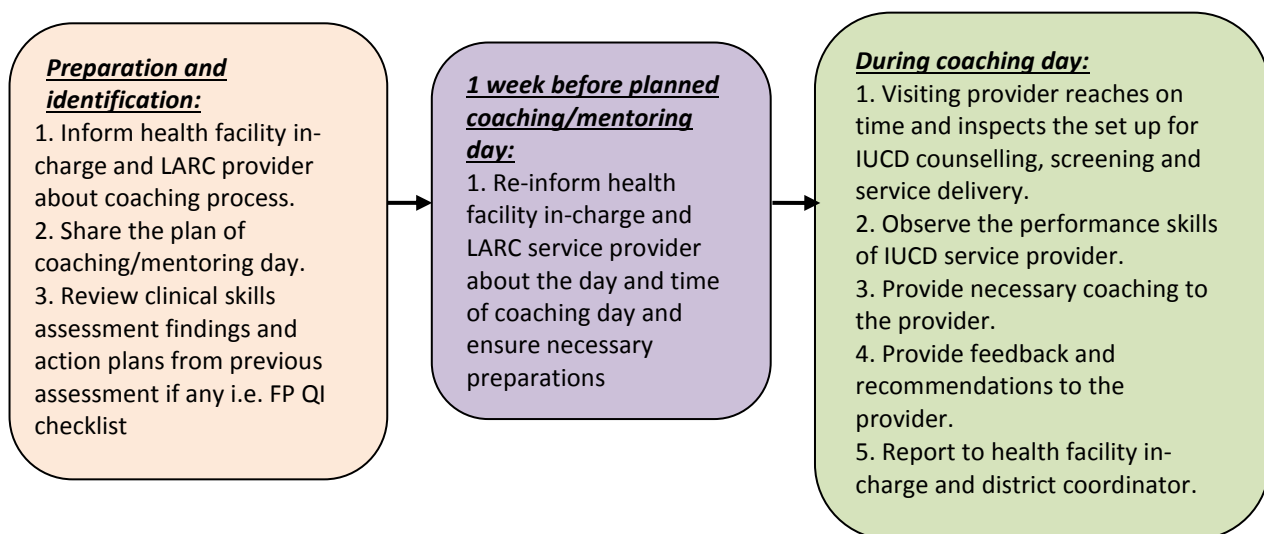
Family planning QI tools were used in each facility at the beginning and during subsequent visits. Based on their findings, recommendations were made to the service providers, DHO/DPHO and NHSSP for improving quality. Findings from the baseline and second assessment showed improved quality scores (see Annex 2).

The visiting providers also supported health workers to fill up HMIS Fact Sheet 3.1 for all new LARC users. The visiting providers also maintained records on the HMIS 3.3 service register. All health facilities submit progress on family planning users in their monthly reporting through HMIS form 9.3.

### **3.4 IUCD Coaching to Service Providers from Birthing Centres**

After initial quality assessment and findings, visiting providers made a health facility visit plan for initiating coaching and mentoring. Visiting providers informed health facility in-charges and service providers at least one week beforehand about their intended visits. The providers also informed health facility in-charges and LARC providers about the process of coaching, and shared the plan of coaching and mentoring one day ahead of their coaching/mentoring visit. The providers reviewed clinical skills assessment findings from any previous assessment, i.e. family planning QI checklist (where this had been completed during a previous visit). The visiting providers also checked in advance if any women were scheduled to visit for LARCs by asking providers who were responsible for scheduling client visits. Figure 1 summarises the coaching and mentoring process at the birthing centres.

**Figure 1: The visiting provider coaching and mentoring process at the birthing centres**



The visiting providers primarily provided coaching and mentoring<sup>1</sup> services on IUCDs to SBAs who were not confident about providing these services. The providers administered an IUCD and implant family planning QI checklist and helped take corrective actions needed at the local level with health facility in-charges and health facility management and operation committee (HFOMC) members and at the DHO/DPHO. If required, based on the findings of the initial family planning QI assessment of IUCD and implant services, the providers also coached other IUCD/implant trained paramedics and SBAs on IUCD and implant insertion and removal skills. Table 4 shows the role of visiting providers and service providers before, during and after the coaching sessions.

**Table 4: Role of visiting providers and service providers in coaching process**

Demonstration or practice sessions	Role of visiting providers/coaches	Role of service providers
Before session	<ul style="list-style-type: none"> <li>Reviews steps using LARC learning guide</li> <li>Reviews QI tool (from previous assessment)</li> <li>Discusses previous session with service provider if coaching for second time</li> </ul>	<ul style="list-style-type: none"> <li>Agrees on the role of visiting provider as a coach and assessor and understands own role as a service provider receiving coaching</li> </ul>
During session	<ul style="list-style-type: none"> <li>Observes and evaluates service provider's performance by administering QI tool</li> </ul>	<ul style="list-style-type: none"> <li>Performs the procedure</li> </ul>
After the session	<ul style="list-style-type: none"> <li>Reviews the completed QI tool</li> <li>Provides positive feedback and offers suggestions for improvement</li> <li>Determines if service provider had performed satisfactorily and was competent or if additional practice is needed</li> </ul>	<ul style="list-style-type: none"> <li>Shares feeling about positive aspects of the session</li> <li>Offers suggestions for self-improvement</li> <li>Review the steps in QI tool and recommendations from the visiting provider.</li> </ul>

<sup>1</sup> Note: Unless explained otherwise, coaching and mentoring in this report denotes IUCD coaching and mentoring

### 3.5 Outputs of Coaching and Mentoring

The coaching and mentoring began in February and, as of the fourth week of April 2016, visiting providers had provided coaching in 39 birthing centres in the five districts (see Annex 1). A total of 46 visiting provider days were devoted for onsite-coaching by 15 visiting providers in the five districts. In order to coach some SBA providers from birthing centres with lesser client loads, the providers invited them to sites with higher client loads. In total, 47 SBAs were coached and mentored from 39 birthing centres, of which 23 SBAs performed satisfactorily or became competent following mentoring. The remaining 24 SBAs will be provided with further coaching. LARC services have been started in birthing centres following coaching/mentoring, and service providers are happy to have their skills enhanced (Annex 3). In addition to IUCD coaching, up to mid-April the visiting providers also coached 16 service providers from the five districts on implant insertion and removal. The providers also coached Implant and IUCD trained service providers from non-birthing centres wherever necessary.



### 3.6 Challenges and Actions Taken

As noted, after the initial quality assessment and preparation of the coaching/mentoring plan with the DHO/DPHO teams, the visiting providers visited needy health facilities for coaching. However, very few, and occasionally no, IUCD clients appeared in some facilities which inevitably affected the quality of coaching/mentoring. The providers theoretically coached service providers in such cases and also attempted to invite service providers from a nearby health camp or health facility.

Due to the earthquakes, many health facility buildings have been damaged making it difficult to maintain privacy, which also led to fewer IUCD clients. However, the providers tried to ensure privacy when providing services, even from tents. Not all birthing centres have an SBA; however, coordination and advocacy efforts are underway with DHOs/DPHOs to ensure that all birthing centres have a trained SBA soon.

Many health facilities lacked adequate supplies of gloves, plasters and other commodities. The visiting providers are now coordinating with the respective DHOs/DPHOs to ensure the availability of these basic supplies.

It was also noted that some senior health workers were reluctant to learn from young and less experienced visiting providers.

Some service providers felt shy to learn about insertion and removal techniques during working hours out of fear that fellow health workers might notice that they lacked the appropriate skills. In such cases, providers arranged times in the evenings or mornings for coaching and mentoring.

Some providers also faced difficulties accessing the autoclaves and high level disinfection (HLD) services at local health facilities/birthing centres needed to sterilise LARC insertion/removal sets for direct service delivery at health facilities lacking LARC providers. The reasons most commonly given for this were scarcity of gas and electricity.

### **3.7 Follow-up Actions**

Regular follow up and supportive supervision is needed as coaching and mentoring should be an ongoing process that enables service providers to provide IUCDs and implants without further assistance. Therefore, visiting providers need to undertake regular assessments and provide additional coaching to service providers in accordance with their competency levels.

For SBA providers in health facilities where client flows are low, such staff should be invited to facilities having more clients so that hands-on learning with real clients is possible.

The respective DHO/DPHOs and NHSSP need to continue to provide logistics support to create an enabling environment in facilities for coaching/mentoring and for enabling the continuation of quality service provision by local providers.

## Annex 1: Details of Coaching and Mentoring to SBA Trained Service Providers

### Lalitpur District

	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Lubhu PHCC	Rita Rai, Kalpana Singh	2, 4 Feb. 2016	2	Satisfactorily performed/competent	Laxmi
2	Bungmati HP	Sita Tripathi, Sita Kumara Singh	11 Mar. 2016	1	Satisfactorily performed/competent	Laxmi
3	Thuladurlung HP	Pratima Chaulagie	13 Mar. 2016	1	Satisfactorily performed/competent	Anjana
4	Pyutar HP	Roshani Lama, Sharswati Timilsena	25 Mar. 2016	1	Satisfactorily performed/competent	Sarita
5	Ashrang HP	Suprava Ghimire	16 Mar. 2016	1	Satisfactorily performed/competent	Sarita
<b>Total</b>	<b>5 BCs</b>	<b>8 SBAs</b>		<b>6 days</b>	<b>All competent (8 SBAs)</b>	

### Nuwakot District

	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Kaule HP	Babita Rai	24 Mar. 2016	1	Satisfactorily performed/competent	Manisha Bista
2	Fikuri HP	Tulsi Bhatta	12 Mar. 2016	1	Satisfactorily performed/competent	Manisha Bista
3	Samari HP	Pratikcha Pokhrel	21 Mar. 2016	1	Satisfactorily performed/competent	Manisha Bista
4	Bageshwori HP	Sarita Rijal	15, 19 Mar. 2016 (at Lachyang HP)	2	Satisfactorily performed/competent	Tulsi Paudel
<b>Total</b>	<b>4 BCs</b>	<b>4 SBAs</b>		<b>5 days</b>	<b>All competent (4 SBAs)</b>	

## Gorkha District

	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Hermi HP	Kamala Parajuli	7 Mar. 2016	1	Need improvement/more coaching needed	Rita Dhakal
2	Bhachhek HP	Padma Rai	30 Mar. 2016	1	Satisfactorily performed/competent	Rita Dhakal
3	Khoplang HP	Samjhana Thapa	16 Mar. 2016	1	Need improvement/more coaching needed	Rita Dhakal
4	Simjung HP	Devi Rasaili	31 Mar. 2016	1	Need improvement/more coaching needed	Rita Dhakal
5	Takumajh HP	Sanu Khadaka	16 Mar. 2016	1	Need improvement/more coaching needed	Gita Paneru
6	Saurpani PHCC	Rajmati Shrestha	21 Mar. 2016	1	Need improvement/more coaching needed	Gita Paneru
7	Baguwa HP	Anusha Adhikari	25 & 27 March, 2016	2	Satisfactorily performed/competent	Gita Paneru
8	Finam HP	Sumitra Thapa	3 April, 2016	1	Need improvement/more coaching needed	Kalawati Chaudhary
9	Thatipokhari BC	Sumitra Dhakal	11 April, 2016	1	Need improvement/more - coaching needed	Rita Dhakal
<b>Total</b>	<b>9 BCs</b>	<b>9 SBAs</b>		<b>10 days</b>	<b>2 competent</b>	

## Sindhuli District

	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Sirthauli PHCC	Babi Adhakari	13 Mar. 2016	1	Satisfactorily performed/competent	Richa Shrestha
2	Mother and child health clinic	Urmila Kafle	15 Mar. 2016	1	Satisfactorily performed/competent	Sita Budhathoki
3	Balajor HP	Rabita Sah	17, 18 Mar. 2016	2	Need improvement/more coaching needed	Sita Budhathoki
4	Belghari PHCC	Sabita Dahal	28 Feb, 2016	1	Need improvement/more coaching needed	Sita Budhathoki
5	Kapilakot PHCC	Chatra Khadka	26 Feb. 2016	1	Need improvement/more coaching needed	Hemkala Dhakal
	Kapilakot PHCC (repeated)	Chatra Khadka, Pabitra Girel	20 Apr. 2016	1	Satisfactorily performed/competent	Seeta Budathoki
6	Hatpate HP	Anita Adhikari, Samjhana Dahal	19 Apr. 2016	1	Need improvement/more coaching needed	Seeta Budathoki
7	Dudhauri HP	Semanta Shah	1 Apr. 2016	1	Satisfactorily performed/competent	Richa Shrestha
<b>Total</b>	<b>7 BCs</b>	<b>9 SBAs</b>		<b>9 days</b>	<b>4 competent</b>	



## Okhaldhunga district

	Birthing centre	Coached SBAs	Dates of coaching	Coaching days	Competency level	Visiting provider
1	Fulbari HP	Parijat Shrestha	Feb. 2016	1	Satisfactorily performed/competent	Goma Karki
2	Tarkerabari HP	Sunita Aryal	22 Feb. 2016	1	Need improvement/more coaching needed	Goma Karki
3	Pokali HP	Anju Adhikari	Feb. 2016	1	Need improvement/more coaching needed	Goma Karki
4	Chyanam HP	Hema Baniya Dilli Rana Magar	Mar. 2016	1	Need improvement/more coaching needed	Sanita Thapa
	Chyanam HP (Repeated)	Hema Baniya Dilli Rana Magar Indira Kurmi	13 Apr. 2016	1	Need improvement/more coaching needed	Sanita Thapa
	Chyanam HP (Repeated)	Hema Baniya Indira Kurmi	25 Apr. 2016	1	Satisfactorily performed/competent	Sanita Thapa
5	Bhadaure HP	Rita Pokharel	21 Mar. 2016	1	Need improvement/more coaching needed	Nirmala Tolangi
6	Narayansthan HP	Sharada Basnet	6 Apr. 2016	1	Satisfactorily performed/competent	Nirmala Tolangi
7	Betini HP	Chuna Phuyal	8 Apr. 2016	1	Satisfactorily performed/competent	Nirmala Tolangi
8	Thulachap HP	Tara Tamang	5 Apr. 2016	1	Need improvement/more coaching needed	Nirmala Tolangi
9	Thakle HP	Manga Kumari Rai	13 Apr, 2016	1	Need improvement/more coaching needed	Sanita Thapa
10	Katunje HP	Sharmila Bhattarai, Asmkita Shrestha	20 Apr. 2016	1	Need improvement/more coaching needed	Sanita Thapa
11	Khijichandes wori HP	Malati Sunuwar	Mar. 2016	1	Need improvement/more coaching needed	Goma Karki
12	Khijifalate HP	Sharada Khatri	Mar. 2016	1	Need improvement/more coaching needed	Goma Karki
13	Bilandu HP	Sunita Shrestha	Mar. 2016	1	Need improvement/more coaching needed	Goma Karki
14	Raniban PHCC	Durga Dhungel	16 Apr, 2016	1	Satisfactorily performed/competent	Goma Karki
<b>Total</b>	<b>14 BCs</b>	<b>17 SBAs</b>		<b>16 days</b>	<b>5 competent</b>	

## Annex 2: QI Tools Administered by Visiting Providers

Nov.12, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणवत्ता सुधार टूल (QI tool) *संयुक्त स्वास्थ्यकर्मी (Joint Government Staff)*  
FP 03: Implants

1. स्वास्थ्य संस्थाको नाम	भारदेउड प्रजा नुवा	जिल्ला	रा. वि. नं. २०६२	HP कोड	
2. अवलोकन गरेको पछिल्लो मिति	२०२१/०७/२६	२०२१/०७/२६			
3. अवलोकनकर्ताको नाम	1. अमरज्योती शर्मिष्ठा 2. शिरिषा शर्मिष्ठा	1. अमरज्योती शर्मिष्ठा 2. शिरिषा शर्मिष्ठा	1. १ 2. २	1. १ 2. २	
4. अवलोकनकर्ताको पद	1. १ 2. २	1. १ 2. २	1. १ 2. २	1. १ 2. २	

नोट: मितिहरू कोठामा परे, मिलाए/सात गरे

Scoring Key: Y=Yes, N=No, NA=Not Applicable

अवलोकनकर्ताको नाम	प्रयोगकर्ताको नाम	1	2	3	4	5
<b>Implant साधनको इन्स्ट्रुमेन्ट</b>						
1. स्वास्थ्य संस्थामा इन्स्ट्रुमेन्टहरूको लागि छुट्टै ठाउँ वा कोठा उपलब्ध छ।	<ul style="list-style-type: none"> <li>स्वास्थ्य संस्थामा सेवार्थको लागि छुट्टै ठाउँ वा कोठा उपलब्ध छ।</li> <li>सेवा सञ्चालन भइरहेको कोठामा गोप्यता कायम गर्नेको लागि छेदा बन्द गरिएको छ।</li> <li>परिधान ट्रेज</li> <li>रबर ग्लोभ</li> <li>बाँधको व्यवस्था</li> <li>महिताको घेरा छेउको लागि पर्दा वा कपडा</li> <li>डिस्कन्टिनेन्सको लागि ०.५ प्रतिशत क्लोरिन भोजन रक्षकको भाँडा</li> <li>दुईटा रोलर रबर ग्लोभको भाँडा</li> </ul>	Y	Y	Y	Y	Y
2. स्वास्थ्य संस्थामा जखम तथा सेवा दिनका लागि आवश्यक साधन वा सामग्री उपलब्ध छ।	<ul style="list-style-type: none"> <li>एउटा इन्स्ट्रुमेन्ट ग्लोभ र फिन्ने पुरा सेट:</li> <li>Scalpel handle</li> <li>Scalpel blade size 11</li> <li>Syringe, disposable - 5 ml</li> <li>Needle 22 Gauge x 2"</li> <li>Mosquito forceps, curved 5"</li> <li>Dissecting forceps (Non-toothed)</li> <li>forceps, circle, curved 5.5"</li> </ul>	N	N	N	N	N

FP 03 Page 1

1.1 Implant QI tool from Bhardeu HP, Lalitpur

Nov.12, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणवत्ता सुधार टूल (QI tool) *संयुक्त स्वास्थ्यकर्मी (Joint Government Staff)*  
FP 03: Implants

सन्तान सुधार :  
 • Xylocaine प्रैज प्रोसेस  
 • Non-touch technique  
 • No Implant/IUCD registers  
 • Scaled lines to outer baseline  
 • Implant subs not available

जम्मा मापदण्ड	११	११	११	११
मानव परिष्कार मापदण्ड	7	10		
पुरा परिष्कार मापदण्ड (Standard met)	21/7	90%	90%	96%
प्राप्त प्रतिशत				

स्वास्थ्य अवलोकनकर्ताको नाम : *Amrita Sharma*  
 अवलोकन गरेको मिति : *2021/07/26*  
 प्राप्त प्रतिशत : *92%*

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1.2 Improvement in implant QI score in second assessment compared to first assessment (Bhardeu HP)

Nov.12, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणवत्ता सुधार टूल (QI tool) *Contract Staff*  
FP 04: IUCD *Pradima Jee Chaudhary*

1. स्वास्थ्य संस्थाको नाम	जुम्ला अस्पताल	जिल्ला	रा. वि. नं. २०६२	HP कोड	
2. अवलोकन गरेको पछिल्लो मिति	2021/07/26	2021/07/26			
3. अवलोकनकर्ताको नाम	1. अमरज्योती शर्मिष्ठा 2. शिरिषा शर्मिष्ठा	1. अमरज्योती शर्मिष्ठा 2. शिरिषा शर्मिष्ठा	1. १ 2. २	1. १ 2. २	
4. अवलोकनकर्ताको पद	1. १ 2. २	1. १ 2. २	1. १ 2. २	1. १ 2. २	

नोट: मितिहरू कोठामा परे, मिलाए/सात गरे

Scoring Key: Y=Yes, N=No, NA=Not Applicable

अवलोकनकर्ताको नाम	प्रयोगकर्ताको नाम	1	2	3	4	5
<b>IUCD साधनको इन्स्ट्रुमेन्ट</b>						
1. स्वास्थ्य संस्थामा IUCD सेवा दिनका लागि उपलब्ध साधन वा सामग्री उपलब्ध छ।	<ul style="list-style-type: none"> <li>स्वास्थ्य संस्थामा IUCD सेवा दिनका लागि उपलब्ध साधन वा सामग्री उपलब्ध छ।</li> <li>सेवा दिनका लागि छुट्टै ठाउँ वा कोठा भएको</li> <li>सेवा सञ्चालन भइरहेको कोठामा गोप्यता कायम गर्नेको लागि छेदा बन्द गरिएको छ।</li> <li>परिधान ट्रेज</li> <li>रबर ग्लोभ</li> <li>बाँधको व्यवस्था</li> <li>महिताको घेरा छेउको लागि पर्दा वा कपडा</li> <li>०.५ प्रतिशत क्लोरिन भोजन रक्षकको भाँडा</li> <li>दुईटा रोलर रबर ग्लोभको भाँडा</li> </ul>	NA	Y	Y	Y	Y
2. स्वास्थ्य संस्थामा IUCD सेवा दिनका लागि आवश्यक साधन वा सामग्री उपलब्ध छ।	<ul style="list-style-type: none"> <li>अर्धे पत्रिटी र बिन्ने एउटा पुरा सेट:</li> <li>Bi-valve Vaginal speculum medium</li> <li>Sponge-holding forceps</li> <li>Small metal bowl (Culley pot)</li> <li>Cervical Tenaculum/Volselum</li> <li>Uterine sound</li> <li>Scissors Long Handled</li> <li>Instrument pan and cover</li> <li>Torch/Flashlight, two cell or equivalent</li> </ul>	Y	Y	Y	Y	Y

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2.1 IUCD QI tool Thuladurlung HP, Lalitpur

Nov.12, 2014

स्वास्थ्य सेवा सुदृढीकरणका लागि गुणवत्ता सुधार टूल (QI tool) *Contract Staff*  
FP 04: IUCD *Pradima Jee Chaudhary*

सन्तान सुधार :  
 • Manual Examination गर्दा Bartholin's gland चेक गर्न  
 • Decontamination का लागि virex काट्टो प्रयोग गर्ने  
 • Non-touch technique procedure follow गर्नुपर्ने

जम्मा मापदण्ड	१०	१०	१०	१०
मानव परिष्कार मापदण्ड	2	5		
पुरा परिष्कार मापदण्ड (Standard met)	0	50%		
प्राप्त प्रतिशत	0	50%		

स्वास्थ्य अवलोकनकर्ताको नाम :  
 अवलोकन गरेको मिति :  
 प्राप्त प्रतिशत :

FP 04: IUCD

2.2 Improvement in QI score in second assessment compared to first assessment (Thuladurlung HP)

### **Annex 3: Case study**

#### **An SBA trained service provider prefers evening shift for IUCD coaching**

Sita Karki (name changed), is a nurse at Lubhu PHCC Lalitpur. She received SBA training five years ago and also received 8-days interval IUCD training from the National Health Training Centre. However, she was not confident to provide IUCD services. When visiting provider Laxmi Acharya reached the PHCC and carried out her competency assessment using the IUCD QI tool, Laxmi was found to lack some key skills on IUCD insertion and she was employing an incorrect withdrawal technique. When the provider wanted to coach her on the same day, Sita was quite reluctant since she did not want her colleagues to know that she lacked skills, although she was eager to learn. She requested provider Laxmi to come on an evening shift so that she could learn when her colleagues were not around. The provider thus went to the health facility at the requested time and provided coaching on a real client. Now, after receiving coaching, she has already inserted two IUCDs on her own. She is very happy and thankful to the visiting provider that she has gained confidence on administering IUCD services.

#### Annex 4: Photos of Activities



Visiting provider S Gurung coaching an SBA on IUCD insertion — Ashrang HP/BC, Lalitpur



Visiting provider L Acharya coaching an SBA on IUCD insertion — Lubhu PHCC, Lalitpur



Family planning (including IUCD) counselling by an ANM — a Sindhuli health post



Visiting provider S Budhathoki coaching an SBA (A Adhikari) on IUCD insertion — Hatpate HP/BC, Sindhuli



A visiting provider coaching a local male paramedic on implant insertion — a Sindhuli health post



A provider coaching a local female service provider on implant insertion — a Sindhuli health post