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Trainer's Guide

Trainer's Guide
प्रशिक्षक निर्देशिका

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A Trainer's Guide for
Two-Day Sangini Basic Training

A Trainer's Guide

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Contents

Chapter I	2
Course Description	2
Course Goal	2
Participants' Learning Objectives	2
Training Approach	3
Training Materials.....	3
Participants	3
Trainers	3
Course Duration.....	3
Evaluation Methods	3
Course Schedule	4
Chapter II	5
DAY-I	5
Introduction of participants	5
Clarification on Participant Expectations.....	5
Overview of Training and Setting Ground Rules.....	6
Pre-test of course	6
USAID Population Policy	6
Training materials: Power Point slides.....	6
Session One: Population and Family Planning in Nepal	7
Session Two: Basic Facts of Sangini DMPA.....	9
Session Three: Concept of Quality Assurance.....	10
Session Four: Counseling and Informed Choice	11
DAY -II	12
Session Five: Screening Assessment	12
Session Six: Infection Prevention (IP).....	13
Session Seven: Sangini (DMPA) injection Administration	15
Session Eight: Sexually Transmitted Infection (STI).....	16
Session Nine: Self-Assessment	17
Session Ten: Product distribution and role of Sangini Network members.....	18
Audio visual show	19
Post Test of Course	19
Closing of Training	19
Chapter-III	20
Power Point Presentation of each session.....	20
Annexes	42
Annex-III	48
Observation Checklist for Sangini (DMPA) Counseling	48
Annex-IV	50
Observation Checklist for Sangini (DMPA) Clinical Skills	50
Annex-V	51
Course Evaluation	51

Introduction

Course Description

This training course is designed for service providers- nurses, pharmacists and other paramedics. It includes basic information on the benefits of family planning and birth spacing, methods available in Nepal, and a brief chapter on Sexually Transmitted Infections (STI) and prevention of HIV/AIDS. Sangini DMPA (Depot-Medroxy Progesterone Acetate) is discussed in depth, including essential knowledge based service provision skills and management, counseling clients, managing problems, referrals, and infection prevention practices.

A participatory and task oriented training methodology includes small group discussion, demonstration, practice and role play. Pre/Post test and learning guides are included to aid the trainer in training evaluation.

Course Goal

The major goal of this course is to train participants as quality Family Planning service providers.

Course Objectives

This course has the following objectives:

- Positively influencing participant attitudes towards various family planning methods
- Providing participants with skills for counseling so that they are able to assist client in making an informed decision
- Sharing effective and standard infection prevention practices
- Teaching knowledge and skills needed for administration of pills, condom, Sangini (DMPA) and ECP
- Providing information on managing side-effects and health problems related to method usage
- Standardizing up-to-date information on family planning methods and basic FP service management knowledge.

Participants' Learning Objectives

When they complete the training participants will be able to:

- Update clients on the benefits of family planning and list all family planning methods available in Nepal.
- Describe their effectiveness, advantages/disadvantages, how to use, where to obtain and the cost of the methods available at franchised health outlets.
- Counsel potential clients on contraceptive methods and empower them to make an informed decision.
- Explain how Sangini (DMPA) prevents pregnancy.
- Explain the indications and the common side effects of Sangini (DMPA).
- Apply standard infection prevention practices that minimize the risk of transmission of serious diseases such as Hepatitis B and HIV/AIDS to clients and providers.

Chapter I

- Manage simple side effects of Sangini, identify and refer serious complication to higher centers.
- Provide Sangini (DMPA) service from Sangini Franchised Health Clinics and manage Sangini logistics (ordering and storing) properly.
- Keep records and report to NFCC and CRS staff.

Training Approach

The two days training utilizes the following approaches:

- Mini lecture
- Brain storming
- Group discussion
- Group exercise
- Role play
- Demonstration and return demonstration

Training Materials

Following training materials are mainly used:

- Flip chart papers and markers
- Sangini Trainer's Guide
- Sangini (DMPA) as well as other contraceptives and arm models
- Job Aid for pregnancy rule out
- Penis model
- Audio Visual CD
- Laptop, LCD
- Posters, flip charts
- Reference Manual for Sangini Service Providers

Participants

Ideally, there will be 15 to 20 participants in each session. Participants for this course are technicians: Health Assistants; Staff Nurses; Auxiliary Nurse Midwives; Auxiliary Health Workers; and Community Medicine Auxiliaries (CMA) working in Sangini Franchised Health Clinics or outlets.

Trainers

This training course is handled by two experienced trainers who are trained on Clinical Training Skills (CTS).

Course Duration

The course is for 2 full days from 9:30 AM to 5:00 PM (12 hours in total).

Evaluation Methods

Two kinds of evaluation take place. One is evaluation of participants before and after the course and another is evaluation of the entire course.

- Pre / post and final evaluation questionnaire

Course Schedule

Time Period	Activities
Day One	
09:00-9:15	Opening / Welcome
9:15-9:30	Introduction of participants
9:30-10:00	Clarification on participant expectations
10:00-10:15	Overview of training: objective, schedule and course materials Setting ground rule
10:15-10:30	Pre-test
10:30-10:45	Short Break
10:45-11:00	USAID Population Policy
11:00-12:30	Session 1: Introduction of Population and Family Planning in Nepal
12:30-13:30	Lunch Break
13:30-15:00	Session 2: Basic facts of Sangini (DMPA)
15:00-15:30	Session 3: Concept of Quality Assurance
15:30-16:50	Session 4: Counseling & Informed Choice
16:50-17:00	Summary of the day
Day Two	
09:00-9:30	Recap, Day Two Agenda and Warm-up
9:30-9:45	Session 5: Client Assessment
9:45-10:30	Session 6: Infection Prevention
10:30-10:40	Short Break
10:40-12:00	Session 7: Sangini (DMPA) injection administration
12:00-13:00	Lunch Break
13:00-14:00	Session 8: Sexually Transmitted Infections
14:00-14:30	Session 9: Self-assessment
14:30-14:40	Short Break
14:40-15:00	Session 10: Product distribution and role of network members
15:00-15:30	Summary/ Video film show
15:30-16:00	Post test/Course evaluation
16:00-16:30	Closing

Detail Session Plan

Day I

Introduction of participants

Time required: 15 minutes

Objective: Ice breaking among participants and trainers.

Approach: Welcome all participants. Participants will introduce themselves individually, using following criteria:

- Name (the name they are addressed by)
- Work place/address
- Working experience
- Hobby

Clarification on Participant Expectations

Time required: 30 minutes

Objective: Clarify participant expectations and course objective.

Approach: Trainer will distribute a meta card and a marker to each participant and ask them to write their expectations from the 2-day training. Allow them 5 minutes to write their expectations. Collect all the Meta cards from participants and pin them on soft board. Clarify their expectations and course objectives.

Training materials: soft board; marker pen; meta cards; masking tape or thumb pin.

Chapter II

Overview of Training and Setting Ground Rules

Time required: 15 minutes

Objective: Discuss course objectives, agenda and course materials and set ground rules.

Approach: Brief on course objective, and agenda, using power point. Share course materials. Ask participants for their ground rule recommendations so that a learning environment is created. Set three to four major ground rules, discussing and obtaining consensus from participants.

Training materials: Prepared slide or flip chart paper with course objectives.

Pre-test of course

Time required: 15 minutes

Objective: To assess the knowledge level of participants in relevant topics.

Approach: Distribute the pre-course questionnaire, ask participants to respond without interchanging ideas with their colleagues. Inform them that it is not important if they do not know the answers. They are here to learn and refresh their knowledge and skills.

Training materials: Pre-course questionnaire.

USAID Population Policy

Time required: 15 minutes

Objective: To enlighten the participants about the USAID population policy.

Approach: Brief on USAID Population Policy using PP presentation

Training materials: Power Point slides

Session One: Population and Family Planning in Nepal

Time required: 90 minutes

Objectives: By the end of the session, participants will be able to:

- Describe the status of demography, population, and family planning in Nepal.
- List the available contraceptive methods.
- Describe advantages and disadvantages, indications, contraindications of condom, and pills.
- List different types of natural family planning methods.

Content: This session covers following topics:

- Introduction of Population and Family Planning (10 minutes)
- Family Planning methods and Emergency Contraception (70 minutes)
- Natural Family Planning (10 minutes)

Training Approach: A brief Power Point presentation that describes the demography and population status in Nepal, and addresses the population problem. These topics are covered:

- Vital statistics
- Importance of family planning

Training materials: Power Point slides

Modern contraceptives:

Brainstorm: Ask participants how many FP methods are available in Nepal. List all methods suggested by participants on flip chart paper or white board.

Small group work: Divide participants into five groups. Assign each group one of the following assignments:

Group-1: Condom and Oral Pill: Definition, mode of action, effectiveness, usage, advantages/disadvantages

Group-2: IUCD: Definition, mode of action, effectiveness, usage, advantages/disadvantages

Group-3: Norplant: Definition, mode of action, effectiveness, usage, advantages/disadvantages

Group-4: Emergency Contraceptives: Definition and types, when and how to use, doses and effectiveness.

Ask them to discuss their topic in their group and write down the outcome on flip chart paper. Then ask one of the group members to make a presentation..

Finally, summarize the presentations made by participants, highlighting important points. Talk on male and female sterilization. Demonstrate use of condom on penis model. Ask one or two participants to do a redemonstration.

(60 minutes: 10 min. for group work, 5 to 7 min for each group for presentation, 25 min discussion/summary and demonstration of condom by facilitator).

Natural Family Planning:

A brief Power Point presentation (10 minutes)

- Coitus interruptus
- Calendar method
- Symptom Based Method: Two day Standard Method
- Lactational Amenorrhea Method (LAM)

Training materials: Sangini trainers guide, PP presentation; poster/flip chart; FP real objects; Penis model; flip chart paper; and marker

Session Evaluation: Observation of participants during group activity on their participation and content discussion; questions and answers.

Session Two: Basic Facts on Sangini DMPA

Time required: 75 minutes

Objective: By the end of the session, participants will be able to:

- Define Sangini.
- Identify mode of action, advantages, side effects/disadvantages and indications/precautions.
- Identify warning signs and referral conditions.
- Understand management of common side effects.
- Explain Sangini DMPA information in simple, non-technical language to potential clients.

Content: This session covers the following topics:

- Definition (5 minutes)
- Mode of action (5 minutes)
- Advantages, side effects/disadvantages, indications and precaution (20 minutes)
- Warning signs (10 minutes)
- Common side-effects and management (15 minutes)

Training Approach: Introduce Sangini program in Nepal. Define Sangini and mode of action using Power Point slides. Brainstorm and describe on advantages, side effects/disadvantages, indications/precaution of Sangini using a participatory approach. Describe warning signs and explain how to manage common side effects in a participatory way.

Training materials: Sangini reference for service provider; poster; sample of Sangini; flip chart paper; markers; LCD and laptop.

Session Evaluation: Questions and answers.

Session Three: Concept of Quality Assurance

Time required: 30 minutes

Objective: By the end of the session, participants will be able to:

- Define clients' rights and providers' needs.
- Describe clients' rights in relation to Sangini quality of care service.
- Explain the importance of displaying clients' rights poster in their clinic.

Content: This session covers the following topics:

- Defining Client Rights and Providers' Needs
- Importance of Quality in Sangini Service Delivery

Training Approach: Conduct "dreaming exercise" to take session on the following topics:

- Clients' rights
- Providers' needs

Divide participants into two panels. Ask one panel to act as client and another as service provider. Ask the client panel to dream as "what would you, as a client, expect from service provider and clinic in terms of quality service?" Ask service provider panel "how would you, as a service provider, assure that you are providing quality service to the clients who are coming to you and your clinic?" Then ask each panel to write down one or two points individually in their notebook. Ask client panel to share their expectations, and write those down on the white board. Next, ask the service providers panel their expectations and note those down on white board. At the end, discuss and highlight on "clients' rights and service providers' needs" framework using Power Point.

Simultaneously explain clients' rights in relation to Sangini Quality of Care (QoC) service with examples that includes:

- Proper information
- Access to service
- Privacy and confidentiality
- Safe Service
- Dignity and respect
- Continuity of care
- Informed choice

Show the Clients Rights poster and explain why it is necessary to display in their clinic.

Training Materials: The Training materials are: Sangini service providers' reference; client's rights poster; flip chart paper; marker; PP presentation; and laptop/LCD.

Session Evaluation: Observing the activity during group work and occasional verbal questions and answers.

Session Four: Counseling and Informed Choice

Time required: 90 minutes

Objectives: By the end of the session, participants will be able to:

- Describe counseling and informed choice.
- Describe principles of counseling.
- List steps of counseling.
- Perform counseling using ABHIBADAN approach.
- Describe importance of counseling.

Content: This session covers the following topics:

- Definition
- Principles
- Steps/ABHIBADAN Approach
- Importance

Training Approach:

Ask participants to brainstorm on "what is counseling and informed choice?" and discuss briefly. Correct the supplementary information given by participants. Briefly describe the following topics using Power Point:

- What is counseling and informed choice?
- Principles of counseling
- Importance of counseling

Show a video on counseling or demonstrate by trainers for the steps of counseling and discuss on it. Then conduct a role play on counseling for Sangini using "ABHIBADAN" approach. Make a group of three persons. Assign one participant to become a client who is visiting a Sangini Outlet for FP service. Assign another participant to become a service provider and to counsel client using ABHIBADAN approach. Ask the third one to observe and provide feedback to role players based on the observation checklist. Provide checklist to observer. Each person plays each role. At the end, give a big hand to all participants for their active participation. Then discuss on large group about experiences. Reinforce the counseling steps as per "ABHIBADAN" using slides.

Time Allocation: 20 minutes for the brainstorm / powerpoint presentation,
20 minutes for the counseling video and trainer demonstration
of counseling and
50 minutes for small group role plays / additional demonstration
if required.

Training Materials: The Training materials are: Sangini trainers guide; flip chart; FP posters; flip chart paper; markers; masking tapes; contraceptive; observation checklist; and laptop/LCD.

Session Evaluation: Verbal questions and answers; re-role play.

DAY -II

Session Five: Client Assessment

Time required: 15 minutes

Objectives: By the end of the session, participants will be able to:

- Identify potential client using Job Aid on *How to be reasonably sure that client is NOT pregnant.*
- Identify potential client's medical eligibility for Sangini
- Describe the process of screening using Job Aid.

Content: This session covers the following topics:

- What is Client Assessment?
- Objectives
- How to be Reasonably Sure that a Client is NOT Pregnant
- Clinical Assessment

Training Approach: Explain client assessment and its objectives. Discuss on how to screen client using job aid; *How to be reasonably sure that client is NOT pregnant* using Power Point and Job Aid. Explain the clinical criteria to assess whether client is eligible for Sangini injection.

Training Materials: The Training materials are Job Aid *How to be reasonable sure that client is NOT pregnant*; laptop/LCD

Session evaluation: Verbal questions and answers

Session Six: Infection Prevention (IP)

Overview of Infection Prevention

Time required: 15 minutes

Objectives: By the end of the session, participants will be able to:

- Define infection and prevention.
- Describe infection prevention objectives.
- Explain the importance of infection prevention.

Content: This session covers following topics:

- Overview of Infection Prevention
 - What is Infection Prevention?
 - Objectives
 - Importance
- Hand washing
- Disposal of sharps and waste materials

Training Approach: Define infection prevention briefly and describe its objectives using Power Point.

- Definition and Objectives
- Importance of Infection Prevention

Describe, using lecture method, the role of IP in reducing post procedure infection and minimizing the risk of Hepatitis B Virus and HIV/AIDS transmission. Explain the importance of IP.

Training materials: The Training materials are: Sangini reference manual for service providers; PP presentation; LCD; laptop; trainers guide.

Hand Washing

Time required: 10 minutes

Objectives: By the end of the session, participants will be able to:

- Explain the purpose of hand washing
- Describe the hand washing process

Training Approach: Discuss why hand washing is important. When to wash hands? How to wash hands?

- Simple hand washing
- Alcohol hand rub

(Note: Demonstration for the hand washing is in the next session)

Training Materials: The Training materials are: Sangini Manual; powerpoint slides, trainers guide.

Disposal of Sharps and Waste Management

Time required: 20 minutes

Objectives: By the end of the session, participants will be able to:

- Identify the different types of waste.
- Describe various waste disposal methods.
- Demonstrate how to use a puncture proof container.

Training Approach: Ask participants the following questions: "What does waste management mean in your opinion?" "How is waste disposed in pharmacies and clinics?" Brainstorm on waste management for a private clinic. Then, show the Power Point presentation on waste, segregation of waste, and management of different types of waste. Discuss waste disposal; whether burial or burning would be more feasible to pharmacies or clinics. Demonstrate how to use puncture proof container.

Training Materials: Training materials are: Sangini reference for service providers; waste bucket with cover; puncture proof container, and utility gloves.

Session Evaluation: Verbal questions and answers

Session Seven: Sangini (DMPA) injection Administration

Time required: 75 minutes

Objectives: By the end of the session, participants will be able to:

- Describe steps of Sangini injection.
- Demonstrate simple hand washing.
- Administer Sangini injection correctly.

Content: This session covers the following topics:

- Steps for Sangini injection
- Administering Sangini injection
 - Getting ready
 - Preparing the injection area
 - Preparing the injection
 - Post injection task

Training Approach: Demonstrate Sangini injection step by step on the arm model.

Show the video film on administration of Sangini injection, including hand washing. Encourage participants to use a personal towel to dry hand as much as possible and not to share the towel. Air dry if a clean towel is not available. Rub hands with alcohol if water is not available. Discuss how hand washing practice can be improved at their work site.

Ask participants for return demonstration. Divide participants into two large groups. Each trainer handles each group. Conduct two practical sessions simultaneously. In each group, one participant will act as a service provider, another will act as a client and the rest are all observers. The observers should act as coaches, guiding the process according to the learning guide provided to them. Participants should be given adequate time for repeated practice to achieve competency. Provide an opportunity for all participants to practice injection. Make available two sets of required materials like auto disable syringe, Sangini vial, antiseptic (rectified spirit), and cotton balls.

Discuss in panel their experiences and clarify questions if they have any. Make sure that syringes, needles, cotton wipes are disposed of correctly.

Training Materials: The Training materials are: Sangini learning guide; soap with a soap dish; towel; glycerin; and water; auto-disposable syringe; vials with water; rectified spirit; cotton balls in a container; and puncture proof container. Make sure two sets for injection supplies are available for injection practice.

Time Allocation: 20 minutes for video show and demonstration,
55 minutes for participants return demonstration, discussion and clarification.

Session Evaluation: Re-demonstration

Session Eight: Sexually Transmitted Infection (STI)

Time required: 30 minutes

Objectives: By the end of the session, participants will be able to:

- Identify common Sexually Transmitted Infections.
- Define syndromic approach.
- Treat urethral, vaginal discharge and PID.
- Identify referral cases for further treatment.

Content: This session covers the following topics:

- Definition
- Syndromic Approach
- Identification of common STIs
- Treatment
- Referral

Training Approach: Brief in aforesaid topics using the Power Point presentation. Use a participatory approach.

Training Materials: The Training materials are: Sangini reference manual for service providers; PP presentation; LCD; laptop; flip chart paper; marker, and masking tape.

Session Evaluation: Verbal questions and answers

Session Nine: Self-Assessment

Time required: 30 minutes

Objectives: By the end of the session, participants will be able to:

- Define self assessment.
- Explain the importance of self-assessment.
- Understand self-assessment techniques.

Content: This session covers the following topics:

- Definition
- Importance
- Process

Training Approach: Briefly explain in a short mini lecture, the above mentioned topics using the Power Point Presentation and the self-assessment checklist.

Training Materials: The Training materials are: self-assessment checklist; flip chart paper; marker; PP presentation; Laptop and LCD.

Session Evaluation: Verbal questions and answers

Session Ten: Product distribution and Role of Sangini Network members

Time required: 30 minutes

Objectives: By the end of the session, participants will be able to:

- Understand the CRS product distribution channel.
- Understand the role of Sangini Network members.
- Do Recording/reporting.

Content: This session covers the following topics:

- Distribution channel of CRS products
- Role of Sangini Network members
- Recording/reporting

Training Approach: Use the Power Point Presentation. Provide participants with the Sangini Logbook, contact card and brochure. Ask participants write their names on the contact card and in the logbook.

Training Materials: Training materials are: Sangini Logbook; Contact Card; Sangini brochure; flip chart paper; marker; and LCD/PP presentation.

Session Evaluation: Verbal questions and answers

Audio visual show

Time required: 30 minutes

Objective: To reinforce the QoC in service provided by Sangini network members.

Approach: Show video films and hold a discussion. Clarify any queries participants might have.

Training materials: CD; Laptop; LCD; Screen

Post test of course

Time required: 10 minutes

Objective: To assess the level of knowledge of participants in relevant topics after the training.

Approach: Distribute the post-course questionnaire, ask participants to respond without interchanging ideas with their colleagues.

Share pre and post test results. Clarify if participants have common mistakes.

Material: Post-course questionnaire.

Training Evaluation

Time required: 10 minutes

Objective: To get feedback for improvement of the next training.

Approach: Distribute the evaluation questionnaire, ask participants to respond without interchanging ideas with their colleagues.

Material: Evaluation questionnaire.

Closing of Training

Acknowledge all participants, trainers and organizers. Distribute certificates to participants.

Power Point Presentation of each session

DAY - 1

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Training Goal

The major goal of this course is to make participants able to provide quality Family Planning services.

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Training Objective

- Provide participants knowledge and skill for
 - counseling to assist client in making informed choice decision
 - effective and standard infection prevention practices
 - administration of condom, pills, Sangini (DMPA) and ECP
 - manage side effects and health problems related to method usage
 - up to date information on family planning method and basic FP service management.

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Content of Training

Day-I

- USAID Population Policy
- Introduction of Population and FP in Nepal
- Basic Facts of Sangini
- Concept of Quality Assurance
- Counseling and informed choice

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Day-II

- Client Assessment
- Infection Prevention
- Sangini (DMPA) administration
- Sexually Transmitted Infections
- Self Assessment
- CRS product distribution system and role of Sangini service provider

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Thank You !!!



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Chapter III

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US Government Policies



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The Tiahrt Amendment

- A 1999 amendment to the US Foreign Assistance act to ensure that international family planning programs receiving USAID funding operate in a voluntary manner
- Applies to:
 - Family Planning service delivery projects
 - Funds, technical assistance, commodity assistance
 - Governments, NGOs and commercial partners



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What does it require?

- No quotas or targets
- No incentives, bribes, gratuities or financial rewards for clients or program staff
- No denial of rights or benefits for not accepting family planning services methods and procedures
- Provide comprehensive information on health benefits and risks of the chosen method, plus inadvisable conditions and adverse side effects
- Full disclosure for experimental contraceptive



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No Quotas or Targets

- Prohibits use of numerical performance targets for providers and referral agents, including numbers of births, family planning acceptors and acceptors of a particular method
- Permits numerical estimates for planning
- Manufacturer, distributor, retailer sales targets permitted
- **USAID Clarification:**
 - Quota or target= a predetermined number of births, FP acceptors or acceptors of a certain method that a service provider or referral agent is required to achieve



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No Incentives or Financial Rewards

- Individuals may not be offered incentives for becoming an acceptor
- Program personnel may not receive incentives for achieving a target or quota of acceptors
- **USAID Clarification:**
 - Provider payments violate the amendment only when payment is based on a quota or target set as a predetermined number
 - **Permitted:**
 - Small-value items given to providers; special training opportunities
 - Per case payment to providers, if number not predetermined
 - Standard commercial discounts in social marketing programs



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No Denial of Rights or Benefits Based on Decision not to Accept FP

Examples

- Food assistance or health benefits not dependent upon accepting FP services
- Employment positions or privileges not limited to FP users



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Comprehensible Information

- Clients must receive comprehensible information about risks, benefits, side effects, and contraindications of their chosen method
- **Clarification:**
 - "Comprehensible" does not guarantee information is comprehended
 - Information should be provided in accordance with local standards
 - Requirements can be met through counseling, posters, and/or package inserts



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Full Disclosure for Experimental Contraceptive Methods

- ⌘ Experimental FP methods and procedures to be provided only in the context of a scientific study
- ⌘ Client's rights to informed consent to participate in the study, including the knowledge of the risks and benefits, as well as other options for services, must be ensured

USAID Clarification:

- ⌘ USAID regulations on human subjects (22 CFR 225) provide necessary guidance



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Session One

Introduction of Population and Family Planning in Nepal

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Session Content

- Introduction of Population and Family Planning
- Family Planning methods
- Emergency Contraception
- Natural Family Planning

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Population and Family Planning

- Population -26,000,000
- Annual Growth Rate -2.23 percent
- Total Fertility Rate (TFR) -3.1
- Target is to reduce TFR into 2.1 in by the end of 2017 AD

-Nepal Demographic and Health Survey 2006

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Knowledge and Use of Family Planning

- Couples willing for spacing or Sterilization 72 %
- Method users 48 %
- unmet need 24 %

-DHS survey 2006

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Advantages of Family Planning

- Decrease in Infant and Child Mortality Rate
 - Under 5 Mortality Rate - 61/1000 live birth
 - Infant Mortality Rate - 48/1000 live birth

Birth Spacing	Child Mortality Rate
less than 2 years	130
2 years	78
3 years	52
4 years	37

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Advantages of Family Planning (continue..)

- Decrease in Maternal Mortality Rate (MMR)

MMR 281 per 100,000 live birth (DHS 2006)

- Six women die in each day
- A woman die in every four hour

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Advantages of Family Planning (continue..)

- Conditions of pregnancy that is risk to mother and child
 - Pregnancy below 20 years
 - Pregnancy after 35 years
 - Multigravida more than 4 times
 - Spacing less than 2 years
 - Unsafe abortion for unwanted pregnancy
- Provides more resources to each planned child.
- Ensures healthier and happier family life.

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Family Planning Methods

Temporary:

- Condom
- Oral Contraceptives (Pills)
- IUCD (Copper T)
- Norplant
- Depot Medroxy-progesterone Acetate (DMPA) Sangini

Permanent:

- No Scalpel Vasectomy (Male Sterilization)
- Minilap (Female Sterilization)

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Group Discussion



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Condom

- Condom is only one temporary contraceptive for male
- 98 % effective when use properly



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Advantages

- Not only for Family Planning but also prevents sexually transmitted infections like AIDS/HIV
- Easily accessible and use
- Cost effectiveness and cost benefit

Disadvantages

- Few people complain on sexual dissatisfaction
- Can break if not used properly and that decrease in it's effectiveness
- Require to use new condom in each sexual contact

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Oral Contraceptives (Pills)

- Composed of both estrogen and progesterone hormone
- Effectiveness 99 %

Mechanism of Action

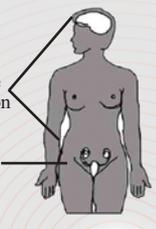
- Suppress ovulation
- Thickens cervical mucus
- Change endometrium



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Mechanism of Action of Hormonal Methods



Suppression of hormones responsible for ovulation, thus suppressing ovulation

Thickening of cervical mucus thus blocking sperm

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Advantages:

- Effective
- Easy to use
- Do not interfere with intercourse
- May improve anaemia and protect against some cancers
- Decrease menstrual bleeding in both volume and time period
- Decrease menstrual cramp
- Regular menstruation

Disadvantages:

- Required to take each day
- May have some minor side effects
- Is not appropriate for breast feeding mothers – women who are fully breastfeeding a baby less than 6 months of age
- Is not appropriate for woman who smokes more than 10 cigarettes a day and is over 35 years

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Managing missed Pills (continue..)

If missed one or two pills:

- Take a missed Pill as soon as possible
- Continue taking pills, one each day

If missed three or more Pills in the 1st or 2nd week

- Take a hormonal pill as soon as possible
- Use a back up method for next 7 days
- If she had sex in the past 5 days, can consider ECPs

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Managing missed Pills

If missed three or more Pills in the 3rd week

- Take a hormonal pill as soon as possible
- Finish all hormonal pills in the pack. Throw away the 7 non hormonal pills (iron tablets)
- Start a new pack the next day
- Use a back up method for next 7 days
- If she had sex in the past 5 days, can consider ECPs

Norplant

- Six thin flexible capsules are inserted just under the skin
- It has progesterone hormone
- Mechanism of action is same as the oral pills
- Works for 7 years
- Effectiveness 99 %



Advantages:

- Highly reliable
- Easy to use
- Long term method
- Immediate return of fertility on removal
- Can use after postpartum
- Can use by breast feeding women

Disadvantages:

- Irregular bleeding but no any risk
- Do not protect STIs
- Require trained provider for insertion and removal
- Do not available everywhere

Jedelle

- Jedelle is two rods implant
- Is kept in "V" shape in arm as Norplant
- Works for 5 years
- It has progesterone hormone
- Mechanism of action and side effects are same as that of Norplant
- Generally easier to insert and remove.



IUCD Copper T 380 A

- Small flexible device made of plastic covered by copper with English letter T shaped
- Interfere with ability of sperm to pass through uterine cavity and fuse with ovum
- Effective for 12 years once inserted
- Effectiveness 99.6 %



Advantages:

- Highly effective
- Easy to use
- Long term benefit for 12 years
- Do not interfere with intercourse
- Return fertility immediately on removal
- More appropriate for breast feeding women
- Woman suffering from hormonal side effect can use it

Disadvantages

- May occur heavy menstrual bleeding initially
- Not appropriate for women susceptible to STIs and HIV
- May expel it spontaneously
- Require trained provider for insertion and removal

Male Sterilization (No Scalpel Vasectomy)

It is the vasectomy, a simple operation done without using any scalpel by trained doctor

- The tubes leading from the testicles to the penis, (the vas deferens, along which sperm travel) is blocked.
- After vasectomy, men can work normally as before
- Does not affect in sexual pleasure
- Not effective immediately: contraception or abstinence needed for 3 months continuously



Female Sterilization (Minilap)

- A small surgery
- By blocking fallopian tubes so that egg can not travel from ovary to uterus
- Can be performed anytime if client is not pregnant
- Small incision is made in the lower abdomen for this operation
- Can be done right after delivery as well



Advantages

- Very good method for those who do not need children
- Performed with simple and small surgery
- Highly reliable
- Once operated it is for life long

Disadvantages

- Very difficult for re canalization
- Required trained manpower
- Do not protect STI and AIDS



Natural family planning

- Coitus Interruptus (Withdrawal) Method
- Calender (Rhythm) Method
- Lactational Amenorrhoea Method (LAM)
- Symptom Based Method (Two Day Method)



Natural Family Planning methods

Advantages:

- Independent of supplies and disruptions
- Can be used in conjunction with more effective methods during fertile periods
- No significant side effects
- Involves close attention to body's natural signals or functions (e.g. breast feeding)
- Encourages close cooperation and communication with partner

Disadvantages:

- Less effective (especially with typical use)
- Requires cooperation in husband and wife
- Many misconceptions regarding fertile period



Emergency Contraception

- Prevent pregnancy from unsafe sexual intercourse
- Easily available
- Prevent unwanted pregnancy
- Decrease maternal mortality



Classification of Emergency Contraception

- Emergency Contraceptive Pill (ECP)
- Intra Uterine Copper Device (IUCD)



Emergency Contraceptive Pills (ECP)

Emergency Contraceptive Pill is used to prevent uncertain pregnancy occurred from unplanned or unprotected sex



Conditions to use ECPs

- Useful when contraceptives are not used, or used incorrectly
 - Forget to take Pills continuously for 3 days
 - Delay of Depo (DMPA) more than 14 days
 - Miscalculation of periodic abstinence method
 - Ejaculation inside vagina
- When the woman has been a victim of sexual assault
- When condom ruptures or breaks or is not used
- When the woman has been a victim of sexual assault
- When condom ruptures or breaks or is not used



When to take Emergency Contraceptive Pills?

- When woman is not willing to continue possible conception due to unprotected sexual intercourse
- As soon as possible after the unprotected sexual intercourse increases effectiveness
- Within 120 hours (up to 5 days) of unprotected sexual intercourse



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Is Emergency Contraceptive safe?

- Even women who are not eligible for Pills, can use it
- Lactating mothers also can use it

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How does ECP work?

- Delays release of an egg from the ovary by several days
- Block fertilization of ovum
- Does NOT work if sperm and ovum have already implanted in the uterus

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Effectiveness of ECP

For a woman who has unsafe sex within the second and third week of her menstruation, using ECP has:

- 98 percent effectiveness in case of Combined Oral Pills
- 99 percent effectiveness in case of Postiner-2

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What kinds of ECPs are available in Nepal?

- Postiner-2
- Combined Oral Contraceptive Pills (Nilocon White and Sunaluo Gulaf)

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How and How much to use ECP?

Name of Pills	First dose (Within 120 hrs of unsafe sex)	Second dose (12hrs after first dose)
Nilocon White or Sunaluo Gulaf	●●●● 4 tablets	●●●● 4 tablets
Postiner-2	● 1 tablet	● 1 tablet
Postiner-2 (Conventional dose)	●● 2 tablets	

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EC within 5 days of unprotected sex

- The uncertain pregnancy can be prevented inserting IUCD if woman has unprotected sexual intercourse with in 5 days.
- Woman can continue IUCD if she wants.

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Session Two

Basic Facts of "Sangini" Depot Medroxy Progesterone Acetate (DMPA)

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Session Content

- Definition
- Mode of Action
- Advantages/Disadvantages
- Indication and Precaution
- Warning signs
- Common side effects and management

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What is "Sangini"?

- "Sangini" trade name for Depot Medroxy-progesterone Acetate 150 mg
- Prevents conception for 3 months
- Effectiveness is 99.7 percent when taken in every 3 months



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Mechanism of Action

- Suppress ovulation
- Thickens cervical mucus
- Change endometrium

It acts after 12 hours of injection

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Time interval for Sangini injection

- Every three months
- But can also be administered 2 weeks before to complete 3 months and 2 weeks after completion of 3 months

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When to start Sangini first injection?

- Within 7 days of menstruation
- Ensuring that she is not pregnant
- If she is using LAM (less than 6 months and has not returned her monthly bleeding), then:
 - any time between 6 weeks and 6 months if her monthly bleeding has not returned or
 - Just before she starts weaning the baby and stops exclusive breast feeding or

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When to start Sangini first injection?

- If she is using LAM (more than 6 months and has not returned her monthly bleeding), then:
 - it can be administered anytime it is reasonably certain she is not pregnant, she will need a back up method for first 7 days after the injection
 - if her monthly bleeding has returned, she can start as advised for women having menstrual cycle

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When to start Sangini first injection?

- If she is exclusively breast feeding, but interested in using Sangini for additional protection, then she can take injection after 6 weeks of delivery.
- If she is not a lactating mother, she can take injection as soon as 3 weeks after delivery
- soon after or within 7 days of abortion

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<i>Advantages</i>	<i>Other advantages</i>
<ul style="list-style-type: none"> ▪ Highly effective, safe, easy to use and reversible ▪ Effective for 3 months ▪ Privacy ▪ Useful for lactating mothers ▪ Can be used by woman over 35 years who smoke ▪ Decrease PID ▪ Beneficial for anaemic woman 	<ul style="list-style-type: none"> • Decreases chances of conception outside uterus • Protects against endometriosis, ovarian cyst, ovarian cancer, uterine fibroid, lumps in breast etc

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Disadvantages:

- Changes to menstrual bleeding are common and cause anxiety, but are not harmful:
 - Irregular and heavy bleeding for some women until 6 months of use
 - Menstrual periods often stop completely after 9 to 12 months of use
- Return of fertility can be delayed after stopping injection (10 months on average from last injection)
- Some women experience headache (generally mild) and depression at the beginning
- Weight gain is likely using depo-Provera.
- Most side effects are most marked at the beginning, and diminish or disappear with time
- Do not protect from STIs and AIDS

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Who can use Sangini injection?

- 15 to 49 years women who are not pregnant
- Woman who can not use contraceptives containing oestrogen such as combined oral pills
- who is over 35 and smoker
- who neither want to have more children nor want to do permanent operation
- Who are not satisfied with other methods
- Who wants to keep privacy
- Who wants to use reliable and easier method
- Who are or have been anaemic
- who are HIV+, whether or not on anti-retroviral medication

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Who should take precaution when using Sangini?

- Pregnant and doubt for pregnancy
- Lumps in breast
- Abnormal bleeding during menstruation
- Clinically apparent liver disease
- Poorly controlled high blood pressure
- Diabetes
- Severe headache
- Depression

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Side Effects of Sangini

- Irregular bleeding and spotting within first 3 to 6 months of menstruation
- may stop menstruation after using 9 to 12 months
- Headache
- Depression
- Weight gain

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Warning Signs:

The followings are the conditions which may require immediate treatment

- Heavy bleeding
- Severe headache
- Severe lower abdominal pain
- Depression

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Management and Treatment of Sangini Side Effects:

Light bleeding/Spotting

- Inform client that light bleeding/spotting is normal at the beginning and it does not effect health
- If client is not comfortable give one packet OC (Sunaulo Gulaf of Nilocon White)

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Heavy Bleeding

- Identify cause of heavy bleeding
- Give OC (Nilocon White or Sunaulo Gulaf) 1 tab per day for 3 weeks
- If not recovered then refer to Doctor

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Amenorrhoea

- Inform that amenorrhea while using Sangini is normal side effect and does not require to do pregnancy test
- Brief on benefits to health if menstruation stop

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Thank You!!!

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Session Three

Concept of Quality Assurance

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Session Content

- Define Clients' Right and Providers' Need
- Importance of Quality in Sangini Service Deliver

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What is Quality in FP service?

Clients get full information and counseling from trained service providers so they are able to chose contraceptives by themselves in quality FP service delivery.

Fulfills client's expectations and needs based on their interest, medical standard, available resources and environment. In addition, it also attracts potential clients.

Fulfills client's rights and service provider's needs.

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Advantages of Quality FP service

- Increases in clients flow in the clinic
- Satisfies clients in service provided
- Increases self satisfaction in service providers
- Recognizes name of clinic
- Strengthens relationship between client and service provider
- Provides safe service
- Helps clinic to be independent and sustainable

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<h3>Client's Rights</h3> <ul style="list-style-type: none"> ▪ Information ▪ Accessibility to service ▪ Informed choice ▪ Safety ▪ Privacy and confidentiality ▪ Respect, expression of opinion and rest ▪ Continuity of service 	<h3>Service Provider's Needs</h3> <ul style="list-style-type: none"> ▪ Logistics/supplies and proper place for service delivery ▪ Management and supervision ▪ Infection Prevention ▪ Training
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Thank You!!!



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Session Four

Counseling and Informed Choice

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Session Content

- What is counseling and Informed Choice?
- Principles of Counseling
- Importance of Counseling
- Steps of Counseling

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Counseling and informed Choice

A process of two way communication which help client to be able to decide on his or her fertility based on complete information obtained.

Client obtains complete information through good counseling which helps him or her to be able to decide voluntarily on his or her own interest.

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Principles of Counseling

- Counseling is conducted in a respectful way using interpersonal communication process that seeks to understand the clients needs and personal circumstances
- Decisions are based on complete and accurate information and must be made free of pressure, intimidation, enticements, coercion or incentives
- Enables client to recognize and use of individual rights
- The discussions during counseling must never be shared with other staff or visitors without client's consent to keep confidentiality
- Verbal consensus is required to ensure client made decision on their own knowing complete and accurate information on FP before providing FP method

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Strategies to support Informed Choice

- Provide information on a variety of methods
- Conduct in a private, comfortable setting that fosters trust
- Focus on client's needs
- Adhere to client's rights and social equality
- Exhibit respect and mutual understanding

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Importance of Counseling

- Increase in number of satisfied clients
- Able to chose an appropriate method
- Use contraceptives effectively
- Increase in continue use or methods
- Eliminate rumor and negative attitudes

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Steps of Counseling " ABHIBADAN"

"A" Step

- Greet the client
- Offer the client a seat
- Ask the client why she has come to the clinic

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Steps of Counseling " ABHIBADAN"

"BHI" Steps

- Obtain Medical History (relevant to methods woman is interested in)
 - Diabetic
 - Jaundice
 - Heart Disease
- Obtain Menstrual History:
 - LMP
 - Menstrual pattern (duration, scanty, heavy)

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Steps of Counseling " ABHIBADAN"

- **"BA" Steps**
- Tell the client about method available
 - mode of action, advantage, disadvantage and side effects
- STD and HIV infection prevention
- Help the client make a decision
- Explain to the client how to use the chosen method.

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Steps of Counseling " ABHIBADAN"

"DA" Step

- Correctly explain the warning signs
- Correctly explain what to do with the client's experiences a warning sign
- Ask the client to repeat all instructions in her own words.

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Steps of Counseling " ABHIBADAN"

"NA" Steps

- Encourage the client to return at anytime she has any questions or problems.
- Politely say goodbye to the client and invite her/him to return again.

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Role play on Counseling

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Day End

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Two-day Sangini Basic Training

Day II

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Content

- Client assessment
- Infection Prevention
- Sangini (DMPA) administration
- Sexually Transmitted Infections
- Self-assessment
- CRS distribution system and role of Sangini members

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Thank You !!!



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Session Five

Client Assessment

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Session Content

- What is client assessment?
- Objective
- How to be Reasonably Sure that a Client is NOT Pregnant
- Clinical Assessment

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What is Client Assessment?

It is a process to determine client is pregnant or not, eligible for chosen method or not for contraceptive use.

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Objective

The objective of client assessment is to determine:

- Client is not pregnant
- Client is eligible for the chosen method
- Whether client has any medical problem

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How to be reasonably sure that the client is NOT pregnant

You can be reasonably sure that the client is not pregnant if she has no symptoms of pregnancy and

- has not had intercourse since last menses
- has been correctly and consistently using another reliable method
- is within the first 7 days after the start of her menses
- is within 4 weeks of postpartum (for non-breast feeding women)
- is within the first 7 days of miscarriage or abortion
- is less than 6 months postpartum, is fully breast feeding and has had no menses since delivery

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Clinical Assessment:

Ask the client if she has any of the following

• Breast lump or cancer	• Diabetes
• Unexplained vaginal bleeding	• High Blood Pressure (more than 160/90)
• Jaundice	• Severe headache
	• Depression

If she has none of these conditions then client is eligible for use of Sangini

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Thank You !!!



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Session Six

Infection Prevention (IP)

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Session Content

- Overview of Infection Prevention
 - What is Infection Prevention?
 - Objective
 - importance
- Hand washing
- Disposal of sharps and waste materials

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What is Infection Prevention?

- Prevent transmission of any communicable diseases to clients, patients and service providers and other staff members.
- Provide safety to clients and service providers following standard Infection Prevention remedies.

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Objective

The main objective is to protect clients, patients, service providers and other staff from transmission of any kind of communicable diseases while providing service

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Importance of Infection Prevention

- One of the major component of Quality of Care
- Protects clients, patients and service providers from life threatening and other communicable diseases
- Prevents transmission of non-curable diseases like HIV/AIDS and Hepatitis B from one person to another.
- Help clients to be satisfied with service using the standard IP practice and build trust with service provider

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How do you feel this facility?



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Remedies of Infection Prevention

- Hand washing
- Proper disposal of sharps and waste management

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Hand Washing

Why is hand washing important?

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Hand Washing Procedure

- Simple hand washing
- Alcohol hand rub



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Simple Hand Washing Procedure

- Wet both hands with clean water
- Rub both hands with soap and water for 15-30 seconds
- Rinse with clean water
- Soak with clean towel or dry air




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Alcohol Hand Rub

- Mix 2ml glycerin in 100 ml Rectified Spirit (60-90%) to prevent cracks in hands.
- Take 3.5 ml or one tea spoonful rectified spirit with glycerin.
- Rub in both hand until it dries.
- Alcohol hand rub is not appropriate if hands are visibly soiled – they must be washed with soap and water.
- Should wash with soap and water in every 5-10 alcohol hand washing



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What do you (service providers) do in your Sangini Clinic/Facility now?

- Set hand washing corner in the clinic
- Equip with bucket with tap, bucket, soap and clean towel
- If water not available, prepare rectified spirit solution mix with glycerin as mentioned above
- Practice hand washing before and after sangini injection



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Disposal of Sharps and Waste Management

Objectives

- To prevent infection
- To protect from accident and injury caused by waste
- Keep healthy environment at working site/Sangini clinic
- Prevent odour produce from waste
- Prevent problems from flies, insects, mouse, dogs and other animals attracted by waste



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Types of waste

- General or non contaminated waste
- Contaminated waste




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Disposal of Sharps

- Dispose soiled needle and syringe into puncture proof container right after use.
- Do not bend or separate needle syringe.
- If you play them, it increases risk.
- Keep PPC in the convenient place near to service delivery site
- Most of the accidents from injection occurs after injection and before disposal of sharps
- Do not keep PPC with full of sharps. Dispose it when it is filled with 2/3rd space



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Types of PPC



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Session Seven

"Sangini" (DMPA) Injection Administration

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Session Content

- Steps for Sangini injection
- Administer Sangini injection
 - Getting ready
 - Preparing the injection site
 - Preparing the injection
 - Post injection task

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Steps of Sangini Injection

Step-1 Getting Ready

- Gather necessary equipments
- Check expiry dates on Sangini (DMPA) vial
- Position the client appropriately



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Step-2 Preparing for injection site

- Wash hand with soap and water and dry
- Clean skin with cotton and rectified spirit (alcohol) wiping with a circular motion moving outwards from the injection site.
- Allow skin to dry before giving the injection

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Step-3 Preparing the injection

- Shake the vial of Sangini thoroughly and gently
- Remove plastic cover from vial without touching the rubber stopper.
- Open the sterile pack containing AD needle / syringe
- Insert needle through rubber stopper and turn vial upside down and draw fluid into the syringe.
- Remove the needle from vial and hold the syringe vertically and force air bubbles out the syringe using the plunger gently

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Step-4 Giving the injection

- Insert the needle into muscles (deltoid on arm or upper outer quadrant of gluteal area)
- Slowly pull back on plunger before injecting to check for appropriate placement of needle.
- If not blood seen, inject Sangini (DMPA) slowly and remove needle

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Step-5 Post Injection Task

- Apply pressure to injection site with cotton, but do not rub
- Discard assembled needle and syringe into a puncture proof container
- Wash hand thoroughly with soap and water



Step-6 Post Injection Counsel/ Client instruction

- Instruct client to return for another injection in 12 weeks; give exact appointment date
- Explain side effects
- Encourage clients to return if she has side effects or problem with bleeding.
- Instruct client about warning signs and need to return to clinic



Thank You !!!



Session Eight

Sexually Transmitted Infection (STI)



Session Content

- Definition
- Syndromic Approach
- Identification of common STI
- Treatment
- Referral



What is Sexually Transmitted Infection (STI)?

Sexually Transmitted Infections are infectious diseases that are transmitted through:

- Unsafe sexual contact with infected person
 - Infected blood and blood products
 - Using un-sterilized needles and equipments
 - Infected mother to newly born baby



Types of STIs

Based on discharge

- Bacterial Vaginosis
- Candidiasis
- Trichomoniasis
- Gonorrhoea
- Chlamydia
- Genital Herpes

HIV/AIDS

Genital Ulcer:

- Chancroid
- Syphilis
- Lymphogranuloma Venereum
- Granuloma Inguinale
- Herpes Genitalis
- Genital Wart



Gonorrhoea in male Gonorrhoea in Female



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Herpes in male **Herpes in Female**



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Chancroid Male - regional adenopathy



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Primary syphilis - chancre of anus



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Secondary syphilis **Congenital syphilis - perforation of palate**



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LGV lymphadenopathy



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Syndromic Treatment

The syndromic treatment follows the principle of

- Prescribing single dose as possible
- Effective treatment and
- Complete treatment

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WELL

W - Welcome
E - Encouragement to talk
L - Look at the patient
L - Listen carefully

History taking
Physical examination
Syndromic treatment

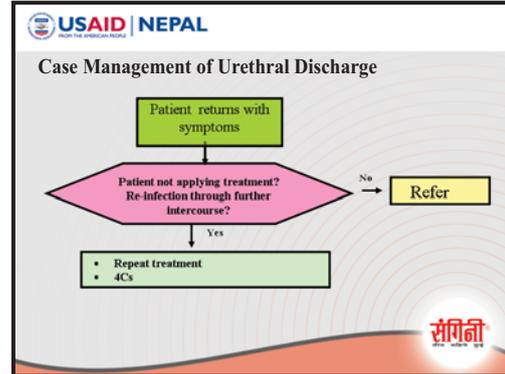
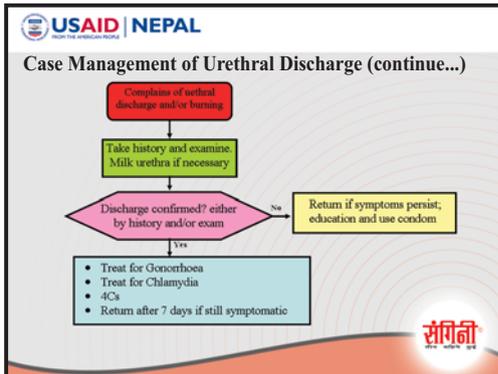
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The 4 "C"s

- C - compliance/complete Treatment
- C - client education/Counseling
- C - contact tracing & Treatment
- C - condom promotion

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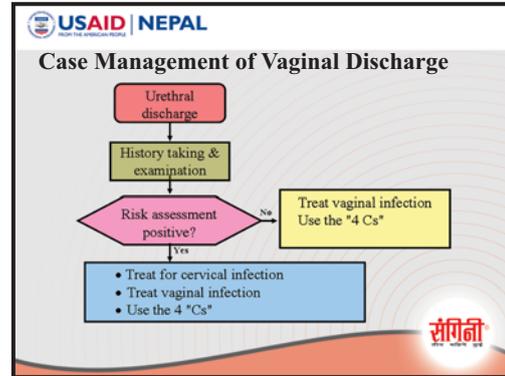
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Recommended Treatment

Urethra Discharge Syndrome

- Azithromycine 1 gm oral single dose **plus**
- Cefixime 400 mg oral single dose **or**
- Ceftriaxone 250 mg IM single dose **or**
- Spectinomycin 2g IM single dose

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Recommended Treatment

Cervicitis Treatment:

- Azithromycin 1g oral single dose **plus**
- Cefixime 400 mg single oral dose **or**
- Ceftriaxone 250 mg IM single dose **plus**
- Tinidazole 2gm single oral dose **or**
- Metronidazole 400mg, 3 times daily for 7 days **plus**
- Fluconazole 150 mg oral single dose **or**
- Clotrimazole 200 mg vaginal pessary each night for 3 nights

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Recommended Treatment

Vaginitis Treatment:

- Tinidazole 2gm single oral dose **or**
- Metronidazole 400mg, 3 times daily for 7 days **plus**
- Fluconazole 150 mg oral single dose **or**
- Clotrimazole 200 mg vaginal pessary each night for 3 nights

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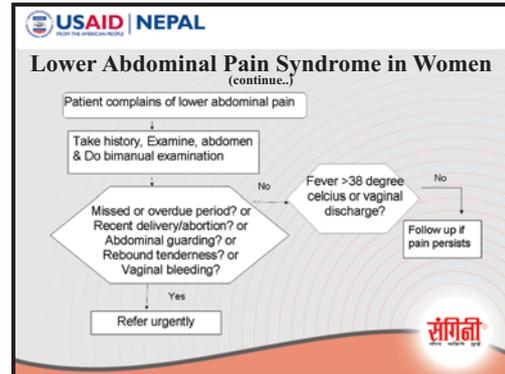
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Lower Abdominal Pain Syndrome

Types of micro-organisms

- Neisseria gonorrhoea
- Chlamydia trachomatis
- Anaerobic bacteria

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Lower Abdominal Pain Syndrome in Women

```

    graph TD
      A{Fever >38 degree celcius or vaginal discharge?} -- yes --> B["•Treat for PID  
•4 Cs  
•Follow up in 3-7 days or sooner if necessary"]
      A -- No --> C[Refer urgently]
      B --> D{Improved?}
      D -- Yes --> E[Continue treatment]
      D -- No --> C
  
```

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Recommended Treatment

Treatment for Outpatient

- Cefixime 400 mg single oral dose **or**
- Ceftriaxone 250 mg IM single dose **plus**
- Doxycycline 100mg, 2 times daily for 14 days
- Azithromycin 1g oral single dose **plus**
- Metronidazole 400mg, three times daily for 14 days
- Fluconazole 150 mg oral single dose

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Thank You !!!

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Session Nine

Self-Assessment

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Session Content

- Definition
- Importance
- Process

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What is self-assessment?

It is a process of assessment of own performance by own-self with a help of self-assessment tool to improve in quality service delivery.

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Why is self-assessment important?

- It is a part of quality improvement
- Satisfies clients
- Increases client flow in the clinic
- Increases self satisfaction

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```

    graph TD
      A[Expected service based on the assessment tool] --> B[Find out Gap]
      C[Existing service] --> B
      B --> D[Main causes]
      D --> E[Plan of action]
      E --> F[Evaluation]
      F --> C
  
```

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Session Ten

CRS distribution system
and
Role of Sangini network members

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Session Content

- Distribution channel of CRS product
- Role of Sangini network members
- Recording/reporting

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Distribution channel
of
CRS products

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Role of Sangini Network Members



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Recording/Reporting

How to fill Sangini Logbook?

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"Sangini" Network Service Delivery

<p>Service Provider (Role)</p> <p>Quality service delivery</p> <ul style="list-style-type: none"> •Clinic/Pharmacy set up •Counseling/informed Choice •Screening •Infection Prevention •Injection/Service •Post counseling •Recording/reporting •Self-evaluation <p>Purchase/Order</p>	<p>Service Delivery</p> <p>Condom Pills Depo EC ORS CDK STI</p>	<p>Organization Support</p> <p>Training Support Visit/ Onsite coaching Supplies Review Meeting</p>
---	--	---

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NFCC Monitoring/Support Visit



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CRS Monitoring/Support Visit



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Video show and discussion
Post test
Course Evaluation
Closing

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Day End
Thank You !!!



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Annex-I Pre-course questionnaire

Participant 's Name:

Tick (✓) if the statement is true and tick (X) if the statement is false in the answer column.

S.N.	Statement	True	False
1	Family Planning counseling is giving information regarding the benefits of family planning.		
2	The main focus of family planning counseling is on the feelings and needs of the client.		
3	Sangini (DMPA) is composed of estrogen.		
4	Mechanism of action of Sangini is only inhibition of ovulation.		
5	The standard dose and schedule for Sangini (DMPA) is 150mg every 8 weeks.		
6	The dose of Sangini (DMPA) depends on the weight of the client.		
7	Sangini can be initiated anytime that pregnancy is ruled out.		
8	You may safely give a subsequent Sangini (DMPA) injection to a woman who comes back 14 weeks after the previous injection.		
9	After completing the cycle woman should wait another 5 days to continue subsequent cycles of Pill.		
10	If the chosen contraceptive method is not available for the client, give the contraceptive method which is available in your facility.		
11	A good quality for a counselor is to listen attentively.		
12	Hand washing is the most important practice in infection prevention.		
13	To properly dispose of used disposable needles and syringes, the needles should be recapped and thrown into the garbage.		
14	Condoms are highly effective in preventing pregnancy.		
15	The most common side-effect of Sangini (DMPA) injection is changes in menstrual cycle.		
16	Depo-provera is the trade name for depot- medroxy progesterone acetate.		
17	Vomiting is not a possible side-effect of emergency contraception.		
18	A new oral contraceptive user should begin taking her first pack of pills within the first 7 days of her menstrual cycle.		
19	A possible sign of STI in a woman is lower abdominal pain.		
20	Emergency Contraception can abort established pregnancy.		

Annex - I

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Pre course answer sheet

Participants' Name:

Tick (✓) if the statement is true and tick (X) if the statement is false in the answer column.

S.N.	Statement	Answer
1	Family Planning counseling is giving information regarding the benefits of family planning.	✗
2	The main focus of family planning counseling is on the feelings and needs of the client.	✓
3	Sangini (DMPA) is composed of estrogen.	✗
4	Mechanism of action of Sangini is only inhibition of ovulation.	✗
5	The standard dose and schedule for Sangini (DMPA) is 150mg every 8 weeks.	✗
6	The dose of Sangini (DMPA) depends on the weight of the client.	✗
7	Sangini can be initiated anytime that pregnancy is ruled out.	✓
8	You may safely give a subsequent Sangini (DMPA) injection to a woman who comes back 14 weeks after the previous injection.	✓
9	After completing the cycle woman should wait another 5 days to continue subsequent cycles of Pill.	✗
10	If the chosen contraceptive method is not available for the client, give the contraceptive method which is available in your facility.	✗
11	A good quality for a counselor is to listen attentively.	✓
12	Hand washing is the most important practice in infection prevention.	✓
13	To properly dispose of used disposable needles and syringes, the needles should be recapped and thrown into the garbage.	✗
14	Condoms are highly effective in preventing pregnancy.	✓
15	The most common side-effect of Sangini (DMPA) injection is changes in menstrual cycle.	✓
16	Depo-provera/Sangini is the trade name for depot- medroxy progesterone acetate.	✓
17	Vomiting is not a possible side-effect of emergency contraception.	✗
18	A new oral contraceptive user should begin taking her first pack of pills within the first 7 days of her menstrual cycle.	✗
19	A possible sign of STI in a woman is lower abdominal pain.	✓
20	Emergency Contraception can abort established pregnancy.	✗

Post course questionnaire

1. Family Planning counseling is:
 - a. Giving information on the benefits of family planning.
 - b. Promoting the use of family planning methods
 - c. A two way communication between counselor and client that focuses on the client's needs and feelings, and that helps the client make decisions about the best methods of contraception.
 - d. Objective and honest advice from the provider about which method the client should use.
2. The main focus of family planning counseling is on the:
 - a. Feelings and needs of the client
 - b. Methods that are available in the pharmacy
 - c. Rules and regulations of the clinic
 - d. Family planning program and its objectives
3. Good qualities for a counselor are:
 - a. Listening attentively
 - b. Encouraging the client to ask questions
 - c. Using positive non verbal communication
 - d. All of the above
4. Sangini (DMPA) is composed of:
 - a. Estrogen only
 - b. Progesterone only
 - c. A combination of estrogen and progesterone
 - d. None of the above
5. Mechanism of action of Sangini is:
 - a. Inhibition of Ovulation
 - b. Thickening of cervical mucus
 - c. Atrophic endometrium.
 - d. All of the above
6. The standard dose and schedule for Sangini (DMPA) is:
 - a. 150mg. every week
 - b. 100mg. every 12 weeks
 - c. 150mg. every 8 weeks
 - d. None of the above
7. The dose of Sangini (DMPA) depends on:
 - a. The age of the client
 - b. Parity of the client
 - c. Weight of the client
 - d. None of the above
8. When to initiate Sangini:
 - a. Within 7 days of menstruation
 - b. Anytime that pregnancy is ruled out
 - c. The 6 weeks post partum of breast feeding
 - d. All of the above
9. You may give a subsequent Sangini (DMPA) injection to a woman if incase she comes back at:
 - a. 10 weeks after the previous injection
 - b. 12 weeks after the previous injection
 - c. 14 weeks after the previous injection
 - d. All of the above

Annex - II

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10. During menstruation a woman is :
 - a. Most likely to become pregnant
 - b. Can not undergo for sterilization
 - c. Should wait for 7 days before starting contraceptive pills
 - d. Can safely use Sangini (DMPA)
11. If the chosen contraceptive method is not available for the client:
 - a. Refer client to a facility where the chosen method is available
 - b. Give a contraceptive method that is available in your facility
 - c. Do not give a contraceptive method
 - d. Do not say anything
12. Hand washing
 - a. Is the most important practice in infection prevention.
 - b. Is not necessary after removing gloves.
 - c. Cannot be done if there is no running water in the facility.
 - d. No need to wash hands.
13. To properly dispose of used disposable needles and syringes, the needles should be:
 - a. Recapped and thrown into the garbage
 - b. Bent or broken
 - c. Disposed of in puncture proof container
 - d. Flushed with water and removed from syringe
14. An advantage of condoms is:
 - a. They never break or tear
 - b. They are inexpensive and generally available
 - c. Any type of lubricant can be used with them
 - d. They are less effective in preventing pregnancy
15. The most common side-effect of Sangini (DMPA) injection is:
 - a. Changes in menstrual cycle
 - b. Severe migraine headache
 - c. High blood pressure
 - d. Jaundice and liver damage
16. Depo-Provera/Sangini is the trade name for
 - a. Combined oral contraceptives pills.
 - b. Depot- medroxy progesterone acetate
 - c. A brand of mini spermicidal pills
 - d. Progestin only mini pills
17. Which of the following is not a possible side effect of emergency contraception?
 - a. Nausea
 - b. Amenorrhea
 - c. Menstrual spotting
 - d. Vomiting
18. A new oral contraceptive user should begin taking her first pack of pills
 - a. Within the first 5 days her menstrual cycle
 - b. Only on the first day of her menstrual period
 - c. When she finishes her menstrual period
 - d. Whenever it is convenient for her
19. A possible sign of STI in a woman is:
 - a. Leg ulcer with swelling
 - b. Chest pain with shortness of breath
 - c. Absence of period
 - d. Lower abdominal pain
20. Emergency Contraception
 - a. Can prevent pregnancy
 - b. Not useful if woman is already pregnant
 - c. Aborts established pregnancy
 - d. Can be used continuously

Post-course answers

(Note: answers are in italics)

1. Family Planning counseling is:
 - a. Giving information on the benefits of family planning.
 - b. Promoting the use of family planning methods
 - c. *A two way communication between counselor and client that focuses on the client's needs and feelings, and that helps the client make decisions about the best methods of contraception.*
 - d. Objective and honest advice from the provider about which method the client should use.
2. The main focus of family planning counseling is on the:
 - a. *Feelings and needs of the client*
 - b. Methods that are available in the pharmacy
 - c. Rules and regulations of the clinic
 - d. Family planning program and its objectives
3. Good qualities for a counselor are:
 - a. Listening attentively
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 - d. *All of the above*
4. Sangini (DMPA) is composed of:
 - a. Estrogen only
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 - c. A combination of estrogen and progesterone
 - d. None of the above
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 - a. Inhibition of Ovulation
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 - c. Atrophic endometrium.
 - d. *All of the above*
6. The standard dose and schedule for Sangini (DMPA) is:
 - a. 150mg. every week
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 - c. 150mg. every 8 weeks
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7. The dose of Sangini (DMPA) depends on:
 - a. The age of the client
 - b. Parity of the client
 - c. Weight of the client
 - d. *None of the above*
8. When to initiate Sangini:
 - a. Within 7 days of menstruation
 - b. Anytime that pregnancy is ruled out
 - c. The 6 weeks post partum of breast feeding
 - d. *All of the above*
9. You may give a subsequent Sangini (DMPA) injection to a woman if incase she comes back at:
 - a. 10 weeks after the previous injection
 - b. 12 weeks after the previous injection
 - c. 14 weeks after the previous injection
 - d. *All of the above*

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10. During menstruation a woman is :
 - a. Most likely to become pregnant
 - b. Can not undergo for sterilization
 - c. Should wait for 7 days before starting contraceptive pills
 - d. *Can safely use Sangini (DMPA)*
11. If the chosen contraceptive method is not available for the client:
 - a. *Refer client to a facility where the chosen method is available*
 - b. Give a contraceptive method that is available in your facility
 - c. Do not give a contraceptive method
 - d. Do not say anything
12. Hand washing
 - a. *Is the most important practice in infection prevention.*
 - b. Is not necessary after removing gloves.
 - c. Cannot be done if there is no running water in the facility.
 - d. No need to wash hands.
13. To properly dispose of used disposable needles and syringes, the needles should be:
 - a. Recapped and thrown into the garbage
 - b. Bent or broken
 - c. *Disposed of in puncture proof container*
 - d. Flushed with water and removed from syringe
14. An advantage of condoms is:
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 - b. *They are inexpensive and generally available*
 - c. Any type of lubricant can be used with them
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17. Which of the following is not a possible side effect of emergency contraception?
 - a. Nausea
 - b. *Amenorrhea*
 - c. Menstrual spotting
 - d. Vomiting
18. A new oral contraceptive user should begin taking her first pack of pills
 - a. *Within the first 5 days her menstrual cycle*
 - b. Only on the first day of her menstrual period
 - c. When she finishes her menstrual period
 - d. Whenever it is convenient for her
19. A possible sign of STI in a woman is:
 - a. Leg ulcer with swelling
 - b. Chest pain with shortness of breath
 - c. Absence of period
 - d. *Lower abdominal pain*
20. Emergency Contraception
 - a. *Can prevent pregnancy*
 - b. Not useful if woman is already pregnant
 - c. Aborts established pregnancy
 - d. Can be used continuously

Observation Checklist for Sangini (DMPA) Counseling

Using A, BHI, BA, DA, NA steps
(To be completed by participants)

Instructions: Each task/activity is observed using the following rating scale:

- 1. Needs improvement:** Step or activity not performed correctly, and/or was out of sequence (if a sequence is required) or was omitted.
- 2. Competently Performed:** Step performed correctly in proper sequence (but participant did not progress from step to step efficiently)
- 3. Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if a sequence is required)

Participant: _____ Course Date: _____

Steps/Tasks	Observation	
	1	2
"A" Step		
Greet the client		
Offer the client a seat		
Ask the client why she has come to the clinic		
Assure client all conversations are kept confidential		
"BHI" Steps		
Obtain Medical History		
- Diabetic		
- Current or recent liver disease with Jaundice		
- Heart Disease		
- Severe headache		
- Depression		
Obtain Menstrual History:		
- Starting day of the LMP		
- Was this period on-time and normal?		
- Is she currently using a method of family planning?		
"BA" Steps		
Tell the client about available methods based on the clients' knowledge about family planning including: mode of action advantage disadvantage side-effects degree of protection from STIs and HIV AIDS (Sangini does not protect a woman from STIs and HIV/AIDS)		
Help the client make a decision by focusing on the potential side-effects of the method she is considering. (for Sangini, common side-effects are significant changes in bleeding pattern, probable eventual stopping of menses, some headache and nausea which will get better with time, and weight gain)		
Correctly explain to the client how to use the chosen method.		

Annex - III

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"DA" Step

Correctly explain the warning signs (for Sangini, there are: very heavy or prolonged heavy bleeding, repeated severe headache, severe abdominal pain, severe depression)

Correctly explain what to do if the client experiences a warning sign

Ask the client to repeat all instructions in her own words.

"NA" Steps

Encourage the client to return anytime she has any questions or problems and to return immediately if she has any of the warning signs above.

Politely say goodbye to the client and invite her/him to return again.

Observation Checklist for Sangini (DMPA) Clinical Skills

(To be completed by participants)

Instructions: Each task/activity is observed using the following rating scale:

- 1. Needs improvement:** Step or activity not performed correctly, and/or was out of sequence (if a sequence is required) or was omitted.
- 2. Competently Performed:** Step performed correctly in proper sequence (but participant didn't progress from step to step efficiently)
- 3. Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if a sequence is required)

Participant: _____ Course Date: _____

Sangini (DMPA) Clinical Skills

Activities/Steps	Observation			
	1	2	3	4
Step-1 Getting Ready				
Gather necessary equipment				
Check expiry dates on Sangini (DMPA) vial				
Position the client appropriately				
Step-2 Preparing the injection area				
Wash hands with soap and water and dry hands				
Clean skin with cotton and rectified spirit (alcohol wiping with a circular motion moving outwards from the injection side)				
Allow skin to dry before giving the injection				
Step-3 Preparing the injection				
Shake the vial of Sangini (DMPA) thoroughly and gently				
Remove plastic or metal cover from vial without touching the rubber stopper.				
Appropriately open the sterile pack containing AD needle and syringe; attach the needle to syringe				
Insert needle through rubber stopper, turn vial upside down, and draw fluid into the syringe.				
Remove the needle from vial, hold the syringe vertically, and gently force air bubbles out of the syringe using the plunger				
Step-4 Giving the injection				
Insert the needle into muscle (deltoid on arm or upper outer quadrant of gluteal area)				
Slowly pull back on plunger before injecting to check if needle is well placed				
If there is no blood, inject Sangini (DMPA) slowly and remove needle				
Step-5 Post Injection Task				
Apply pressure to injection area with cotton, but do not rub				
Discard assembled needle and syringe into a puncture proof container				
Wash hands thoroughly with soap and water				
Step-6 Post Injection Counsel/ Client Instruction				
Instruct client to return for another injection in 12 weeks; give exact appointment date on client's card				
Review side effects (change in menstrual pattern, headache/dizziness, weight gain, breast tenderness). Encourage clients to return if she has side effects or problem with bleeding.				
Instruct client about warning signs and explain that she would need to return to clinic if she experiences heavy bleeding, or delayed menstrual period after interval of regular periods				

Course Evaluation

Please indicate your opinion rating on 1-5 scale in the following table.

(5- Strongly Agree, 4- Agree, 3- No Opinion, 2-Disagree, 1- Strongly Disagree)

S.No	Course Component	Rating
1.	The Pre-course questionnaire helped me to study more effectively.	
2.	The role play sessions on counseling skills were helpful.	
3.	The practice session with the arm models made it easier for me to inject Sangini (DMPA) on the clients.	
4.	The interactive training approach used in this course made it easier for me to learn how to provide Sangini (DMPA) services.	
5.	Two days were adequate for learning how to provide Sangini (DMPA) service.	
6.	I feel confident in providing Sangini (DMPA) injection.	
7.	I feel confident about following infection prevention practices recommended for Sangini (DMPA) services.	
8.	The course made me feel more competent and skillful in my work.	
9.	The sessions were well organized.	
10.	The trainer used a variety of training methods.	

Additional Comments (use the backside of the paper if needed)

1. What topics (if any) should be added (and why) to improve the course?
2. What topics (if any) should be deleted (and why) to improve the course?

Annex - V

