



संगिनी सेवा प्रदानकर्ताका लागि सहयोगी पुस्तिका

Sangini Service Provider's Reference Manual
संगिनी सेवा प्रदानकर्ताका लागि सहयोगी पुस्तिका

संगिनी®
लीन महिने सुइ

Sangini Service Provider's Reference Manual 2064



Acronyms

AD	Auto Disable
AED	Academy for Education Development
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BCC	Behavior Change Communication
CRS	Contraceptive Retail Sales
CS	Child Survival
DMPA	Depot Medroxy Progesterone Acetate
EC	Emergency Contraception
ECP	Emergency Contraceptive Pills
FP	Family Planning
GUS	Genital Ulcer Syndrome
HIV	Human Immune Deficiency Virus
IP	Infection Prevention
IUCD	Intra Uterine Copper Device
LAM	Lactational Amenorrhea Method
MCH	Maternal Child Health Care
MMR	Maternal Mortality Rate
NFCC	Nepal Fertility Care Center
NGO	Non-Governmental Organization
NHTC	National Health Training Center
N-MARC	Nepal Social Marketing and Franchised Project for AIDS, Reproductive Health and Child Survival
NSV	Non Scalpel Vasectomy
OCP	Oral Contraceptive Pills
ORS	Oral Rehydration Solution
PID	Pelvic Inflammatory Disease
PPC	Puncture Proof Container
PSI	Population Services International
QA	Quality Assurance
QoC	Quality of Care
RH	Reproductive Health
STI	Sexually Transmitted Infection



Contents

Acknowledgements	5
Acronyms	1
Session 1 Population and Family Planning	9
1.1 Introduction to Population and Family Planning.....	9
1.2 Knowledge and Use of Family Planning	9
1.3 Advantages of Family Planning	9
1.4 Conditions of High Risk Pregnancy.....	
Session 2 Family Planning Methods	12
2.1 Types of Family Planning	12
2.1.1 Modern Family Planning Methods	12
2.1.2 Condom	12
2.1.3 Oral Pills (Pills)	13
2.1.4 Norplant and Jedelle	14
2.1.5 IUCD.....	15
2.1.6 Male Sterilization (Non Scalpel Vasectomy)	16
2.1.7 Female Sterilization (Minilap)	17
2.2 Natural Family Planning	18
2.2.1 Coitus Interruptus (Withdrawal) Method	18
2.2.2 Calendar (Rhythm) Method	18
2.2.3 Symptom Based Method: Two Day Method	19
2.2.4 Lactational Amenorrhea Method (LAM)	19
Session 3 Emergency Contraception	22
3.1 Emergency Contraception	22
3.2 What is the Emergency Contraceptive Pill?	22
3.3 How does Unsafe Sexual Contact occur?	22
3.4 How does ECP Work?	23
3.5 How much ECP is Effective?	23
3.6 How and How much? Dosage of ECP	23
3.7 Does ECP have Any Side Effects?	23
3.8 How to Manage Side Effects?	24
3.9 IUCD Copper T	24
3.10 When to Start Regular Family Planning Methods?	24
Session 4 Sangini	28
4.1 What is Sangini?	28
4.2 How Effective is Sangini?	28
4.3 How does Sangini Work?	28

संगिनी[®]
तीन महिन सुद

4.4	When to Start the First Sangini Injection	28
4.5	How Frequently should Sangini Be Administered?	29
4.6	What are the Advantages?	29
4.7	What are the Disadvantages?	30
4.8	Who can Use Sangini Injection?	30
4.9	Who should Be Cautious?	30
4.10	How to Administer Sangini Injection?	31
4.11	What are the Side Effects of Sangini?	33
4.12	How to Manage and Treat the Sangini Side Effects?	34
4.13	Monitoring of Sangini Clients	35
4.14	How to Store Sangini?	36

Session 5 Counseling, Informed Choice and Client Assessment 38

5.1	Introduction	38
5.2	Strategies to Support Informed Choice	38
5.3	Principles of Family Planning Counseling	38
5.4	Steps of Counseling	39
5.5	Advantages of Counseling	40
5.6	Characteristics of a Good Counselor	40
5.7	Client Assessment	41
5.7.1	Objectives	41
5.7.2	How to Be Reasonably Sure that Client is not Pregnant?	41
5.7.3	Clinical Assessment	42

Session 6 Infection Prevention 45

6.1	Introduction	45
6.2	Objectives of Infection Prevention	45
6.3	Importance of Infection Prevention	45
6.4	What is a Communicable Disease?	45
6.5	How it Transmitted?	45
6.6	Effective Infection Prevention Practice	46
6.6.1	Hand Washing Technique	46
6.6.1.1	Simple Hand Washing	46
6.6.1.2	Alcohol Hand Rub	47
6.6.2	Waste Collection and Disposal	47
6.6.2.1	Objectives of Waste Collection and Disposal	47
6.6.2.2	Classification of Waste	48
6.6.2.3	Puncture Proof Container	48
6.6.2.4	Use of Puncture Proof Container	48
6.6.2.5	Disposal of Waste	49

संगिनी[®]
तीन सहित सुइ

Session 7 Sexually Transmitted Infection (STI)	51
7.1 What is an STI?	51
7.2 Importance of STIs	51
7.3 Interrelationship between HIV and STIs	52
7.4 Prevention of STIs.....	52
7.5 STI Case Management Process	52
7.6 Interaction between the Patient and the Health Care Provider	53
7.7 Diagnosis.....	53
7.8. Syndromic Approach	54
7.8.1 Education and Counseling.....	54
7.9 STI Syndromes and Treatment.....	56
7.9.1 Urethral Discharge Syndrome	56
7.9.2 Vaginal Discharge Syndrome.....	57
7.9.3 Genital Ulcer Syndrome	59
7.9.4 Lower Abdominal Pain Syndrome in Women	60
Session 8 The Concept of Quality Assurance	62
8.1 What is Quality Service?.....	62
8.2 Responsibilities of Service Provider in Sangini Program.....	64
8.3 What are the Things That Service Providers Should Not Do?.....	64
8.4 Monitoring of Quality in Sangini.....	65
8.5 Recording.....	65
Session 9 Self-Assessment	67
9.1 What is Self-assessment?	67
9.2 Why is Self-Assessment Necessary?	67
9.3 How to Perform Self-Assessment	67
Session 10 Annexes	71
Flow Chart of Oral Pills	71
Rules for Service Providers	72
Service Provider's Self-Assessment Form	73
A Copy of Plan of Action	79





नेपाल सि.आर.एस. कम्पनी
Nepal CRS Company

(A Non-Profit Social Marketing Organisation Registered as Pvt. Ltd. Company Under Company Act, 2021 B.S.)
Tokha Road, Mahadevtar, Kathmandu, Nepal; Tel: 4362097,4362098; E-mail: mis@crs.org.np; P.O. Box: 842

Ref. No.

Date:

Acknowledgements



Receiving quality health service is every citizen's right. This applies particularly to family planning and reproductive health, especially in the private sector service delivery.

It is essential to revise the training manual and other training materials from time to time. Hence, the *Sangini Training Manual for Service Providers* prepared by Nepal CRS Company, NFCC and The Future Group, SOMARC has been revised and updated as *Sangini Service Provider's Reference Manual*.



We are grateful to Mr Amir Khatti, director of National Health Training center (NHTC), MoH, GoN and his technical team for their valuable contributions on this new version.

We would like to specially thank USAID, The Academy for Educational Development (AED)/N-MARC for their financial support, without which it would not be possible to revise and reprint this document. We also thank EngenderHealth for their valuable technical support and updates on the essentials of contraceptive technology.



We would also like to extend our sincere appreciation to the technical team: Dr. Tikaman Vaidya, Executive President; Dr. Mahendra Prasad Shrestha, Deputy Executive Director; Dr. Jeevan Bhattarai, Director, Chhetrapati Family Welfare Center; Dr. Tumla Lacoul, Social Franchising Manager; Mr. Binod Khambu, Social Franchising Manager; and Ms. Tumasa Shrestha, Field Officer- the team from NFCC; Ms Karuna Laxmi Shakya, Quality Assurance Advisor for N-MARC; Mr Dirgha Raj Shrestha, Acting Country Representative, NFHP; Dr Jean Ahlborg, Senior Technical Advisor, EngenderHealth Bangkok; Mr Peter Oyloe, Resident Advisor, AED/N-MARC; Mr Sitaram Devkota from USAID/Nepal; Mr Uttam Raj Regmi, Marketing Manager and Mr Murari Prasad Gautam, Senior Marketing Officer from CRS.



We would also like to thank Mr. Naveen Shrestha and Mrs. Savitri Joshi for their consultancy in preparing the materials; Ms Elif Koksai of ELD for the editing; Prisma Advertising for the design and layout of all training materials; and participants of Sangini (pilot) training from Dhangadi and Dang for their valuable feedback.




.....
Krishna Bahadur Rayamajhi
Managing Director
Nepal CRS Company





NEPAL FERTILITY CARE CENTER

(Center of Excellence in Reproductive Health Services)



Foreword

The Sangini Service Provider's Reference Manual has been revised with the objective of providing standard service to clients. It is based on the *Service Providers' Training Manual* developed by the Nepal CRS Company, Nepal Fertility Care Center (NFCC) and PSI.

This new revision of the *Reference Manual* includes counseling and informed choice; infection prevention; emergency contraception; STI, HIV/AIDS and self-assessment; all of which are directly linked with quality family planning and reproductive health services. This revised manual will certainly help service providers in strengthening quality health service.

This reference manual is revised with the joint efforts of Nepal CRS Company and Nepal Fertility Care Center, with financial help from AED/N-MARC, and technical support from EngenderHealth. It is hoped that this manual helps service providers and that ultimately clients receive quality health service.

Dr. Tikaman Vaidya
Executive President
Nepal Fertility Care Center
Jwagal, Lalitpur

Shahid Shukra Path, Jwagal, Kupondol, Lalitpur, P.O.Box: 5223, Kathmandu, Nepal.
Telephone : 5527337, 5528630, 5523885, Fax: 977-1-5523612. E-mail: nfcc@mos.com.np

संगिनी®
तीन महिने सुइ



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग

टेलिफोन नं. : ४-२५५८९२
४-२६२१६१
फ्याक्स : ४-२६१८१७

राष्ट्रिय स्वास्थ्य तालिम केन्द्र

पत्र संख्या :-

चलानी नं. :- १०६

टेकु, काठमाडौं
२०६३।१२।२

मिति:.....

Foreword

The National health policy 1991 of the Government of Nepal sees reproductive health service as part of basic health service. The policy aims to expand reproductive health at district and community levels with coordination from public and private sectors. Hence the efforts of public and private sectors to make a standard reproductive health service available to all are highly recognizable.

It is essential to revise the training materials from time to time to standardize the current service. Considering this fact, Nepal CRS Company and Nepal Fertility Care Center have jointly revised the *Service Provider's Training Manual* and developed the new *Sangini Service Provider's Reference Manual*. This revised manual is prepared with financial assistance from USAID, Academy for Educational Development (AED), and technical support from Engenderhealth.

This manual includes new information about the Sangini program, including techniques of using Auto-disable syringe, emergency contraception based on the references from the National Medical Standard, Introducing Auto-Disable Syringes with DMPA and Sharps Disposable Container, COFP Counseling Trainers' Note Book and Text Book of Infection Prevention. It is hoped that this book will be helpful to strengthen quality service in the private sector.

Amir Khatti
Director
National Health Training Center



Session 1 Population and Family Planning ...9

- 1.1 Introduction to Population and Family Planning9
- 1.2 Knowledge and Use of Family Planning ...9
- 1.3 Advantages of Family Planning9



1. Population and Family Planning

1.1 Introduction to Population and Family Planning

The population estimated for Nepal for the year 2006 is around twenty six million, growing at an annual rate of 2.23 percent from 2001-2006 (CBS, 2003). According to the Demographic Health Survey (DHS) 2006, the Fertility Rate (TFR) in Nepal is 3.1; which means, on average, a Nepali woman will give birth 3.1 times during her reproductive years. The National Family Planning (FP) program targets to bring the TFR down to 2.1 by the year 2017.

1.2 Knowledge and use of Family Planning

According to the DHS Survey of 2006, almost all couples of reproductive age have some knowledge on family planning and can identify at least one modern method. Seventy two percent of couples want either spacing or sterilization. However, only 48 percent use a contraception method. According to the DHS Survey of 2006, 24.6 percent of couples are not using any methods though they would have liked to.

This situation is called the *Unmet Need* of Family Planning. Modern methods like Sangini injection need to be provided for those who want spacing. The Contraceptive Prevalence Rate (CPR) will be tremendously increased if this unmet need is fulfilled. Nepal National FP Program has adopted strategies to provide quality service, to generate demand by involving NGOs and private sectors, and to increase the accessibility through encouraging social marketing and promotion of modern FP methods.

The Contraceptive Prevalence Rate needs to be increased from the current rate of 48% to 65% in order to achieve the National FP Program target to reduce TFR from 3.1 to 2.1 by the year 2017. The Sangini service providers play a vital role in increasing the CPR and can contribute to achieving the national target of a reduced TFR.

1.3 Advantages of Family Planning

Family Planning has positive effects on the health of mother and children and helps to decrease maternal and child mortality. Nowadays, people consider FP as their reproductive right, appreciating its various advantages:

- Decrease in Infant and Child Mortality (IMR and CMR)
- Decrease in Maternal Mortality Rate (MMR)
- More resources to each planned child.
- A healthier and happier family life.

According to the DHS survey of 2006, out of 1000 live births, 48 infants die each year in Nepal. Also each year, 61 children below 5 years die out of 1000. The infant and child mortality of our country is high compared to many other countries.

When spacing between children is less than 2 years, the chances of infant and child mortality are higher. Infant and child mortality can be reduced just by increasing the space between births from 3 to 5 years.

Children mortality rate based on spacing

Spacing	Child mortality (per 1000)
below 2 years	130
within 2 years	78
within 3 years	52
within 4 years	37

Source: DHS Survey, 2006

The number of maternal deaths associated with pregnancy, delivery, and postpartum is 281 per 100,000 births every year. This terrible figure can also be reduced by widespread family planning.

1.4 Conditions of high risk pregnancy and risk to child:

Some pregnancy situations are considered high-risk. Family Planning is recommended against:

- pregnancy before age of 20
- pregnancy after age of 35
- pregnancy more than 4 times
- spacing less than 2 years
- unsafe abortion due to unwanted pregnancy.



Session 2 Family Planning Methods12

2.1	Types of Family Planning	12
2.1.1	Modern Family Planning Methods	12
2.1.2	Condom	12
2.1.3	Oral Pills (Pills).....	13
2.1.4	Norplant and Jedelle	14
2.1.5	IUCD	15
2.1.6	Male Sterilization (Non Scalpel Vasectomy).....	16
2.1.7	Female Sterilization (Minilap)	17
2.2	Natural Family Planning	18
2.2.1	Coitus Interruptus (Withdrawal) Method .	18
2.2.2	Calendar (Rhythm) Method.....	18
2.2.3	Symptom Based Method: Two Day Method	19
2.2.4	Lactational Amenorrhea Method (LAM) ...	19

2. Family Planning Methods

2.1 Types of Family Planning Methods

2.1.1 Modern Family Planning Methods

2.1.2 Natural Family Planning Methods

2.1.3 Emergency Contraceptive Methods (Covered in Chapter 3)

2.1.1 Modern Family Planning Methods

- Condom
- Oral Contraceptive Pills
- IUCD (Copper T)
- Norplant
- Depot Medroxy-progesterone Acetate "DMPA" (See Chapter 4)
- Non Scalpel Vasectomy (male sterilization)
- Minilap (female sterilization)

2.1.1.1 Condom

Condom is the only temporary contraceptive product available for men. It is made of thin latex rubber. Condoms are available under brand names **Dhaal** and **Panther** in the Nepali market.

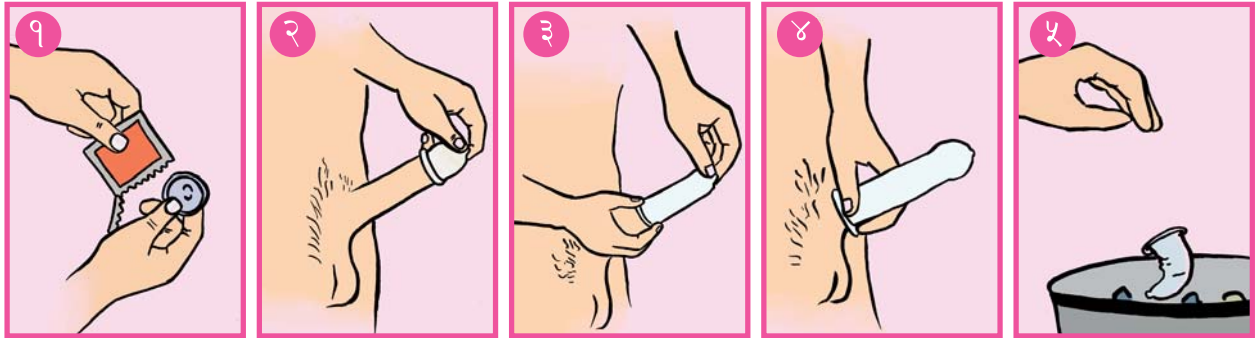
Its effectiveness is 98 percent if used correctly. If not used correctly, it is only 85 percent effective.



How to use it?

Men put Dhaal on the erect penis before sexual intercourse. It acts as a barrier preventing sperm to enter the vagina, preventing conception.

After ejaculation, the man needs to hold the rim of the condom to the base of the penis so it will not slip off. He should pull his penis out of the vagina before losing his erection completely. This reduces the chances of the condom slipping off, spilling semen in the vagina.



Advantages	Disadvantages
<ul style="list-style-type: none"> ● Protects from STIs like AIDS in addition to Family Planning ● Widely available and easy to use ● Inexpensive 	<ul style="list-style-type: none"> ● Might interfere with sexual pleasure ● Might break ● A new condom is needed for each sexual intercourse

2.1.1.2 Oral Contraceptives (The Pill):

Oral contraceptives are pills that contain hormones. Combined pills contain estrogen and progesterone hormones, and are available under the brand names of **Nilocon White** and **Sunaulo Gulaf** in the market. Each strip contains 28 tablets.

Combined pills prevent conception by suppressing ovulation, thickening cervical mucus and thinning the endometrium.

Combined oral pills contain low doses of hormones, but some women experience side effects such as mild nausea, breast tenderness, headache, and irregular bleeding, mostly in the first few months after starting the pills. With longer use, some women might notice slight darkening of the skin on their face.

Combined pills are more than 99 percent effective if used correctly.

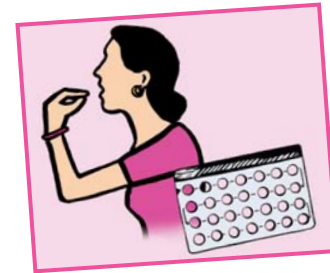
There is a progesterone only pill that is also available in the market, that is designed to be used by breast-feeding women. It can also be used by women who are not breast-feeding, and who can not, or do not want to take estrogens.

However, irregular bleeding is common with progesterone only pills, and they are not as effective as combined pills.

How to use:

A woman has to take oral pills regularly every day, starting with the first pill in the packet. She can start the pills any time she is sure she is not pregnant. However, if she starts the pills outside of the first 5 days of her menstrual period, she will need to abstain from sex, or use an additional method for the following 7 days.





Advantages	Disadvantages
<ul style="list-style-type: none"> ● Highly reliable ● Easy to use ● Does not interfere with intercourse ● Decreased volume and length of menstrual period, ● Menstrual cramps are reduced ● Helps with regular menstruation ● Prevents anaemia and cancer of the uterus and ovaries 	<ul style="list-style-type: none"> ● Need to be taken every day ● May have minor side effects ● Not suitable for breast-feeding mothers ● Not suitable for women who smoke more than 10 cigarettes a day ● Not suitable for women over 35 ● Does not protect from STIs and HIV/AIDS

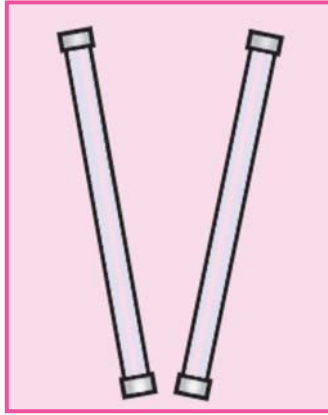
2.1.1.3 Norplant and Jedelle

Implants are hormonal methods that are inserted just under the skin. They release the hormone progesterone, which thickens cervical mucus, and can also suppress ovulation.

- Norplant has six thin flexible capsules containing the progesterone hormone. Once inserted in the arm of a woman, it is effective for 7 years. After that it needs to be removed. If the woman is interested in continuing after the 7 years, the implants need to be replaced. Norplant is more than 99 percent effective.
- Jedelle is an implant rod which is similar to Norplant and is available nowadays in the market. It is made up of only two rods, slightly longer and more rigid than the Norplant. It is inserted in the English letter "V" shape in the arm of a woman, like Norplant. Jedelle is effective for 5 years. It contains the same hormone as Norplant; so the mechanism of action and side effects are similar to those of Norplant.

How to use:

The implants can be inserted any time a woman is not pregnant, ideally within the first seven days of her menstrual cycle. If they are inserted at another time, she would need to use an additional method of contraception, or avoid sex for seven days. At the end of the effective period, the implant should be removed or replaced with a new set.



Jedelle



Norplant

Advantages	Disadvantages
<ul style="list-style-type: none"> ● Highly reliable as a family planning method ● Easy to use once inserted ● Long term effectiveness ● Immediate return of fertility on removal ● Can be used after postpartum ● Appropriate for breast-feeding women 	<ul style="list-style-type: none"> ● Irregular bleeding (yet not harmful) ● Does not protect against STIs and HIV/AIDS ● Requires a skin incision and a sterile procedure by a trained provider for insertion and removal ● Not available everywhere ● Norplant removals can be difficult (easier with Jedelle)

2.1.1.4 IUCD Copper T 380 A

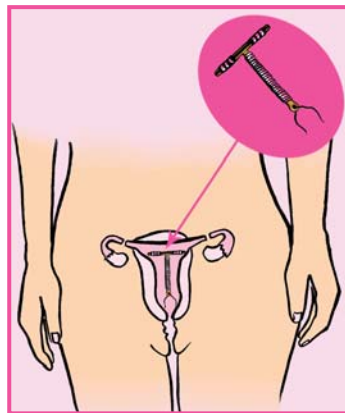
The IUD is a small, flexible device that is inserted into the uterus to prevent pregnancy. It interferes with the fusion of sperm and ovum, preventing conception. It is effective for 12 years once inserted. It can be removed before 12 years if necessary. Its effectiveness is 99.6 percent in the first year if used properly.

How to use:

After first conducting a screening interview and exam to make sure she is a good candidate for an IUD, a trained service provider inserts the IUD into the uterus of the woman. The IUD can be inserted at any time a woman is not pregnant, and is commonly inserted during the menstrual period.



Advantages	Disadvantages
<ul style="list-style-type: none"> ● Highly effective ● Easy to use ● Long term benefit for 12 years although the string needs to be checked ● Does not interfere with intercourse ● Returned fertility immediately on removal ● Very appropriate for breast-feeding women ● Suitable for women suffering from hormonal side- effects. 	<ul style="list-style-type: none"> ● Initially, heavy menstrual bleeding may occur ● May not be the best method for a woman at risk for STIs or HIV. (WHO eligibility category 2) ● Does not protect from STIs or HIV/AIDS ● Rarely, may be spontaneously expelled. ● Requires a trained service provider for insertion and removal.



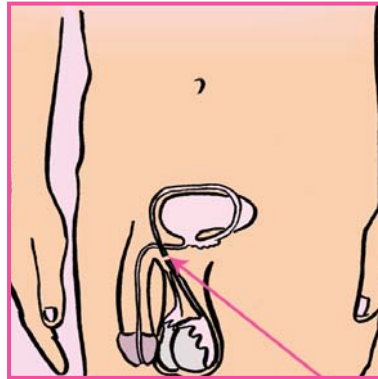
Permanent Family Planning Methods

2.1.1.5 Male Sterilization (Non Scalpel Vasectomy)

A Non Scalpel Vasectomy (NSV) is a simple operation performed by a trained doctor without using a scalpel. In this process the vas deferens (ejaculatory duct) are blocked, so sperm and ovum can not meet during the intercourse. After NSV, men can work as usual. It does not interfere with sexual pleasure. Vasectomy is not effective immediately. After NSV, another FP method should be used for 3 months. This operation is considered successful when there is no sperm in the semen test.

How to use:

A vasectomy can be performed any time a man is sure that he wants no more children. A follow-up semen test needs to be done 3 months after the surgery is performed. Until then, the man needs to use an alternative method of family planning to prevent pregnancy.



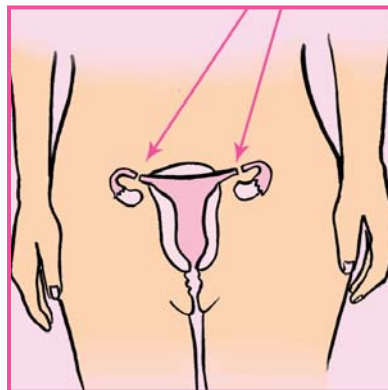
2.1.1.6 Female Sterilization (Minilap)

Female sterilization (Minilap) is a small surgery performed through the woman's abdomen to tie and cut the tubes that connect the ovaries to the uterus (fallopian tubes). This operation can be performed anytime if the client is sure she is not pregnant. A small incision is made on the lower abdomen for the operation. It can be done right after delivery as well. It does not interfere with the sexual health of the woman.

How to use:

Female sterilization is a permanent procedure that can be performed in a surgical facility any time a woman is sure she does not want any more children, and she is not pregnant. The procedure is effective immediately.

Female and male sterilization both are permanent Family Planning methods and restoring fertility afterward is very difficult.



Advantages	Disadvantages
<ul style="list-style-type: none"> ● Ideal method for those who will not want children ● Performed through a simple and minor surgery ● Highly reliable ● Once operated it is for life 	<ul style="list-style-type: none"> ● Very difficult to reverse ● Requires trained manpower ● Side effects are generally those related to minor surgery. ● Serious complications are rare, but include infection, hemorrhage or damage to internal organs. ● Does not protect from STIs and HIV/AIDS

2.1.2 Natural Family Planning Methods

Methods to prevent pregnancy that rely on fertility awareness and avoidance of unprotected sex during the fertile periods. These include:

- Coitus Interruptus (Withdrawal) method
- Calendar (Rhythm) method
- Symptom Based Method: Two Day Method
- Lactational Amenorrhoea Method (LAM)

2.1.2.1 Coitus Interruptus (Withdrawal) Method:

In this method, man withdraws his erect penis from the vagina before ejaculation so that sperm can not reach the ovum. This method prevents conception in 81 percent of the cases if used correctly.

2.1.2.2 Calendar (Rhythm) Method

Abstaining from sex during the ovulation period prevents pregnancy. The fertile period is when the ovaries produce ovum. There are various methods to determine the ovulation period of the woman. The Calendar method is one such method.

Before relying on this method, the woman records the number of days in each menstrual cycle for at least 6 months. The first day of the menstruation is always counted as day 1. Then she subtracts 18 from the length of her shortest recorded cycle. This tells her the estimated first day of her fertile time. Then she subtracts 11 days from the length of her longest recorded cycle. This tells her the last day of her fertile time. The couple either avoids sex, or uses a barrier method, or withdrawal method during the fertile time.

Example:

If her recorded cycles vary from 26 to 32 days,
26-18 = 8 Start avoiding unprotected sex on day 8
32-11 = 21 Safe to have unprotected sex again after day 21
She must avoid unprotected sex from the 8th to the 21st days of her menstruation cycle.

A slightly simpler version of this, called the Standard Days Method, is useful for women with periods that are consistently between 26 and 32 days long. They must avoid unprotected between sex days 8 – 19 of the cycle. It is not necessary to track menstrual cycles for 6 months before starting. This is only effective, however, for women whose cycles are consistently between 26 and 32 days in length. This is a little easier to implement than the calendar method.

2.1.2.3 Symptom Based Method (Two Day Method)

Check for secretions: The fertile period can be determined by checking the amount of a woman's cervical secretions. The woman checks her cervical secretions every afternoon and/or evening, on fingers, underwear, tissue paper, or by sensation in or around the vagina. This method is 75 percent effective.

If there is any secretion of any type, color or consistency, she considers herself fertile that day and the following day.

Avoid sex or use another method on fertile days: The couple avoids vaginal sex or uses condoms or a diaphragm on each day with secretions and each day that follows a day with secretions. They can also use withdrawal or spermicides; but these are less effective.

Resume unprotected sex after 2 dry days: The couple can have unprotected sex again after the woman has had 2 dry days (days without secretions of any type) in a row.

2.1.2.4 Lactational Amenorrhea Method (LAM)

This family planning method suppresses ovulation by exclusive and frequent breast-feeding and prevents pregnancy. LAM is effective only for the first 6 months post partum, only if the mother continues to exclusively breast-feed, and menstruation has not returned. The majority of mothers in Nepal breast-feed their children. Breast-feeding provides nutritious food for the baby and keeps them healthy. Breast-feeding also is a natural Family Planning method that protects against early pregnancy.





Breast-feeding is contraceptive in the following conditions:

- Exclusive breast-feeding (baby receives no other food)
- Frequent breast-feeding day and night (more than 6 times in 24 hours)
- If menstruation has not returned after delivery
- Within 6 months of delivery.

When mother breast-feeds, ovulation stops and she cannot be pregnant. This method is effective 98% of the time if the mother follows above mentioned criteria within 6 months of delivery.

Advantages	Disadvantages
<ul style="list-style-type: none">● It is reliable if used correctly● Doesn't cost money and is useful for new mothers● It keeps mother and children both healthy.	<ul style="list-style-type: none">● No specific disadvantages; however, may result in pregnancy if the aforesaid criteria is not followed● No protection against STI, HIV and AIDS

Session 3 Emergency Contraception22

3.1 Emergency Contraception22

3.2 What is the Emergency Contraceptive Pill? .22

3.3 How does Unsafe Sexual Contact occur?22

3.4 How does ECP Work?.....23

3.5 How much ECP is Effective?.....23

3.6 How and How much?Dosage of ECP.....23

3.7 Does ECP have Any Side Effects?23

3.8 How to Manage Side Effects?.....24

3.9 IUCD Copper T24

3.10When to Start Regular Family Planning
Methods?.....24



3. Emergency Contraception

3.1 Emergency Contraception

Emergency Contraception is a method which is used to prevent pregnancy after unprotected sexual intercourse. Many unwanted pregnancies can be prevented if this method is easily available. This method is used for emergency conditions only; it should not be used as a regular family planning method. Emergency Contraception has two kinds:

- Emergency Contraceptive Pill
- IUCD Copper T

3.2 What is Emergency Contraceptive Pill (ECP)?

Emergency Contraceptive Pill is a hormonal pill which is used to prevent unwanted pregnancies caused by unsafe sexual contact. It is more effective if taken right after (as soon as possible) unprotected sex. However, it can be used within 120 hours.

This pill is an emergency contraception method. It is not to be used regularly. It protects against pregnancy but it can not be used for abortion.

Emergency Contraceptive Pill is available in Nepal under *Postiner-2* brand name. Each EC packet contains 2 tablets. In addition to that, Combined Oral Contraceptives (Nilocon White and Sunaulo Gulaf) can also be used as emergency contraception (a total dose of 8 tablets).

Women who can not normally take contraceptive pills containing estrogen can also use it, as well as lactating mothers.

3.3 How does unsafe sexual contact occur?

- When a contraceptive method is not used during sex. A method might not have been available, an available method simply was not used, or the woman might have been a victim of rape.
- When contraceptives are not used correctly, for example:
 - If the woman forgets to take pills continuously for 3 days
 - Delay in receiving Depo (DMPA) more than 14 days
 - Miscalculation of safe days
 - Ejaculation within vagina
- When Family Planning Methods fail, for example, condom slips, breaks or leaks.

3.4 How does ECP work?

- Suppresses and delays ovulation
- Blocks fertilization of ovum.

3.5 How Effective is ECP?

ECP is more effective the sooner it is used. Time between unprotected sex and taking the pills decreases the effectiveness. The method has some effect for 5 days after unprotected sex, before a fertilized egg implants in the uterus. For a woman who has unsafe sex within the second and third week of her menstruation, using an Emergency Contraceptive Pill has:

- 98% effectiveness in case of Combined Oral Pills (will prevent all but two out of 100 possible pregnancies)
- 99% effectiveness in case of Postiner-2 (will prevent all but 1 out of 100 possible pregnancies)

3.6 How and How Much to Use

The following table shows the dosage of ECP:

Name of Pill	First dose (Soon after unprotected sex to within 120 days)	Second dose (12 hours after the first dose)
Low-dose pills Nilocon White or Sunaulo Gulaf	●●●● 4 tablets	●●●● 4 tablets
Progestin-only pills Postiner-2	● 1 tablet	● 1 tablet
Conventional Postiner-2	●● 2 tablets	-

2 tablets of Postiner-2 can be taken at once; this would not do any harm.

3.7 Does ECP have any side effects?

ECP may cause temporary minor side effects like nausea, vomiting, vertigo, headache, tenderness in breasts and lethargy.



3.8 How to manage the side effects

Above mentioned side effects are normal and do not require treatment. Majority of side effects disappear within 24 hours of taking the second pill.

Paracetamol/Brufen helps to relief headache and tenderness in breasts.

Does Emergency Contraceptive Pill affect menstruation?

Emergency Contraception Pill should not significantly affect the next expected menstrual period.

Normally, majority of women will have their menstruation on time. Some might have their menses either few days before or after the expected date.

- 1 out of 10 women may have their regular menstruation affected after using ECP
- Some women may have some spotting or irregular menstruation after ECP

Explain to women that if they do not get their menstruation within 3 weeks of using emergency contraception, they should return to see if they are pregnant.

3.9 IUCD Copper T

Unwanted pregnancies can be prevented by inserting IUCD (Copper T) if the woman has had unprotected sexual intercourse within 5 days. The IUCD is more effective than pills at preventing unplanned pregnancies, and can be left in place to provide on-going contraception if she desires, if she is an appropriate candidate. Explain that she needs to come back if she does not have menstruation within 3 weeks of inserting the IUCD. After 3 weeks, determine whether she is pregnant or not.

Clients who are using IUCD as emergency contraceptive can decide themselves whether they will continue or remove it.

All clients requesting emergency contraception should be encouraged to use a more effective method on a regular basis, and be counseled on all Family Planning methods.

3.10 When to start Family Planning methods

- Emergency Contraceptive Pill can not be used regularly. It is to be used only in an emergency.

- Condoms should be used right after the second dose of the Emergency Contraceptive Pill is taken.
- A woman who is taking Combined Oral Pill as ECP can start regular Combined Oral Pills after taking the second dose of ECP, or use the condom until the next menstruation. She can start Combined Oral Pills from a new packet on the first day of her menstruation.
- If a woman who has had unsafe sex is more than 14 days late for her regular Sangini injection, she
 - Should use condoms after taking ECP until her next menstruation, or abstain from sex for 2 – 3 weeks until a pregnancy test would reliably be positive if she were pregnant. If a pregnancy test is negative, she can resume Depo-Provera. She will need back-up for an additional 7 days following the injection.
 - Should inject next Sangini within 7 days of menstruation .
- A pregnancy test should be done at the nearest health clinic if she does not have menstruation within one week of her regular period after taking ECP.



Emergency Contraception

Client coming for emergency contraception

Was the sexual contact within 120 hrs?

Yes

No

Counsel the woman about her Emergency Contraception options, and help her decide which would be the best method for her

Choose Oral Pills

Choose the IUCD

- Provide packet of appropriate pills (either combined pills, or progestin only)
- Have her take first dose immediately (in case of Postinor 2, entire dose can be taken at one time, with no need for a second dose)
- Repeat dose in 12 hours
- Refer to doctor if no menstruation within 3 weeks

Provide, or refer to assess for IUCD (it should be done within 5 days of unprotected sex)

- Tell client that emergency contraception method does not work after 5 days
- Ask client to wait until next menstruation, and counsel her to use a condom or abstain until her next period
- Ask her to contact a doctor if she does not menstruate within 3 weeks

Note:

- The insertion and removal of IUCD is up to the client
- Explain all FP methods to women coming for emergency contraception

संगिनी[®]
तीन सहित सुख

Session 4 Sangini28

4.1 What is Sangini?28

4.2 How Effective is Sangini?.....28

4.3 How does Sangini Work?28

4.4 When to Start the First Sangini Injection ..28

4.5 How Frequently should Sangini Be
Administered?.....29

4.6 What are the Advantages?.....29

4.7 What are the Disadvantages?.....30

4.8 Who can Use Sangini Injection?.....30

4.9 Who should Be Cautious?30

4.10 How to Administer Sangini Injection?31

4.11 What are the Side Effects of Sangini?.....33

4.12 How to Manage and Treat the
Sangini Side Effects?34

4.13 Monitoring of Sangini Clients.....35

4.14 How to Store Sangini?.....36



Sangini

4.1 What is Sangini?

"Sangini" is a brand name of Depot Medroxy-progesterone Acetate. It is a temporary family planning method for women and is available in injectable form. It prevents conception for 3 months. It is taken in 150 mg doses every three months.



4.2 How effective is Sangini?

Sangini is a highly reliable FP method. When it is given every 3 months, the effectiveness is more than 99 percent.

4.3 How does Sangini work?

- It suppresses ovulation.
- It thickens the cervical mucus, preventing sperm from entering the cervix.
- It thins the lining of the endometrium, which creates an adverse environment for a fertilized ovum to grow in.

4.4 When to start first Sangini Injection?

- Within 7 days of menstruation.
- Can be administered any day of the menstruation cycle if she is definitely not pregnant. If it is given after 7 days of menstruation, additional other FP methods should be used for 7 days.

संगिनी[®]
तीन महिने सुद

- If she is following Lactational Amenorrhea Method (less than 6 months), Sangini can be administered anytime between 6 weeks and 6 months if her monthly period has not returned. After menstruation returns, she can start injectables as recommended for menstruating women.
- If she is following LAM (more than 6 months), Sangini can be administered anytime it is reasonably certain she is not pregnant. She will need a back up method for the first of 7 days after the injection if her menstruation has not returned. After it returns, she can start Sangini as recommended for menstruating women.
- If she is not using Lactational Amenorrhea Method, then it can be administered after 6 weeks of delivery.
- If she is not a lactating mother, she can take it after 3 weeks of delivery.
- Within 7 days or right after spontaneous or induced abortion.

4.5 How frequently should Sangini be administered?

- It is very effective if administered every three months.
- Can also be administered 2 weeks before and 2 weeks after the due date of injection.

4.6 What are the advantages of Sangini?

- It is a highly reliable, safe, easy to use method for spacing
- It is reversible
- Effective for 3 months once administered,
- No need to take daily like oral pills
- Helps keep privacy
- Appropriate for lactating mothers
- Can be used by women over 35 and by smokers.

Other advantages:

- Decreases the possibility of Pelvic Inflammatory Diseases (PID)
- Beneficial for anaemic women
- Decreases chances of an ectopic pregnancy
- May protect against endometriosis, ovarian cysts, ovarian cancer, uterine fibroid, lumps in breast etc...



4.7 What are the disadvantages of Sangini?

- Changes in bleeding patterns are common. Initially, women may have irregular and heavy bleeding gradually turning into amenorrhoea (no monthly bleeding). Most women stop menstruating after about 1 year of Depo-Provera. This is common and not harmful, and if the woman is informed about the possible bleeding changes, she will be less worried and less likely to stop using Depo-Provera.
- Fertility takes a while to return (10 months on average after last menstruation) after stopping the injection.
- May have generally mild headache and depression at the beginning. These won't last long and will disappear after a few days.
- Weight gain is a likely side effect of Depo-provera.
- Most side effects are most marked at the beginning and diminish or disappear in time.
- Sangini does not protect from STIs and HIV/AIDS.

4.8 Who can use Sangini Injection?

Women who meet the following criteria can use Sangini:

- Women between 15 to 49 years, may or may not have children, and not pregnant currently
- Women who are not able to use contraceptives containing estrogen (such as combined oral pills)
- Women over 35
- Smokers
- Women who are, or have been anemic
- Women who are HIV+; may or may not be on anti-retroviral medication
- Breast-feeding women who can not take estrogen containing Pill
- Women who do not want more children and do not want to be sterilized
- Women who do not want to use a condom or forget to take their daily Pill
- Women who want to keep their privacy
- Women who want to use a reliable and easy method for family planning.

4.9 Who should take precaution?

- Pregnant women and those who might be pregnant
- Women who have suspicious lumps in their breasts
- Women with abnormal and intermittent bleeding during menstruation
- Women with clinically apparant liver disease



संगिनी[®]
तीन महिन सुइ

- Women with poorly controlled high blood pressure
- Diabetics
- Women suffering from headaches
- Women with a history of depression

Alert: Conditions requiring more frequent follow-up care of Sangini client:

Diabetes: Diabetics who choose Sangini should be under supervision to be sure the disease is under control

High Blood Pressure: For women with mildly elevated, or well controlled Blood Pressure (less than 160/100), the benefits of using Sangini generally outweigh the risks. However, the pressure needs to be checked frequently.

Headache: Women with a history of headache should be carefully followed to be sure the headache does not worsen with use of Sangini.

Depression: Women with a history of depression should be monitored when they are on Sangini. Help her to choose another method if depression worsens or recurs to a serious degree.

Correcting some misunderstandings:

- Sangini is approved by the Ministry of Health
- Sangini will not make a woman infertile, though the return of menstruation and fertility may take time
- Sangini does not cause early menopause
- Sangini does not cause birth defects or multiple births
- Sangini does not affect a woman's sexual behavior.

4.10 How to administer the Sangini Injection?

When administering the Sangini injection, the following steps should be adhered to:

Step 1 Getting Ready

- Gather the necessary equipment: e.g. Sangini injection, syringe, spirit, cotton
- Check the expiry date on Sangini vial
- Prepare client for injection and make sure she is comfortable.

Step 2 Preparing the injection site

- Wash hands with soap and water and dry
- Clean skin with cotton and rectified spirit in a circular motion (inner to outer).
- Allow skin to dry before giving the injection.



Step 3 Preparing the injection

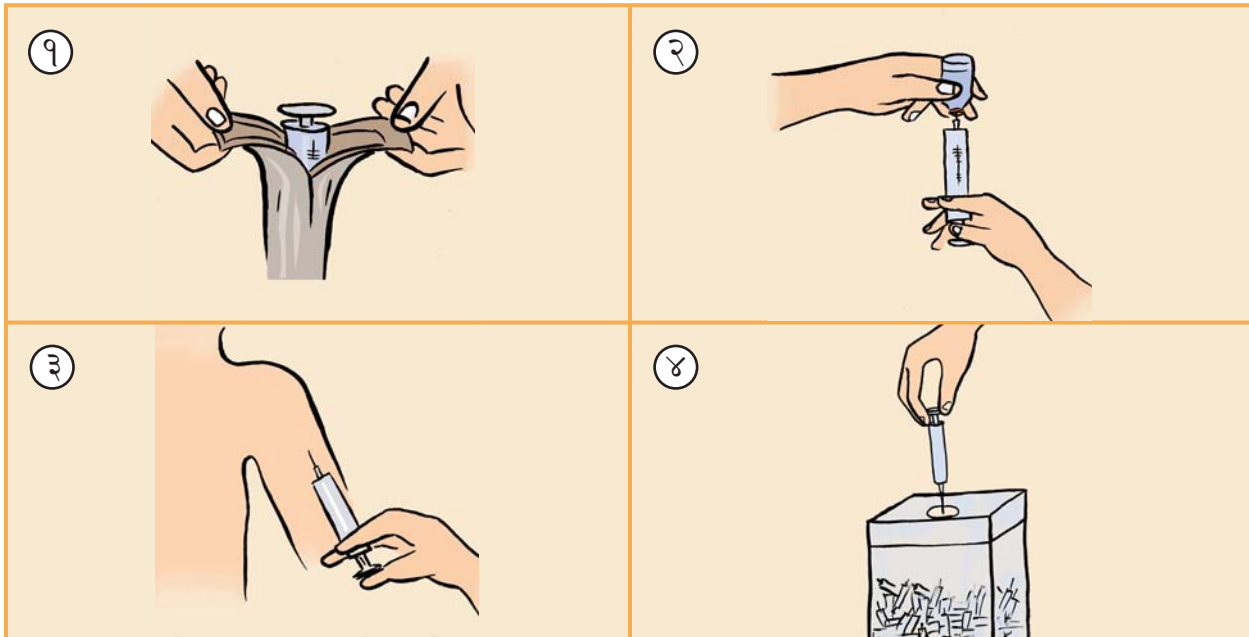
- Gently shake the vial of Sangini thoroughly
- Use a separate AD Syringe and needle for each client. It is made in such a way that it can not be reused.
- Remove plastic or metal cover from vial without touching the rubber stopper
- Open the sterile pack containing AD needle and syringe, fix the needle to syringe
- Insert needle through rubber stopper without pushing air
- Draw all medicine carefully from vial up to 1 ml
- Remove the needle from vial and hold the syringe vertically,
- Force air bubbles out of the syringe using the plunger, gently adjust to 1 ml.

Step 4 Giving the injection

- Administer injection to client. Slowly pull back on plunger before injecting to check for appropriate placement of needle.
- If no blood is seen, inject Sangini slowly
- Remove the needle after injection and ask client to press gently with dry cotton without rubbing.

Step 5 Post Injection Task

- Dispose soiled needle and syringe into a puncture proof container
- Wash hands thoroughly with soap and water.



संगिनी[®]
तीन महिन सुद्ध

Step-6 Post Injection Counsel/ Client instruction

- Instruct client to return for the next visit after 3 months and write down the returning date in contact card
- Explain the possible side effects of Sangini one more time
- Inform client about warning signs and ask to contact if she encounters any problems.

How is the AD syringe different from other syringes?

Although the AD syringe looks like ordinary syringes, it has the following differences:

- When using AD syringe, never fill with air before drawing medicine. It will dysfunction automatically if there is air in the syringe.
- Make sure no air enters when drawing Sangini into syringe. Air can not be removed out from piston because the plunger in the syringe can not be moved back and forth freely. If the service provider draws air knowingly or unknowingly, the accurate dose of Sangini could not be drawn and a lesser dose will be administered.
- Pull back piston to ensure injection is not administered in the vein. Since it auto-disables, you can only pull piston back a little, which is enough to ensure that injection is not administered in the vein. By pulling the piston back a little, you can know if the needle is in a vein.

Similarities between AD syringe and ordinary syringes

- Before giving any kind of injection, always make sure that the medicine, dosage, time, and site of the body are right and that the client is suitable. Read the instructions written in the vial and administer carefully.
- Never touch the needle, the hub of needle, the rubber of vial and the site of injection. The needle will be contaminated if touched in those parts and you would need to change it.
- Do not use your finger to stop the bleeding after the injection. Doing so increases the risk of getting infected for you and the client as well.
- Shake vial gently before drawing Sangini into vial to ensure it is mixed properly.
- Use new needle and syringe for each injection. If both syringe and needle are not available in Sangini packet, then sterilized needle syringe can be used.
- Administer full dose of Sangini.

4.11 What are the side effects of Sangini?

- Majority of women experience irregular menstruation within the first 3 to 6 months.
- Menstruation may stop after using Sangini for 9 to 12 months but those minor side effects are temporary.



- Some may experience headache and depression after few months of use but this is also temporary.
- Some may experience weight gain. This may be a good effect for thin women.

If these side effects persist, she should be referred to the nearest health center.

What are the warning signs?

The following conditions require immediate treatment.

- Heavy vaginal bleeding
- Recurring severe headache (Migraine)
- Severe lower abdominal pain
- Severe depression

4.12 How to manage and treat Sangini side effects?

Sangini injection has some minor side effects: there may occur prolonged and irregular bleeding. In some cases, the menstruation may stop altogether. These side effects are normal.

However, the clients might be worried and they may stop using it.. On the other hand, if they are well informed about the side effects, they will know what to do in case those arise. Then they will choose to continue with the Sangini as informed clients.

Here are solutions to the side effects:

- **In case of light bleeding/ Staining**

At the beginning, Sangini users might have light bleeding and staining; this is normal. It will persist for a long period, but it does not affect the client's health and she needs to be reassured.

If client is concerned, give her one packet of OC (Sunaulo Gulaf of Nilocon White) to take once a day (active pills only). Tell her that the pills will probably stop the irregular bleeding and that she will probably have some withdrawal bleeding when she stops the pills, but this is not guaranteed, and the light bleeding could start again.

- **In case of prolonged menstruation**

Approximately 25 to 30 % women will have prolonged menstruation after Sangini. They should be reassured that this is a normal side effect. If she is still concerned, give her 1 packet Nilocon White or Sunaulo Gulaf and suggest that she takes 1 tab every day. Alternatively, you can prescribe 800 mg Brufen 3 times a day for 5 to 7 days.



संगिनी[®]
तीन सप्तिन सुइ

- **In case of heavy menstruation**

Heavy and prolonged bleeding during menstruation are normal side effects of Sangini. In this case, give 1 packet Nilocon White or Sunaulo Gulaf, 1 tablet each day for three weeks. If the condition does not improve, then refer to the doctor.

- **In case of amenorrhoea**

About half of Sangini users will not menstruate after 12 months of use; about 75 to 80 percent women do not have their menstruation if they continue to use it. This is a usual effect of Sangini. However, women drop Sangini simply because they do not understand what is happening and the service provider has not clarified the situation.

In the light of this possibility, the service provider should advise clients on the following:

- Inform that amenorrhoea while using Sangini is normal.
- Clarify that amenorrhoea is not because of pregnancy; a pregnancy test is not necessary.
- Brief the client about the health benefits of amenorrhoea .
- Inform client that Sangini stops menstruation like breast-feeding does and it prevents anaemia.

Points to remember:

Do not use estrogen to treat the amenorrhoea.

4.13 Monitoring of Sangini clients

- Sangini must be taken every 3 months.
- Give client a contact card with the date for the next injection.
- Remind client clearly to come back on the day and date mentioned on the contact card.
- In case the client could not come back on that date, the next dose of Sangini can be given within 2 weeks of due date. More than two weeks and the effect of medicine would be less and pregnancy is possible. In this situation, she should wait until her next menstruation using other FP methods. This injection can be given at any time if client is certain that she is not pregnant or has not had sexual intercourse recently.
- If client is not able to come at due date for injection, it can also be given 2 weeks earlier.



Questions that need to be asked during follow up or next visit:

Question	Solution
<ul style="list-style-type: none">● Are you satisfied with Sangini?● Have you experienced any side effects?● Do you have any questions about Sangini?● When did you have your first injection?● When did you have your last injection?	<ul style="list-style-type: none">● She can continue Sangini to prevent unwanted pregnancy if she has answered yes.● Manage side effects appropriately if she has had any.● Clarify her questions if she has any; or refer to higher level.● Give Sangini injection if she came on the right day as recorded in contact card. If she came either before or after due date, take necessary action as advised.

4.14 How to store Sangini

- Check for expiry date.
- Do not use expired Sangini.
- Always read the Sangini instruction sheet when storing it.
- Keep Sangini in a cool but dry place, in a clean cupboard, away from direct sunlight.
- Keep Sangini always vertical as mentioned on the packet so that it dissolves easily.
- Keep the required amount of Sangini in stock according to the number of clients visiting the clinic. If you can not provide service on time, you might lose the client's trust and they might stop visiting the clinic.



**Session 5 Counseling, Informed Choice and
Client Assessment38**

5.1 Introduction38

5.2 Strategies to Support Informed Choice38

5.3 Principles of Family Planning Counseling ...38

5.4 Steps of Counseling39

5.5 Advantages of Counseling40

5.6 Characteristics of a Good Counselor40

5.7 Client Assessment.....41

 5.7.1 Objectives41

 5.7.2 How to Be Reasonably Sure
 that Client is not Pregnant?41

 5.7.3 Clinical Assessment.....42



5. Counseling, Informed Choice and Client Assessment

5.1 Introduction

Family planning counseling is a **two-way communication** between a provider and client which empowers clients to make their own decision, aware of suitable family planning methods. The client receives accurate and complete information through good counseling, so that she is able to choose FP options that suit her best.



5.2 Strategies to Support Informed Choice

To promote informed choice, service providers should follow the following strategies:

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

5.3 Principles of Family Planning Counseling

Effective family planning counseling is based on the following principles:

- **Client's Needs:** Individuals have their own norms, values, beliefs, culture, and attitudes—all of these influence decisions. Counseling is conducted in a respectful way using a communication process that seeks to understand the client's needs and personal circumstances.
- **Voluntary Choice:** Clients' decisions need to be based on complete and accurate information. Then they will use the method appropriately and are more likely to get results.
- **Empowerment:** Empowerment enables client to recognize and exercise individual rights. Counseling is conducted in a non-judgemental, unbiased manner; without discrimination; according to economic, ethnic, educational, gender, age or marital differences.

- **Confidentiality:** The content of a counseling session must never be discussed by the counsellor or staff with outside staff or visitors without the client's consent. The session is conducted in a private space where outsiders cannot overhear/view the interactions.
- **Consent:** Before providing a family planning method, client must verbally acknowledge that she has clearly understood the chosen method. For all voluntary surgical contraception (VSC) procedures, a written, signed consent is required and mandatory.

5.4 Steps of Counseling

Good counseling follows "ABHIBADAN" (Nepali translation for "GATHER") approach:

"A" Step

- Greet the client
- Offer the client a seat
- Ask the client why she has come to the clinic
- Ensure client that all conversations are kept confidential

"BHI" Steps

Find out the short term and long term reproductive needs of client. Understand how much she knows on family planning.

- If the woman is interested in Sangini, obtain a targeted Medical History to determine if Sangini would be a good method for her. Ask about:
 - Diabetes
 - Current or recent liver disease with jaundice (yellow skin and eyes)
 - Heart Disease
 - Severe headache
 - Depression
- Obtain Menstrual History:
 - Starting date of the Last Menstrual Period (LMP)
 - Was this period on time and normal?
 - Is she currently using a family planning method?

"BA" Steps

- Tell the client about methods available based on the clients' knowledge about family planning including:
 - mode of action
 - advantages
 - disadvantages
 - 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.

"DA" Step

- Correctly explain the warning signs (for Sangini, these are: very heavy or prolonged heavy bleeding, repeated severe headache, severe abdominal pain, severe depression)
- Correctly explain what to do when client experiences a warning sign
- Ask the client to repeat all instructions in her own words.

"NA" Steps

- Encourage the client to return at anytime when she has any questions or problems. She needs 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.

5.5 Advantages of Counseling:

Correct counseling has the following advantages:

- Increased number of satisfied clients
- Clients are able to choose right methods
- Contraceptives are used effectively
- Increased number of continued users
- Clarified myths and misconceptions.

5.6 Qualities of a good counselor:

A good counselor do the following:

- Listen to client attentively
- Provide client specific information that required to them and repeat the major points
- Express client your intention to help her or him
- Ask questions in a respectful way
- Encourage client to ask questions
- Provide right and accurate information
- Speak in a language that client understands
- Use different ways to help them understand the information you provide like visual aids in counseling e.g. posters; flip charts; FP devices and model
- Reassure that the client has understood information provided asking her to repeat information back to you.
- Are helpful and patient.

5.7 Client Assessment

5.7.1 Objectives

Before providing any family planning services, the client needs to be assessed. The major objective of assessing clients prior to providing a contraceptive method is to:

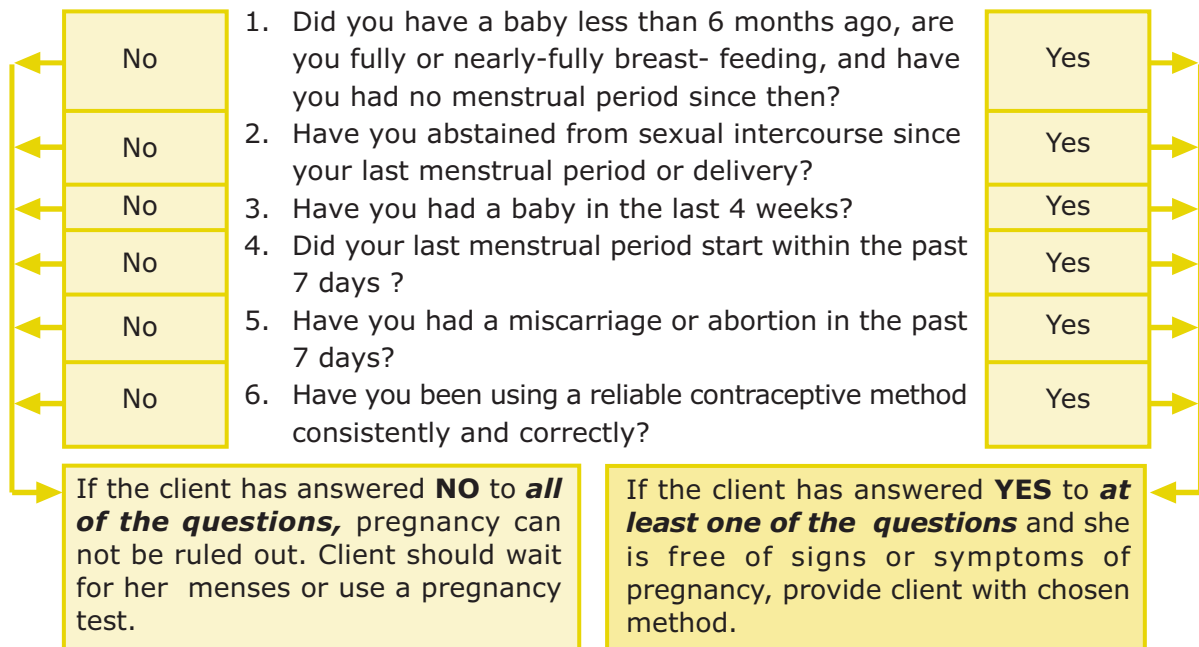
- Ensure that the client is not pregnant
- Identify that the client is suitable for the chosen method, and
- Identify existing conditions or problems (e.g. diabetes or high blood pressure, risk for STIs) that may require more frequent follow up or management.

5.7.2 How to be Reasonably Sure that a Client is NOT Pregnant ?

All female clients should be screened for pregnancy before providing any family planning method. If a woman who is unknowingly pregnant is given a family planning method, it is likely that people in her family and community will believe that the method she used is not effective, and false rumors will spread about that method.

How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1-6. As soon as the client answers YES to any question, stop and follow the instructions



5.7.3 Clinical Assessment

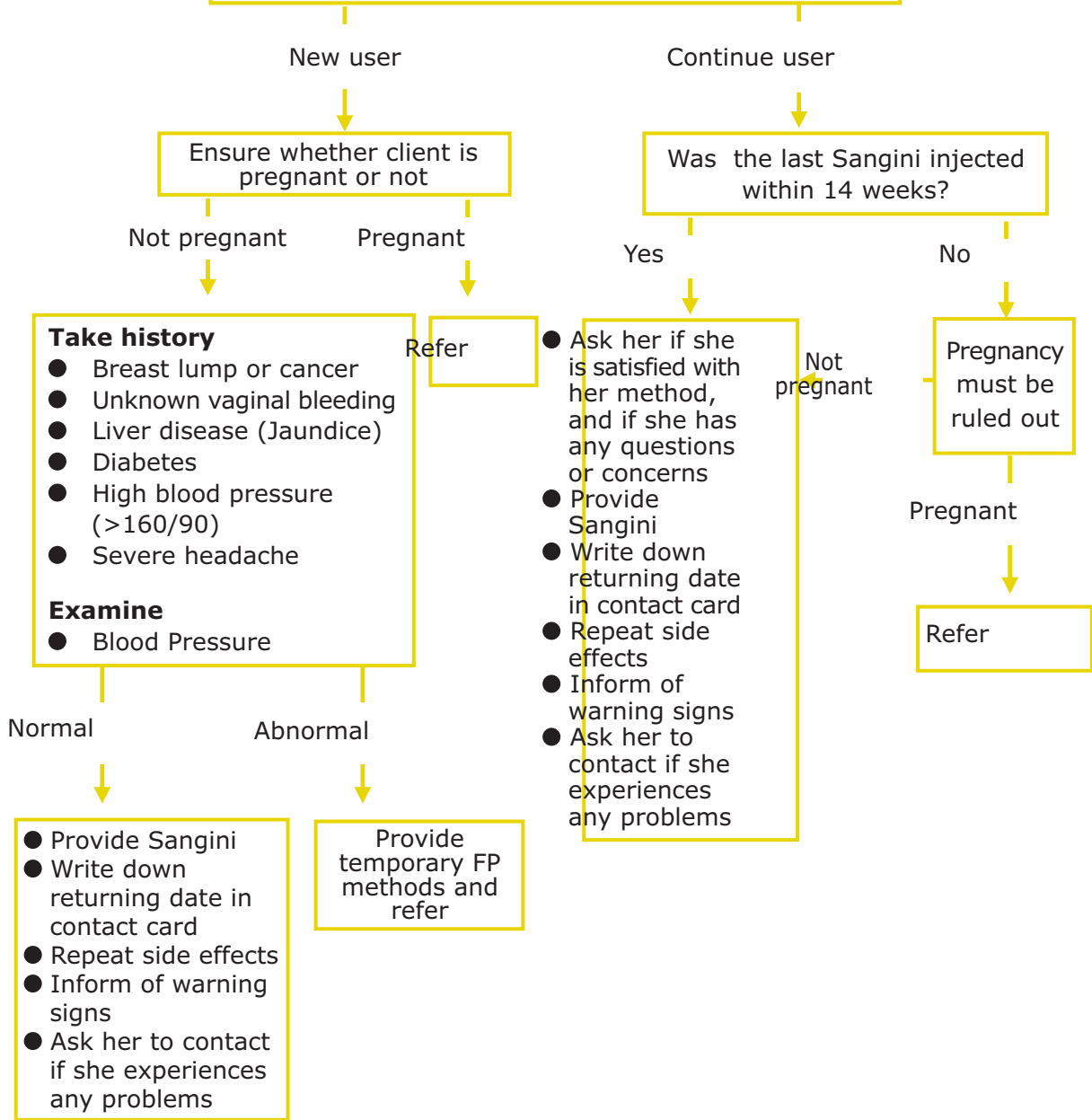
Once it is sure the client is not pregnant, the next step is to find out whether she is clinically suitable for FP methods or not.

Ask about any medical conditions or concerns. For Sangini, ask about and examine where appropriate (e.g. check and record blood pressure and weight on all women, look for jaundice, do a breast exam if she is concerned about a lump).

- Breast lumps or cancer
- Unknown vaginal bleeding
- Liver disease (Jaundice)
- Diabetes
- High blood pressure (>160/90)
- Severe headache
- Depression

If client is suitable based on above criteria and if it reasonably certain that she is not pregnant then she can go for the injection. (See the flow chart in the next page)

Client coming for Sangini Injection



संगिनी[®]
तीन महिन सुद्ध

Session 6 Infection Prevention.....45

6.1	Introduction	45
6.2	Objectives of Infection Prevention.....	45
6.3	Importance of Infection Prevention	45
6.4	What is a Communicable Disease?	45
6.5	How it Transmitted?	45
6.6	Effective Infection Prevention Practices....	46
6.6.1	Hand Washing Technique	46
6.6.1.1	Simple Hand Washing	46
6.6.1.2	Alcohol Hand Rub	47
6.6.2	Waste Collection and Disposal	47
6.6.2.1	Objectives of Waste Collection and Disposal	47
6.6.2.2	Classification of Waste	48
6.6.2.3	Puncture Proof Container..	48
6.6.2.4	Use of Puncture Proof Container	48
6.6.2.5	Disposal of Waste	49



6. Infection Prevention

6.1 Definition:

Infection prevention is an important component of quality health service. It is about preventing communicable diseases from infecting the patient, client, service provider and other staff. If the service is given using standard infection prevention methods, it provides safety to patients and clients; and achieves good health. It also provides safety to service providers and increases working performance.

6.2 Objective of Infection Prevention:

The major objective of Infection Prevention is to prevent any communicable disease for the client, health worker, nurse, assistants and any other supporting staff during service delivery.

6.3 Importance of Infection Prevention:

- It is a major component of quality health service delivery.
- It protects patient, client, service provider and community people from deadly and other communicable diseases.
- It can reliably prevent transmission of HIV and Hepatitis B from one person to another.
- It satisfies clients on the service they receive and increases their trust in the clinic or organization.

6.4 What is a Communicable Disease?

A communicable disease is one that spreads from one person to another.

6.5 How is It Transmitted?

A communicable disease spreads from one person to another through various mediums. It is important to know how it is transmitted in order to control it. The following elements are required to transmit communicable diseases from one person to another:

- **Reservoir or source:** Reservoirs or sources are a place where micro organisms live and grow: like people, insects, plants, air, water, equipments, soil etc.
- **Mode of transmission:** There are various ways, depending on the kind of disease, in which micro organisms travel from reservoir to susceptible host. For example, some micro organisms are transmitted by contact, others through air, water, contaminated hands, animal bite etc.

- **Susceptible host:** As micro organisms exit from reservoir or source through various ways, they also enter a susceptible host through various ways, transmitting disease.



Figure: Disease Transmission Cycle

The linkage of above mentioned chain (Reservoir/source, medium and susceptible host) forms the disease cycle.

6.6 Effective of Infection Prevention Practices:

There are various ways to help prevent infection: hand washing, using protective barriers (like gloves, mask, cap etc), using an appropriate antiseptic solution, using the aseptic technique, decontaminating equipment, managing waste properly, etc. In this reference book, handwashing and disposal of waste are discussed.

6.6.1 Hand Washing Techniques:

Hand washing is essential before administering Sangini Injection. Generally, hand washing is done in two ways.

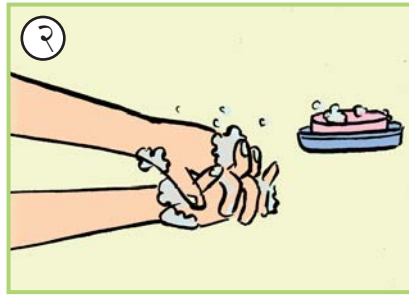
- Simple hand washing
- Alcohol hand rub

Hand washing is an easy and effective method of Infection Prevention

6.6.1.1 Simple Hand Washing

- Wet hands with running water.
- Rub hands well with soap and water. Make sure to rub every part of hands.
- Vigorously weave fingers and thumbs together and slide them back and forth for 10-15 seconds.
- Rinse hands under stream of water.
- Dry hands with a clean towel or allow hands to air-dry.





The most appropriate water for hand washing is regular flowing tap water

6.6.1.2 Alcohol Hand Rub

Alcohol hand rub is an alternative way for cleaning hands if hand washing with soap and water can not be done. The alcohol hand rub controls and destroys growing micro organisms. Alcohol rub should not be used on hands that are visibly dirty or bloody. In this case hands must be washed. Alcohol may also dry the skin. So mix glycerin (2 ml) in 100 ml Rectified Spirit (60-90 percent) to prepare solution. Then, pour 3-5 ml or 1 spoonful solution into hand and rub until it dries. After every 5-10 alcohol hand rubs, wash hands with soap and water.

6.6.2 Collection and Disposal of Waste

6.6.2.1 Objectives

- To protect service providers and local community from infection caused by waste
- To protect staff who handle the waste from accidental injury
- For a pleasing environment
- To prevent odors
- To keep away flies, insects, mice, and dogs that are attracted to waste.

6.6.2.2 Classification of Waste

Generally, waste generated at the Sangini clinic can be divided into two:

- General or uncontaminated waste
- Contaminated waste

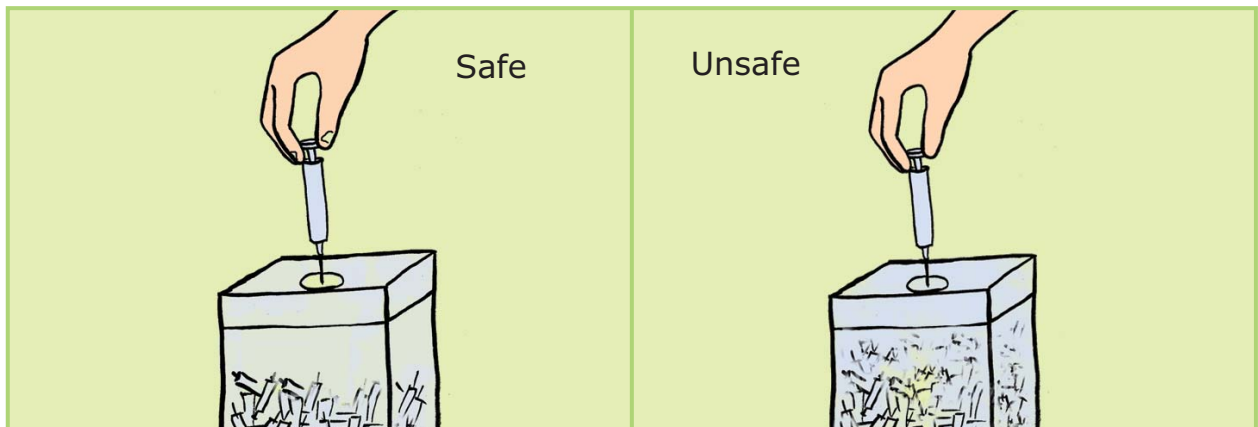
6.6.2.3 Puncture Proof Container

A puncture proof container is made of hard materials which can not be penetrated by sharp objects. These containers also do not leak. Health workers and clients will be protected against accidents caused by needles and syringes if the puncture proof container is used properly. All health workers should be careful about disposing needles and syringes properly and safely.

6.6.2.4 Use of Puncture Proof Container

A proper use of puncture proof container would help to prevent accidents from sharp ends. Some of the major issues are mentioned below:

- Never re-cap needle after injection. Most accidents are caused by recapping needle.
- Needle and syringe should be disposed into PPC right after use. Do not bend or separate needle and syringe after use. The more you play with it the higher the risk of accident.
- Keep PPC by the working site. Most accidents happen after giving the injection and before disposing them in the PPC. Soiled needle and syringe should be disposed into container right after the injection.
- Do not keep the container full. Change the container when it is filled up to the mark.



6.6.2.5 Disposal of Waste

Use easy and pollution free techniques to dispose of needles and syringes. There are two methods of disposing : one is incineration and another is burying needles and syringes.

Session 7 Sexually Transmitted

Infection (STI)	51
7.1 What is an STI?	51
7.2 Importance of STIs	51
7.3 Interrelationship between HIV and STIs ..	52
7.4 Prevention of STIs	52
7.5 STI Case Management Process	52
7.6 Interaction between the Patient and the Health Care Provider	53
7.7 Diagnosis.....	53
7.8. Syndromic Approach	54
7.8.1 Education and Counseling.....	54
7.9 STI Syndromes and Treatment	56
7.9.1 Urethral Discharge Syndrome	56
7.9.2 Vaginal Discharge Syndrome	57
7.9.3 Genital Ulcer Syndrome	59
7.9.4 Lower Abdominal Pain Syndrome in Women	60



7. Sexually Transmitted Infections (STIs)

7.1 What is a Sexually Transmitted Infection (STI)?

Sexually transmitted Infections (STIs) are infectious diseases that are transmitted through sexual contact. Those are transmitted through unsafe vaginal, anal, and oral contact with infected person. Some infections are transmitted during pregnancy and at the time of delivery through mother to the newborn baby and some through contaminated blood. Some are transmitted through contaminated blood and unsterilized needle/equipment..

There are different types of STIs :

Based on discharge

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

Genital Ulcer:

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

HIV/AIDS.

7.2 Importance of STIs

Sexually Transmitted Infections affect millions of men, women and children every year all over the world. STIs have serious and long term social, economical and psychological impact. WHO has estimated that this is a major issue that affects maternal health in developing countries. In addition to all that, incidence of STIs are increasing in most countries. Lack of timely diagnosis and treatment causes infertility, abortion, infant blindness, cervical cancer, complications and even death.

7.3 Interrelationship between HIV and STIs

- STIs increase chances of getting and transmitting HIV .
- Infection with HIV increases the severity and progression of many other STIs.
- When a HIV infected person is also infected with STIs, the effects are more serious and treatment is less effective.
- HIV rapidly increases and prolongs infection.

Therefore, it is important to treat STIs completely and timely.

7.4 Prevention of STIs

The objectives of STI prevention are as follows:

- Preventing the transmission of sexually acquired infections
- Preventing development of diseases, complications and sequelae
- Reducing the risk of HIV infection
- Promoting safer sexual behavior.

7.5 STI Case Management Process

STI Case Management is the overall package of effective and acceptable care that should be accessible to any individual who thinks that he or she may have a Sexually Transmitted Infection. To achieve the objectives of appropriate case management, the patient must receive:

- a correct diagnosis
- effective treatment
- education and counseling or risk reduction including promotion (and provision) of condoms
- encouragement to notify sexual partner(s) and
- clinical follow up where necessary.



7.6 Interaction between Patient and Health Care Provider

The interaction between patient and health worker is particularly important in the STI consultation. Unless a mutually respectful and trusting relationship is established, the information needed to make an accurate diagnosis will not be obtained. The following **"WELL"** approach is used:

"WELL Model"

- W-** Welcome patient
- E-** Encourage patient to talk
- L-** Look at the patient
- L-** Listen to patient attentively.

7.7 Diagnosis

History Taking

It is necessary to take the history and examine the patient for diagnosis. History taking, or getting information about the present complaints, is the first and most important step for diagnosis of STIs. It is important to remember that the questions which are asked are very sensitive; therefore always talk to the patient in private, where you can not be overheard.

- What are your symptoms?
- When did they start?
- Are you married?
- Do you have a new or more than one sexual partner?

Physical Examination

Before conducting a physical examination, explain to the patient why a physical examination is necessary. They need to understand that their cooperation is fundamental for correct diagnosis and treatment. Examination should take place in private and in proper light. The process for examination of male and female patients is shown below:

Take the patient's consent before physical examination and say what you are going to examine.

Examination of Male Patient:

1. get the patient to take his trousers and underwear down
2. look at the penis with the foreskin forward and pulled back
3. get a patient to show any discharge by milking the penis
4. look at the groins, pubic hair region, the perineum, perianal region and the anus for scabies, pubic lice and nits
5. palpate the groins and testicles for swelling or tenderness.

Note:

- Genital and body rashes, ulcers, swollen glands in the groins, warts
- Sores, ulcers
- Discharge from the urethra, oral and anal sites

Examination of Female Patient:

1. Get the patient to remove her underwear
2. Examine the patient on a couch or table on her back with the knees flexed and the legs apart
3. Look at the external genitalia, perineum, perianal, anal region, oral cavity and body
4. Palpate groins for swelling
5. With a gloved hand separate labia majora, look at the labia minora, separate them and look at the introitus.

Note:

- Warts, sores and ulcers
- Color, quantity and smell of vaginal discharge
- The character of the exudation from the cervix- is it clear and mucoid, mucopus or frank pus? Does it contain blood?
- Scabies, lice, dandruff
- Lymph nodes

7.8 Syndromic Approach

All service providers should follow the recommendations for treatment contained in these guidelines which are found in pages 56-60. It will be important to explain to patients that the treatment is the best and only suitable one even though it might seem expensive. The recommended treatment follows the principle of prescribing effective treatment for the necessary length of time (a single dose where possible) needed to be effective.

7.8.1 Education and Counseling

The time is limited for education and counseling STI cases and only few messages are likely to be absorbed. Discussion with patients may include:

- the present infection
 - The cause and possible complications
- treatment and the need to complete the full treatment course
- necessity to avoid sexual contact until cured
- the importance of treatment for partner/s
- risk reduction
 - Safer sex
 - Condom promotion and availability
- need to get early treatment if any future problem
- the risk of HIV/AIDS from unsafe sex
- follow up or when to come back, confirm date, time and place.



In order to remember what to discuss with patients remember **The 4 Cs** :

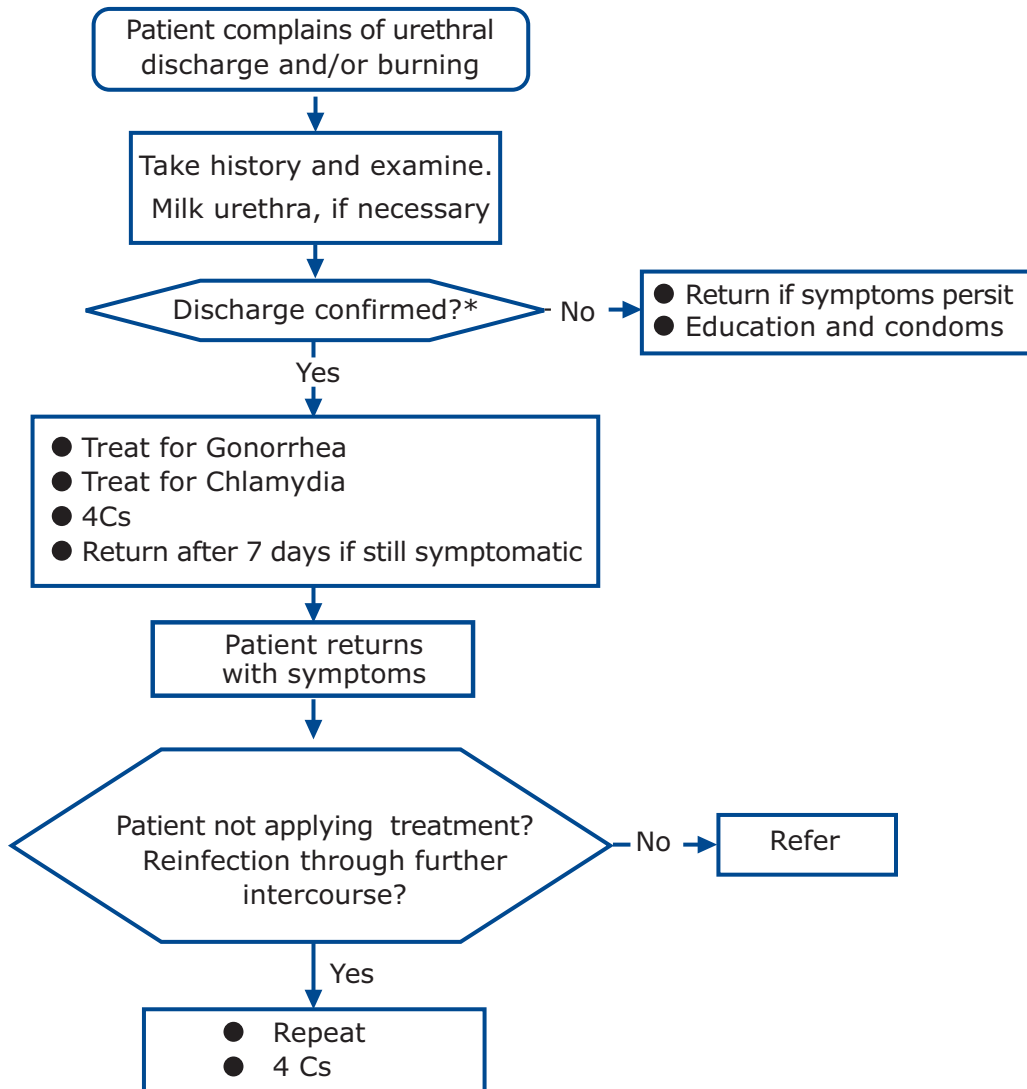
- **Compliance/Complete Treatment:** Service provider educates client as mentioned to complete all the treatment prescribed.
- **Client education/Counseling:** Explain how it is transmitted, and how to prevent. Mention the interrelationship between HIV and AIDS and STIs. Inform that it is cured completely if treated on time, but if not treated then risk of getting HIV/AIDS, for which there is no cure, is increased.
- **Contact tracing & Treatment:** Make sure all sexual partners are encouraged to get treatment and explain to them clearly the importance of treatment. They need to understand that one sexual partner easily transmits it to another partner.
- **Condom promotion:** Counsel client that STIs could be prevented by using a condom correctly. Teach them how to use it correctly and provide them with condoms.

7.9 STI Syndromes and Treatment:

The syndromic treatment and management of STIs that are likely to be seen in Nepal are mentioned below:

7.9.1 Urethral Discharge Syndrome

(Case management of Urethral discharge) (No laboratory support available)



Treatment

- Gonorrhoea - Cefixime 400 mg single dose or Ceftriaxone 250 mg IM single dose
- Chlamydia - Azithromycine 1 gm single dose

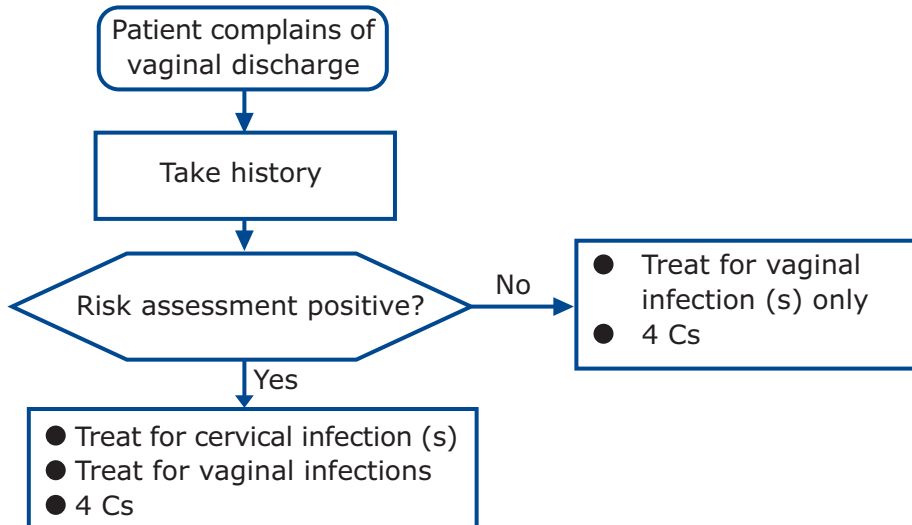
* discharge confirmed either by history and/or exam



7.9.2 Vaginal Discharge Syndrome

Vaginal discharge can be due to vaginal infection (vaginitis) or by cervical infection (cervicitis).

THE CASE MANAGEMENT OF VAGINAL DISCHARGE (NO EXAMINATION POSSIBLE)



Treatment

Vaginitis

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

Cervicitis and Vaginitis

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

Causative Organism

Vaginitis : Trichomonas Vaginalis, Candida Albicans and Bacterial Vaginitis

Cervicitis: Neisseria Gonorrhoeae and Chlamydia Trachomatis

Symptoms:

- Vulva vaginal irritation
- Vaginal soreness and smell
- Pain during intercourse
- Burning urination

Signs: Discharge from the vaginal opening

Risk Assessment: During the risk assessment the following points need to be considered:

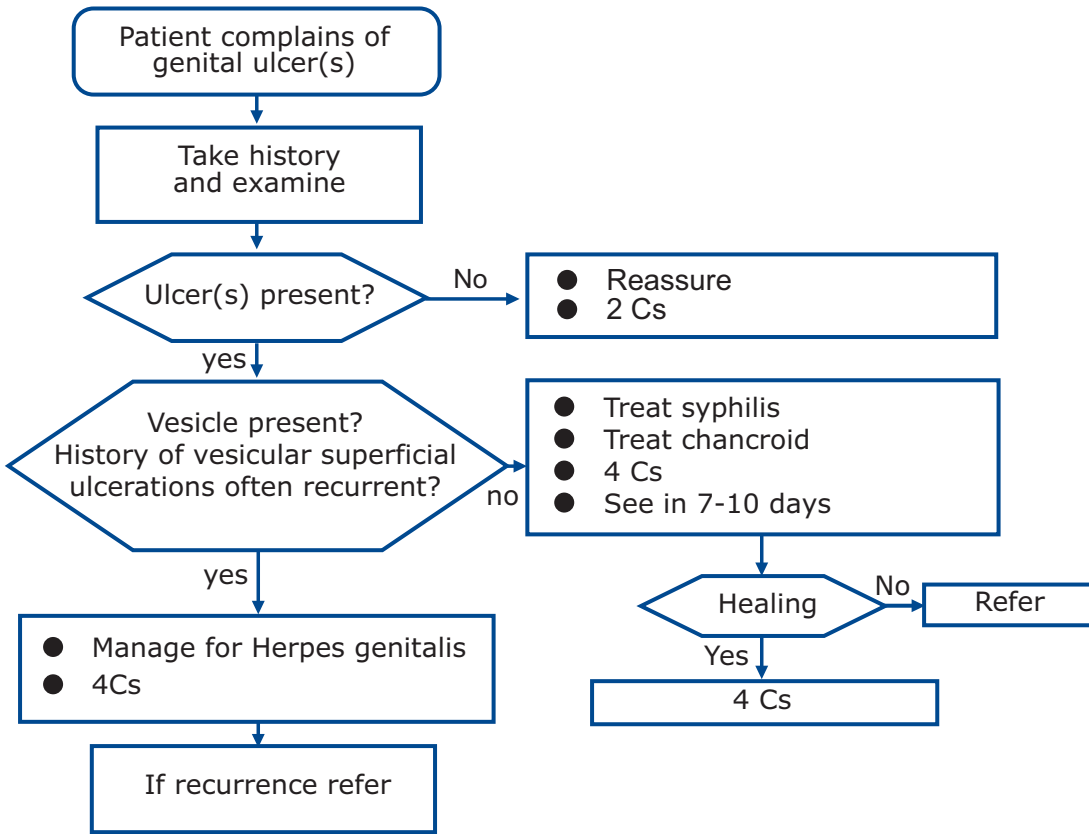
1. Symptomatic Sex Partner
2. Multiple Sex Partners of Partner
3. Patient has multiple partners

If any of the above is present, then risk assessment is positive. In that case, treat cervicitis and vaginitis both; if not, then treat only vaginitis.



7.9.3 Genital Ulcer Syndrome

Flow Chart for the Case Management of Genital Ulcer Syndrome

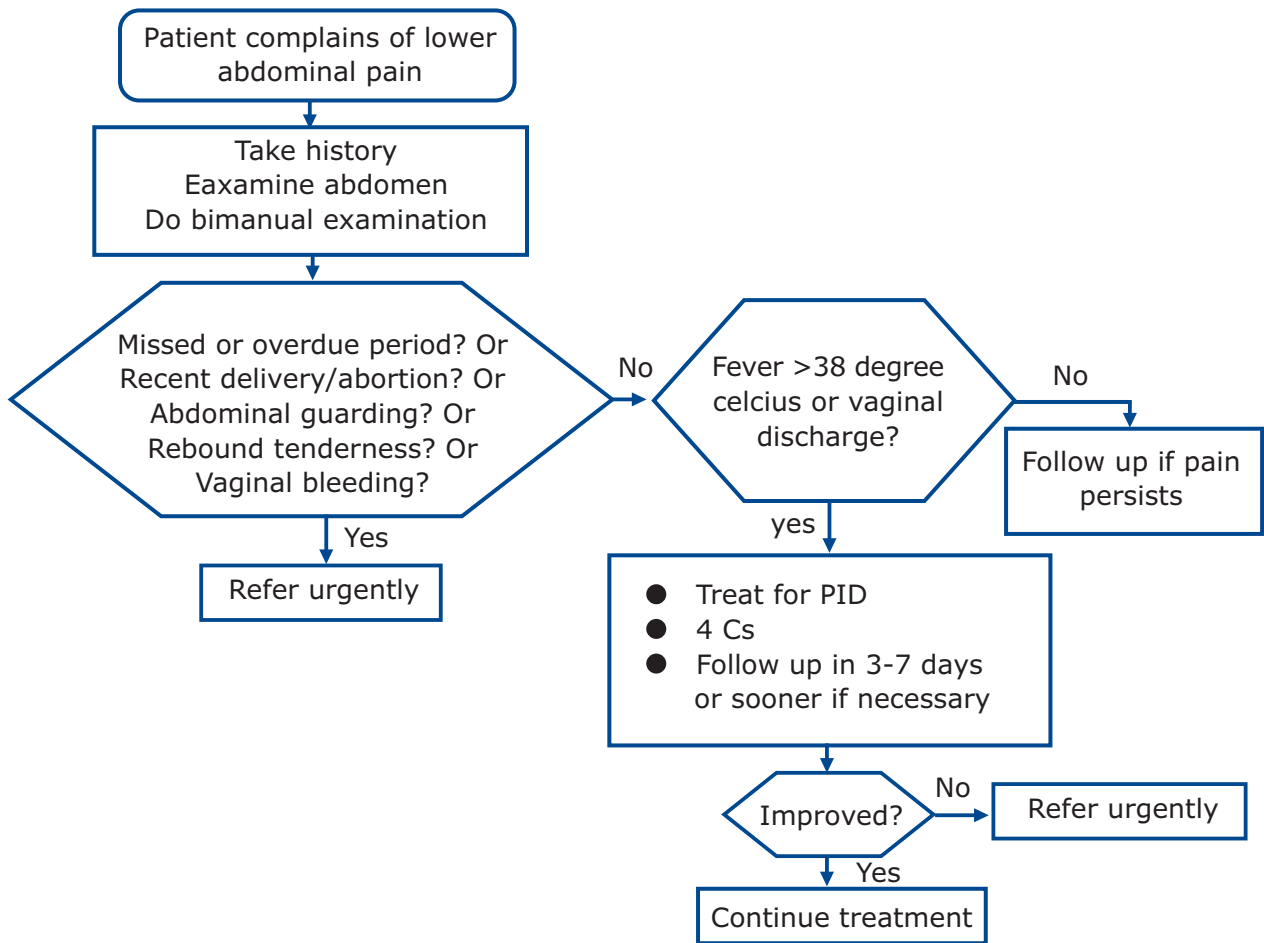


Treatment	Causative Organisms
<p>Syphilis- Benzathine penicillin 2.4 mega units IM stat (1.2 mega units on each buttock) plus</p> <p>Chancroid- Erythromycin 500 mg four times daily for 7 days or Azithromycin 1 gm oral single dose plus</p> <p>Herpes Genitalis - Acyclovirs 200mg five times daily for 5 days (First Clinical episode)</p> <p>Acyclovir ointment to apply locally five times a day for 5 days (Local treatment)</p> <p>Herpes genitalis is likely to recur. Then refer to specialist.</p>	<ul style="list-style-type: none"> ● Treponema Pallidum ● Haemophilus Ducrei ● Herpes Simples



7.9.4 Lower Abdominal Pain Syndrome in Women

The Case Management of Lower Abdominal Pain Syndrome in Women (No Speculum Examination Possible)



Treatment

- Cefixime 400 mg single oral dose or Ceftriaxone 250 mg IM single dose plus
- Doxycycline 100mg, two times daily for 14 days plus
- Metronidazole 400mg, three times daily for 14 days.

Causative organism for Lower Abdominal Pain Syndrome

- Neisseria gonorrhoea
- Chlamydia trachomatis
- Anaerobic bacteria

Session 8 The Concept of Quality

Assurance	62
8.1 What is Quality Service?	62
8.2 Responsibilities of Service Provider in Sangini Program.....	64
8.3 What are the Things That Service Providers Should Not Do?.....	64
8.4 Monitoring of Quality in Sangini	65
8.5 Recording	65



8. Quality of Care in Family Planning

8.1 What is Quality of Care in Family Planning?

Quality of care in family planning is service in which client receives all information and counseling from a trained health worker, and gets an opportunity to choose FP methods freely. This service considers client's attitude; service standard; resources, thus fulfilling client's interests and needs. Quality of care will also attract more potential FP users. In this way, quality of care in FP helps meet client's rights and service provider's requirements.

Clients' Right + Service Providers' Need = Quality Health Service

The Rights of Clients

- **Information:**

Clients have the right to get accurate, appropriate, understandable, and unambiguous information related to family planning, reproductive health and sexuality. Information and materials for clients need to be available in all parts of the health care facility.

- **Access to services:**

Clients have a right to access services that are affordable; available at convenient times and places; fully accessible with no physical barriers; that have no inappropriate eligibility requirements or social barriers including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

- **Informed choice:**

Clients have a right to make a voluntary, well considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility to confirm that a client has made an informed choice or to help client reach an informed choice.

- **Safe services:**

Clients are entitled to a safe service. Safe service requires skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe service also means proper use of standard, protocol, counseling and instructions for clients, as well as recognition and management of complications related to medical and surgical procedures.

- **Privacy and confidentiality:**

Clients have a right to privacy and confidentiality during delivery of services. This includes privacy and confidentiality during counseling, physical examination, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

- **Dignity, comfort, and expression of opinion:**

All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

- **Continuity of care:**

All clients have a right to receiving continuity of services, supplies, referrals and follow up necessary for maintaining their health.

The Needs of Health Care Staff:

- **Facilitative supervision and management:**

Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus meet the needs of their clients better.

- **Information, training, and development:**

Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

- **Supplies, equipment, and infrastructure:**

Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure uninterrupted delivery of high-quality services.

- **Infection Prevention:**

Health Care staff need safety themselves while delivering quality service. So the provision of supplies and equipment and proper knowledge on IP is necessary to ensure infection prevention practices.



8.2 Responsibilities of the Service Provider:

Service providers have the following responsibilities in order to provide quality health service:

- Keep clinic and pharmacy clean
- Manage provision for regular hand washing
- Always use a clean towel
- Use AD syringe
- Use PPC to dispose needles and sharps
- Apply standards of infection prevention to your work
- Follow medical standards in giving injection
- Keep privacy during counseling
- Be polite and cooperative
- Make available all contraceptives for the services you provide in your clinic. Refer to other clinic if you don't have them.
- Inform clients on contraceptive use, possible side effects and warning signs of complications.
- Update yourself with the information on where and when to refer clients if any complications or side effects arise
- Keep a sufficient stock of contraceptives and do not use expired products
- Keep client and yourself safe from infection during service delivery
- Be attentive and patient while listening to client and refer to an appropriate place if you are not confident about how to help.

8.3 What are the Things that Service Providers should not do?

- Do not force client to use the method you like
- Do not base your decision on FP methods to be chosen according to ethnicity, religion and culture and never argue with client. For example if an unmarried girl comes for FP methods, do not argue with her.
- Never be confident that you always can solve all problems of client.

Benefits of Quality Family Planning:

Quality Family Planning services have following benefits:

1. More clients coming to the outlets
2. Increased client satisfaction
3. Service providers will be more satisfied with work
4. Outlets become popular
5. Better relationship between service provider and clients
6. Safe service to client
7. Outlets will become self sustaining and independent

8.4 Monitoring of Quality in Sangini

Poor quality of service will create problems that are costly to solve and manage. Keeping in this mind, NFCC and Nepal CRS Company have been making an effort to provide quality service.

Staff from NFCC visit each clinic to support service providers in delivering quality health service. They base their observations in the clinic on the standard checklist, which is based on the National Medical Standard. During their visit they hold discussions with service provider, observe the clinical process, and see records to ensure that quality service is being provided.

8.5 Recording

It is essential to keep records of service delivery. Sangini Log Book is given to all service providers for keeping records of all new and old clients of Sangini. How to fill up Sangini Log Book is taught in the training period.

Each client is provided with a Client Contact Card after receiving Sangini service. On this card, the date for the next injection and other general information are recorded. This reminds clients of the next Sangini injection and provides other information related to Sangini. Clients can have their next injection elsewhere by showing the contact card.



Session 9 Self-Assessment67

9.1 What is Self-assessment?67

9.2 Why is Self-Assessment Necessary?.....67

9.3 How to Perform Self-Assessment67



9. Service Provider's Self-Assessment

9.1 What is Self-Assessment?

Every client has a right to get quality health service. This is more crucial in private sector health service, because clients have to pay for Family Planning services when they come to the private sector. To maintain quality health service, private sector must evaluate their performance themselves. This method is called self-assessment.

9.2 Why is Self-Assessment necessary?

Quality health service should focus on client's rights. The main objective of this is to assure clients on the service they receive so they are more interested in using family planning methods. Quality is an important issue in private and social marketing. One can go ahead in the competitive market if s/he gives quality health service. For this, self-assessment is the easiest way. One will be able to obtain client satisfaction if he or she improves quality service delivery according to the standard by evaluating own performance from time to time. The number of clients visiting the clinic increases if clients are satisfied. More clients is good for the service provider and recognition from the community follows as well.

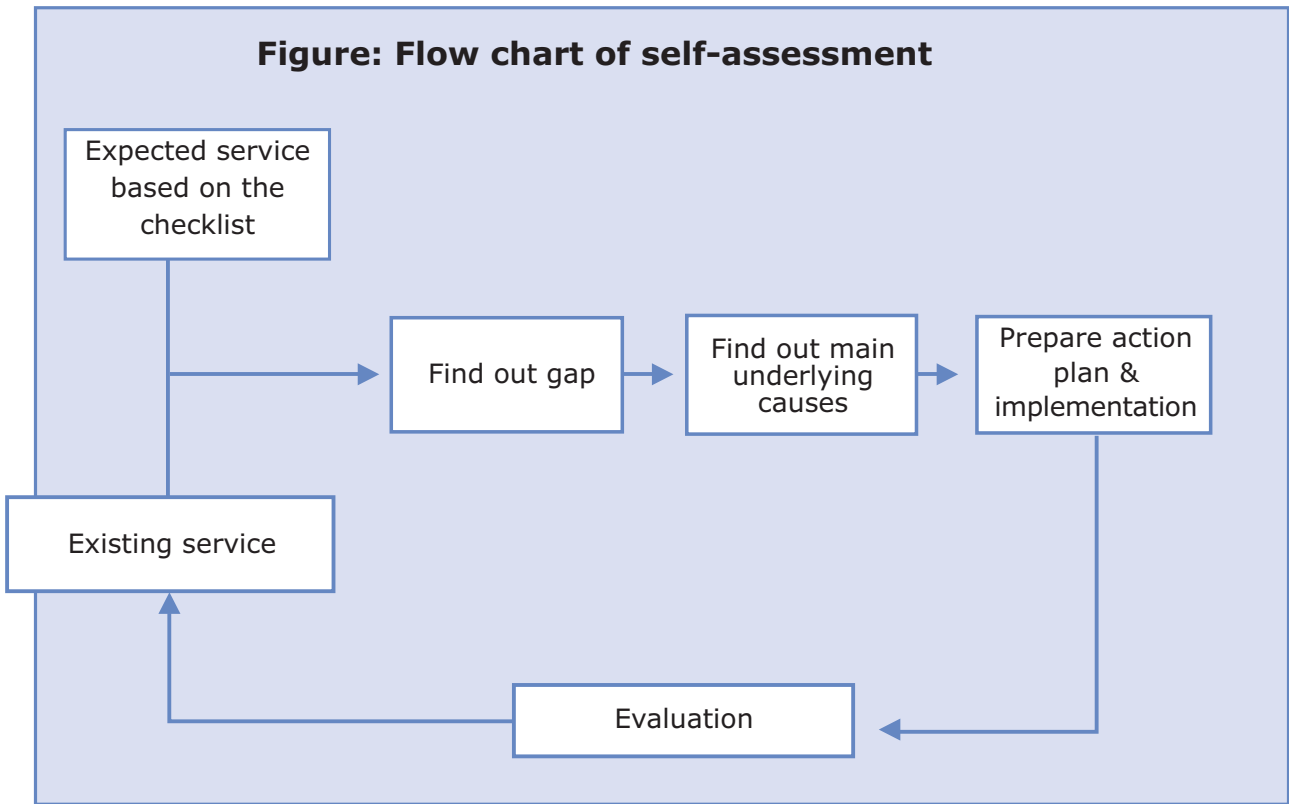
9.3 How to perform Self-assessment?

N-MARC project has prepared a self-assessment checklist based on the National Medical Standard for Sangini service providers. This checklist covers basic requirements to improve quality service in private sector. The self-assessment checklist can be found in the appendix, Pages 73-79.

It is essential that service providers assess their performance based on the checklist from time to time. If you find your work different from the checklist, then ask yourself why there is a difference and what you can do for it. This is also called *gap identification*. Next step is finding out underlying causes for gaps.

To find out the major underlying causes, service provider should ask themselves why there is a difference or gap between the standard and the performance. For example, service provider may not be washing hands before administering Sangini injection. It is very essential to wash hands before the Sangini injection for quality health service, as mentioned in the checklist. In this example, the difference, or gap, is that the service provider did not wash hands before.. Then the service provider should ask themselves why they did not wash hands. This question will lead to realizing the causes of gaps.

Figure: Flow chart of self-assessment



In the above example, a lack of management for hand washing, lack of water, lack of knowledge, or all might be possible causes for not having washed hands. Then find out solutions for solving the problems or solutions for improvement based on main underlying causes. For example, manage provision for hand washing if there is none. Provide a bucket, bowl, soap, water, towel etc. Unless and until one has commitment, improvement is not possible. Next step should be to express commitment, making a plan of action. An example is below:



Plan of action

Name of Provider/Facility: Ghanshyam Maharjan/Luna Medical Hall

District: Kathmandu

Date: 2064/3/15

Gaps	Causes	Solution	Responsible person/ Organization	By when?	Status/Result		
					Done	On-going	Not done
Service provider does not wash hands before administering Sangini injection	Hand washing equipment is not provided	● Provide bucket with tap, bowl, soap, water and towel	Ghanshyam	Within Asar 2064			
		● Wash hands regularly before and after service delivery	Ghanshyam	Daily			

This helps service providers to improve their own performance. Sometimes external support might be required for improvement in quality service delivery. You can receive support from Nepal CRS Company and NFCC staff visiting your clinic.

संगिनी[®]
तीन महिन सुद

Session 10 Annexes71

Flow Chart of Oral Pills71

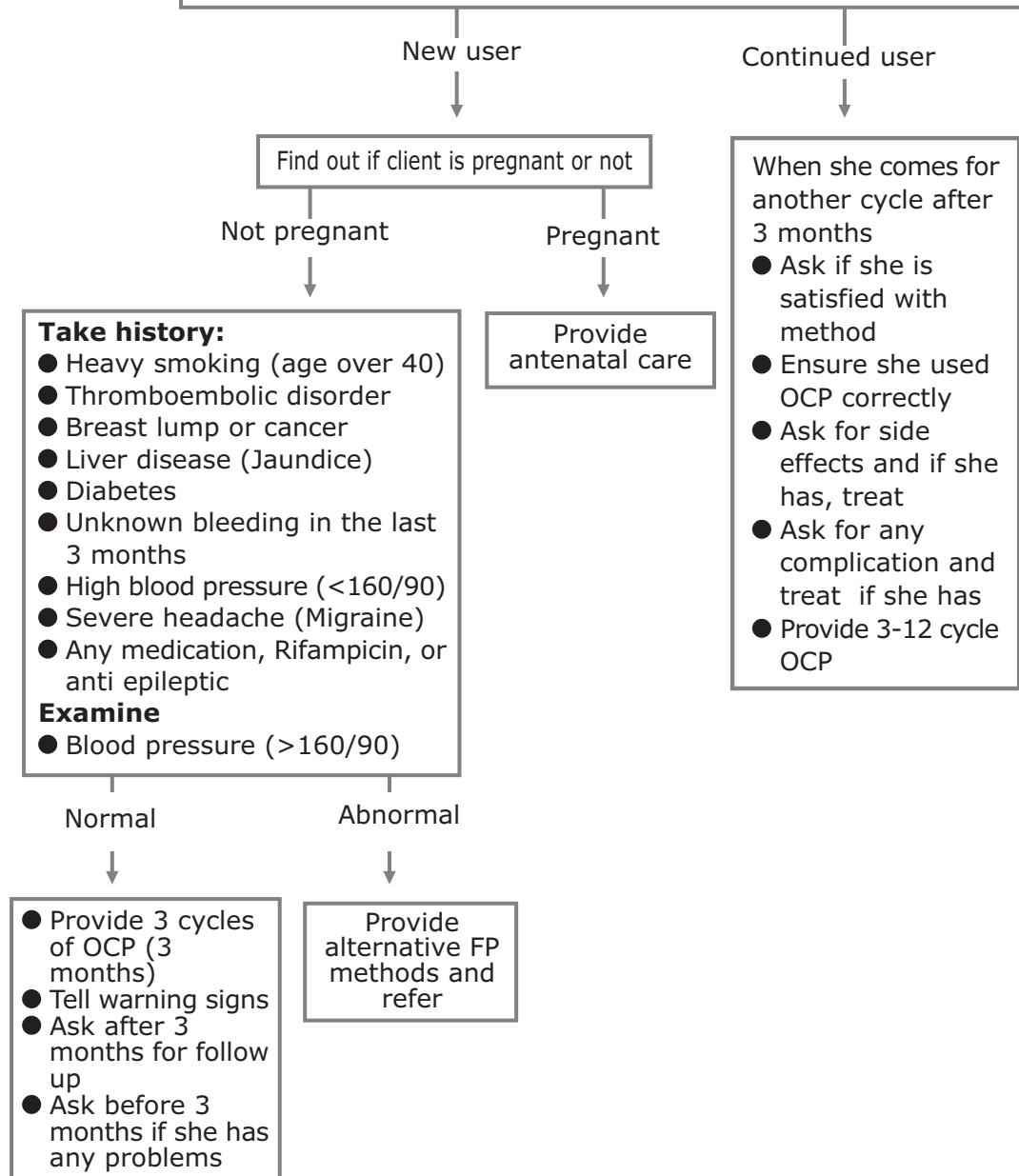
Rules for Service Providers72

Service Provider's Self-Assessment Form73

A Copy of Plan of Action79



Oral Contraceptive Pills (OCP)



Rules for Sangini Service Providers

- Sangini service provider should hold a degree: doctor, staff nurse, ANM, HA, AHW/CMA or equivalent.
- One can provide Sangini service after obtaining certificate of 2-days Sangini basic training.
- Should provide services based on the Sangini Reference Manual.
- Should keep proper record of Sangini related products obtained from Nepal CRS Company.
- The staff from NFCC and Nepal CRS Company will regularly monitor the service provider.
- The concerned organization also monitors service delivered by service provider and gives feedback and suggestions to improve quality service delivery. Sangini injection won't be provided if they do not follow suggestions or feedback.



**Nepal Social Marketing for HIV/AIDS, Reproductive Health and Child Survival
(N-MARC)**

Provider Self-Assessment tool

1. General Information

S. No	Particular	Yes	No
1.1	Open clinic on time		
1.2	Availability of service provider at clinic on time		
1.3	Received training in Sangini		

2. Facility audit

Descriptions	Yes	No
2.1 Facility looks clean and tidy		
2.2 Privacy for counseling		
2.3 Privacy for service provision		
2.4 Hand washing facility available		
2.5 Antiseptic (Rectified Spirit)		
2.6 Clean Hand towel		
2.7 Availability of STI services		
2.8 Puncture Proof Container available		
2.9 Place for burning waste		
2.10 Proper light		
2.11 BCC materials:		
2.11.1 Poster explaining all FP methods		
2.11.2 Client's rights poster		

3. Facility audit – products

Products	Yes	No
3.1 Sangini (vials)		
3.2 Nilocon (cycles)		
3.3 Sunaulo Gulaf (cycles)		
3.4 Dhal (consumer packs)		
3.5 Panther (consumer packs)		
3.6 Postiner 2 (cycles)		
3.7 No.1 (consumer packs)		
3.8 Navajeevan (50 sachets)		
3.9 CDK (packet)		
3.10 STI kit		
3.11 Sure (consumer packs)		

4. Instruction given by Drug Retailer

Products	Instructions	Yes	No
4.1. Condoms:	4.1.1 Instruct client on how to use		
	4.1.2 Suggest client to read insertion sheet		
	4.1.3 Store properly (in the shop)		
4.2. Oral Contraceptives	Counsel client		
	4.2.1 Advantages, disadvantages		
	4.2.2 Side effects and warning signs		
	4.2.3 How to take		
4.3. CDK:	4.2.4 Suggest client to read insertion sheet		
	4.3.1 Suggest client to read insertion sheet		
4.4. Navajeevan:	4.4.1 Instruct client how to prepare it		
	4.4.2 Tell client to visit health worker/doctor in case of severe diarrhea		
4.5. STI kit:	4.5.1 Suggest client to read insertion sheet		
	4.5.2 Instruct client how to take medicine		
	4.5.3 Suggest client to bring partner for treatment		



5. Service Statistics and Record Review

Descriptions	Yes	No
5.1 Fill up Sangini Log Book properly		
5.2 Number of Sangini clients		
5.3 No. of Sangini referral cases		
5.4 Number of non-returning Sangini clients		

6. Counseling/Informed Choice

Descriptions	Yes	No
6.1 Greet client politely according to local custom		
6.2 Treat client respectfully		
6.3 New client Ask about client's reproductive intentions		
6.3.1 # of children		
6.3.2 # of children wanted		
6.3.3 When next birth wanted		
6.4 Briefly explain all methods		

Counseling: Method Specific

Descriptions	Yes	No
6.5 Explain side effects for chosen method - Sangini:		
6.5.1 Irregular bleeding		
6.5.2 Spotting		
6.5.3 Heavy bleeding		
6.5.4 Amenorrhea		
6.5.5 Weight gain		
6.6 Discuss advantages of method (Sangini)		
6.6.1 Rapidly effective		
6.6.2 Pelvic examination not required		
6.6.3 Does not affect breast feeding		
6.6.4 Improves anaemia		
6.6.5 Maintains privacy		
6.7 Discuss disadvantages of method (Sangini)		
6.7.1 Change in menstrual bleeding pattern		
6.7.2 Weight gain		

6.8 Discuss warning signs of selected method (Sangini)		
6.8.1 Heavy bleeding		
6.8.2 Severe lower abdominal pain		
6.8.3 Severe headache		
6.8.4 Depression		
6.9 Explain side effects for chosen method - (Pills):		
6.9.1 Headache		
6.9.2 Nausea		
6.9.3 Vomiting		
6.9.4 Dizziness		
6.9.5 Chloasma		
6.10 Discuss advantages of chosen method (Pills):		
6.10.1 Immediately effective		
6.10.2 Immediate return of fertility when stopped		
6.10.3 Client can discontinue herself		
6.10.4 Regular menstrual cycle		
6.10.5 Highly effective if taken daily		
6.11 Discuss disadvantages of chosen method (Pills):		
6.11.1 Forgetfulness increases failure		
6.11.2 User dependent (requires motivation and daily use)		
6.12 Discuss warning signs of chosen method (Pills):		
6.12.1 Severe headache		
6.12.2 Severe abdominal pain		
6.12.3 Prolonged or severe nausea and vomiting		
6.12.4 Severe leg pain		
6.13 Ask client what questions she has		
6.14 Explain that method selected does not protect against STI/HIV		
6.15 Returning client		
6.15.1 Ask client how she likes the method		
6.15.2 If client has a problem or does not like the method, ask about the problem/reason and try to solve the problem, treat side effects, or discuss switching methods		



6.16 Ask about possible change in reproductive intentions (if client wants pregnancy), explain:

6.16.1 ANC

6.16.2 Safe delivery

6.16.3 Referral

6.17 Check due date for injection (Sangini)

7. Screening

Descriptions	Yes	No
7.1 Find out whether she is pregnant or not		
7.2 Use screening checklist for ruling out pregnancy		
7.3 Ask about current medical problems		
7.3.1 Undiagnosed vaginal bleeding		
7.3.2 Hypertension		
7.3.3 Liver disease		
7.3.4 Severe headache (Migraine)		
7.3.5 Smoking		
7.3.6 Breast lump		
7.3.7 Diabetes		
7.4 Ask whether client is taking any medication		
7.5 Take blood pressure		
7.6 Measure weight		

8. Injection/Procedure

Description	Yes	No
8.1 Ensure all supplies and equipment are properly arranged		
8.2 Wash hands with soap and water before procedure		
8.3 Dry hands with clean towel		
8.4 Check expiry date of product		
8.5 Clean skin with spirit in circular inner to outer motion		
8.6 Allow skin to dry		
8.7 Shake the vial thoroughly and gently		
8.8 Remove plastic cover from vial without touching the rubber stopper		

संगिनी[®]
तीन महिन सुद्ध

8.9	Open the sterile pack containing the needle and syringe		
8.10	Avoid getting air into the barrel of the syringe		
8.11	Insert the needle deep into the deltoid or gluteal muscle		
8.12	Aspirate to ensure the tip of the needle is not in vein		
8.13	If no blood is seen, inject the Sangini slowly and remove the needle		
8.14	Apply pressure to injected site with cotton but do not rub		

9. Counseling after procedure

Description	Yes	No
Sangini:		
9.1 Instruct client when to return for next injection or follow-up visit		
9.2 Brief about warning signs		
9.2.1 heavy bleeding		
9.2.2 severe lower abdominal pain		
9.2.3 severe headache		
9.2.4 depression		
9.3 Brief client on what to do if she experiences side effects or problems		
9.4 Complete follow up card or contact card and give it to her		

10. Infection Prevention/Other

Description	Yes	No
10.1 Collect needle and syringe correctly (without recapping)		
10.2 Wash hands after procedure with soap and water		
10.3 Dispose of waste		
10.3.1 Sharps in PP Container		
10.3.2 Other waste in other container		
10.4 Dispose when PP container is $\frac{3}{4}$ full		

11. Referral System

Description	Yes	No
11.1 Referred client if her contraceptive choice is not available		
11.2 Referred client when she got complications i.e. not treated in the clinic		

12. What motivates you to improve your service?



Nepal Social Marketing and Franchised Project AIDS, Reproductive Health and Child Survival (N-MARC)

Plan of action

Name of Provider/Facility:

District:

Date:

Gaps	Causes	Solution	Responsible person/ Organization	By when?	Status/Result		
					Done	On-going	Not done

Follow up if pain persists



References:

1. National Medical Standard for Reproductive Health, Family Planning Services, Part I, 2001, FHD, MoH/Nepal
2. Pocket Guide for Family Planning Service Providers, second edition, 1996-1998, JHPIEGO
3. The Essentials of Contraceptive Technology, A Handbook for Clinic Staff, JHPIEGO
4. National STI Case Management Guidelines, 2004, NCASC, MoH/Nepal
5. COFP Counseling and Counseling Trainers Note Book, NHTC, MoH/Nepal
6. The Essentials of Contraceptive Technology, JHPIEGO
7. A Handbook of Infection Prevention "sankramana rokathamko lagi sahayogi pustika" 2002, EngenderHealth
8. Infection Prevention Reference Manual for Clinical Service, NHTC, MoH, 2005
9. Medical Eligibility Criteria for Contraceptive Use, third edition, 2004
10. Reproductive Health Clinical Protocol, 2055 B.S. FHD, MoH/Nepal
11. Nepal District Health Survey, 2006, New Era, MoH/Nepal
12. Introducing Auto disable syringes with DMPA and Sharps Disposable container-PATH
13. Emergency Contraceptive - Population Council- FRONTIERS in Reproductive Health
14. Family Planning, A Global Handbook for Providers, Successor to The Essentials of Contraceptive Technology, USAID, WHO, Johns Hopkins, 2007



