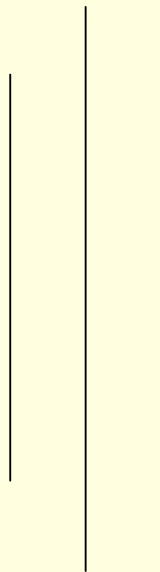
ASSESSMENT OF PROVIDERS' PERFORMANCE: COFP/COUNSELING TRAINING



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Ministry of Health & Population, National Health Training Center (NHTC) initiated Comprehensive Family Planning Training Course from 1994 (BS 2051) and Counseling Training Course from 1995 (BS 2052). In 1999 (BS 2056), these two courses were combined and a new curriculum was developed. This was a 13-day training course named as Comprehensive Family Planning and Counseling Training (COFP/ C). This course was offered to the service providers since 1999/ 2000 (BS 2056/ 57). The main objective of the COFP/C training is to develop a competent service provider who can confidently provide quality family planning services including counseling at district and community level. At the time of this assessment about 3,300 service providers of various categories have received the training on this course. The training is run through the 5 Regional Health Training Centers of the country, funded by USAID and with technical assistance being provided by NFHP. This is the first assessment of performances of COFP/C trained service providers since the COFP/C training was launched. The main objective of the assessment was to find out how the service providers are providing FP counseling after training at their own worksite.

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TABLE OF CONTENTS

LIST OF TABLES I

ABBREVIATIONS III

OPERATIONAL DEFINITIONS USED IN THE STUDY IV

EXECUTIVE SUMMARY 1

CHAPTER ONE : INTRODUCTION 11

1.1. BACKGROUND OF COFP/C TRAINING PROGRAM 13

1.2. REVIEW OF IMPACT ASSESSMENT OF FAMILY PLANNING COUNSELING TRAINING IN NEPAL 14

1.3. OBJECTIVES OF THE STUDY 15

1.4. LIMITATIONS OF THE STUDY 15

CHAPTER TWO : STUDY DESIGN AND METHODOLOGY 17

2.1. STUDY DISTRICTS 18

2.2. DEVELOPMENT OF STUDY TOOLS 18

2.3. FIELD WORK AND DATA COLLECTION 20

DATA COLLECTION 21
DATA QUALITY ASSURANCE PROCESS 22

2.4. DATA PROCESSING AND ANALYSIS PLAN 22

CHAPTER THREE : STUDY FINDINGS 26

3.1. SERVICE PROVIDERS' KNOWLEDGE ASSESSMENT 27

3.1.1. KNOWLEDGE ON BASIC CONCEPTS OF FP COUNSELING 28
3.1.2. RETENTION OF KNOWLEDGE ABOUT COUNSELING SKILLS 31
3.1.3. RETENTION OF KNOWLEDGE ABOUT FP METHODS 33
3.1.4. RETENTION OF KNOWLEDGE ABOUT WRITTEN INFORMED CONSENT FROM THE CLIENT 35
3.1.5. RETENTION OF KNOWLEDGE ABOUT INFECTION AND FAILURE OF METHOD 37

3.2. COUNSELING SESSION OBSERVATIONS 40

3.2.1. INTER PERSONAL COMMUNICATION (IPC) SKILLS 42
3.2.2. SKILLS OF A-BHI-BA-DA-NA (GATHER) 45
3.2.3. SKILLS OF STEP - 'A' (TO GREET THE CLIENT) 45
3.2.4. SKILLS OF STEP - 'BHI' (TO IDENTIFY THE NEEDS) 48
3.2.5. SKILLS OF STEPS - 'BA' AND 'DA' (HELP THE CLIENT MAKE A VOLUNTARY AND INFORMED DECISION) 51
3.2.6. SKILLS OF STEP - 'NA' (GOODBYE AND ENCOURAGING FOR RETURN VISIT) 55

3.3. CLIENT EXIT/ MYSTERY CLIENTS' INTERVIEWS 59

3.3.1. CLIENT PROFILE 59
3.3.2. REASONS FOR VISITING A PARTICULAR HEALTH FACILITY 60
3.3.3. CURRENT USE OF FAMILY PLANNING METHODS BY THE CLIENTS 60
3.3.4. PROBLEMS EXPERIENCED BY THE CLIENTS WHILE USING FAMILY PLANNING METHODS ... 60
3.3.5. PURPOSE AND OUTCOME OF THE VISIT 61
3.3.6. FAMILY PLANNING SERVICES AS PERCEIVED BY THE CLIENTS 62
3.3.7. USE OF IEC MATERIALS 63

3.3.8. Client Satisfaction ... 63
Usefulness of the information to the client ... 65
Overall satisfaction with the visit to the health facility ... 66
Client willingness to revisit the health facility ... 66

3.4. Health Facility Observations ... 67

3.4.1. Health facilities ... 67
3.4.2. COFP/C trained FP service providers ... 67
3.4.3. Facilities for FP counseling services ... 68
3.4.4. IEC materials ... 68
3.4.5. Availability of FP devices ... 69
3.4.6. Access to service delivery (time) ... 70

3.5. Key Informant Interviews With COFP/C Trainers ... 71

Perception on effectiveness of COFP/C training ... 71
Perception on the Training Content/curriculum ... 71
Perception on Training methodologies ... 71
Perception on Logistics ... 72
Perception on Performance of the trainees ... 72
Perception on Duration of the training ... 72
Barriers to Implementation ... 72

3.6. Focus Group Discussion With COFP/C Trained Service Providers ... 74

Overall view on training ... 74
Perception on Training methods ... 76
Perception on the Trainers ... 76
Perception on the Duration of the training ... 76
Perception on the Logistics ... 76
Barriers to implementation ... 76
Suggestions from the FGD participants for effective counselling. ... 77

CHAPTER FOUR : CONCLUSION AND RECOMMENDATIONS ... 79

LIST OF TABLES

Table 1. Distribution of service providers participating in the knowledge assessment by type of health facility, designation, sex, and years since COFP/C training 28
Table 2. Specific knowledge areas on basic concepts of FP counseling as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 29
Table 3. Knowledge levels on basic concepts of FP counseling as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 30
Table 4. Specific knowledge areas on counseling skills as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 31
Table 5. Knowledge levels on counseling skills as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 32
Table 6. Specific knowledge areas on FP methods as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 34
Table 7. Knowledge levels on FP methods as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 35
Table 8. Specific knowledge areas on written informed consent from the client as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 36
Table 9. Knowledge levels on written informed consent from the client as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 37
Table 10. Specific knowledge areas on infection prevention and failure of method as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 38
Table 11. Knowledge levels on infection prevention and failure of method as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126) 39
Table 12. Status of COFP/C Trained and Untrained - Service Providers for counseling observation 41
Table 13. Comparison of IPC skill areas between trained and untrained SPs 42
Table 14. Comparison of IPC skills between trained and untrained SPs 42
Table15. IPC skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 43
Table16. IPC skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 44
Table 17. Comparison of Step - ‘A’ skill areas between trained and untrained SPs 46
Table 18. Comparison of Step - ‘A’ skills between trained and untrained SPs 46
Table 19. Step – ‘A’ skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 47
Table 20. Step – ‘A’ skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 48
Table 21. Comparison of Step - ‘BHI’ skill areas between trained and untrained SPs 49
Table 22. Comparison of Step - ‘BHI’ skills between trained and untrained SPs 49
Table 23. Step – ‘BHI’ skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 50
Table 24. Step – ‘BHI’ skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 51
Table 25. Comparison of Steps- ‘BA’ ‘DA’ skill areas between trained and untrained SPs 52
Table 26. Comparison of Steps - ‘BA’ ‘DA’ skills between trained and untrained SPs 52
Table 27. Step – ‘BA’ and ‘DA’ skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 53
Table 28. Step – ‘BA’ and ‘DA’ skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 54
Table 29. Comparison of Step - ‘NA’ skill areas between trained and untrained SPs 55

Table 30. Comparison of Step - 'NA' skills between trained and untrained SPs 55
Table 31. Step – 'NA' skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 56
Table 32. Step – 'NA' skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120) 57
Table 33.a. Comparison of performance of 'A-BHI-BA-DA-NA' steps between trained and untrained SPs..........58
Table 33.b. Comparison of performance of 'A-BHI-BA-DA-NA' steps among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)..........58
Table 34. Socio-demographic characteristics of clients 59
Table 35. Reasons for the visit to a particular health facility (N = 233) 60
Table 36. Current use of family planning methods by the clients (N = 93) 60
Table 37. Problem with the current use of method (N = 93) 61
Table 38. Problems experienced by the clients while using family planning methods (N = 56)..........61
Table 39. Compiled Outcomes of Visits (N = 233) 61
Table 40. FP services in relation to the problems of FP methods experienced by the clients (only with those clients who have come with some problems on the use of FP methods) 62
Table 41. FP services in relation to information about the chosen method (only those who have received some FP methods/referrals)..........62
Table 42. Use of IEC materials..........63
Table 43. Communication process, confidentiality and perception of waiting time..........64
Table 44. Clinical examination..........65
Table 45. Usefulness of the information provided to the client..........65
Table 46. Overall satisfaction of the clients' with the visit to the health facility 66
Table 47. Client's willingness to return to the health facility 66
Table 48. Types of health facilities observed..........67
Table 49. Service providers assigned by type of facility and designation 67
Table 50. Facilities for FP counseling services..........68
Table 51. Status of IEC materials at the health facilities..........69
Table 52. Availability of FP devices at the health facilities 69
Table 53. Number of hours the health facilities is open 70
Table 54. Number of days per week, family planning services available 70

ABBREVIATIONS

ANM	Auxiliary Nurse Mid-Wife
AHW	Auxiliary Health Worker
AVSC	Association of Voluntary Surgical Contraception (Now organization is known as EngenderHealth)
BCC	Behaviour Change Communication
COFP/C	Comprehensive Family Planning/ Counseling
CMA	Community Medical Auxiliary
CTS	Clinical Training Skills
DHO	District Health Office
DOHS	Department of Health Services
DH	District Hospital
HA	Health Assistant
HP	Health Post
FP	Family Planning
FGD	Focus Group Discussion
FPAN	Family Planning Association of Nepal
IUCD	Intrauterine Contraceptive Device
ICPD	International Conference on Population and Development
IFPSC	Institutionalized Family Planning Service Centre
IPC	Interpersonal Communication
IEC	Information Education Communication
JHU/PCS	Johns Hopkins University/Population Communication Services
KII	Key Informant Interviews
MDG	Millennium Development Goal
MOHP	Ministry of Health and Population
NGO	Non-Government Organization
NFHP	Nepal Family Health Program
NHTC	National Health Training Centre
PAC	Post Abortion care
PHCC	Primary Health Care Centre
PHN	Public Health Nurse
RH	Reproductive Health
RHTC	Regional Health Training Centre
SAHW	Senior Auxiliary Health Worker
SHP	Sub-Health Post
SN	Staff Nurse
SP	Service Provider
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TOT	Training of Trainers
USAID	United States Agency for International Development
VDC	Village Development Committee
ZH	Zonal Hospital

OPERATIONAL DEFINITIONS USED IN THE STUDY

Service Providers (SP): For the purpose of this assessment, the following categories of health workers comprising of - auxiliary nurse mid-wife, auxiliary health worker, senior auxiliary health worker, community medical auxiliary, health assistant, staff nurse and public health nurse have been classified as Service Providers (SPs).

Trained Service Provider: for the purpose of this assessment, the trained service providers are those, who have received the merged COFP/C training.

Untrained Service Provider: for the purpose of this assessment, the untrained service providers have been classified as those service providers who are managing FP services but have not received merged COFP/C training but could have received other FP and IPC trainings.

Mystery client: Mystery Client is a type of observation method where someone is sent into a location to act in the role of a client to evaluate the performance of an employee, in this case service providers.

Separate space: Space where only the client and the service provider can communicate.

Adequate space: A space where client can sit and talk with the provider with comfort and ease.

Privacy: Condition where others could not a) hear the conversation between client and the provider during counselling; b) see the physical examination process.

Display of IEC education materials: Every health provider is provided with a family planning flip-chart (to communicate with the client during counselling process) and cue card (use as a reminder on the content and steps by the provider). Flip-Chart and cue cards is expected to be placed on the providers work table. In addition, the IEC materials distributed by the NHEICC are expected to be posted on the wall inside the counselling room or the waiting area.

Availability of IEC materials: Soon after the counselling session, the service provider is expected to hand out relevant method specific brochures and pamphlet to the client for future reference.

Cleanliness: Waste material container in the health facility for proper disposal. Disposal mechanism includes a) by throwing the waste in the pit or b) burning the waste. IEC material neatly displayed and pasted.

Family Planning Counselling: Is a two way communication process whereby the client is able to make an informed voluntary decision.

Usefulness of information provided by the provider: Perception of the clients about the information as expressed by the clients.

Satisfaction of the clients Client's perception of the services as expressed by the clients. Level of satisfaction as very satisfactory and satisfactory was based on the rating by the clients themselves.

Effective use of flip chart: a) When the providers holds the flipchart in such a way that the client can see the pictures and hear what the provider is saying; b) When the provider shows the illustrations from the flipchart that corresponds with what he/she is explaining.

IUD: An intrauterine device (intra meaning within, and uterine meaning of the uterus) is a birth control device also known as an IUD or a coil (this colloquialism is based on the coil-shaped design of early IUDs).

Norplant: is a form of birth control consisting of a set of six small, silicone capsules filled with levonorgestrel, a synthetic progestin used in many birth control pills.

Depo: is an injectable form of contraception. It contains depo-medroxprogesterone acetate or DPMA. It is a hormonal birth control method containing a synthetic progestin, without estrogen, and is administered to women in the form of an intramuscular injection.

Executive Summary

Background

Ministry of Health, National Health Training Centre (NHTC) initiated Comprehensive Family Planning Training Course from 1994 (BS 2051) and Counselling Training Course from 1995 (BS 2052). In 1999 (BS 2056), these two courses were combined and a new curriculum was developed. This was a 13 days training course named as Comprehensive Family Planning and Counselling Training (COFP/ C). This course was offered to the service providers since 1999/ 2000 (BS 2056/ 57). The main objective of the COFP/C training is to develop a competent service provider who can confidently provide quality family planning services including counselling. At the time of this assessment about 3,300 service providers of various categories have received the training on this course. The training is run through the 5 Regional Health Training Centres of the country, funded by USAID and with technical assistance being provided by NFHP.

This is the first assessment of performances of COFP/C trained service providers since the COFP/C training was launched.

Objectives of the study

The general objective of this assessment of providers' performance is to assess the quality of care and counselling provided by the COFP/ C trained health personnel, which can be broadly classified as:

- To assess quality of family planning counselling services
- To assess retention of knowledge and skills of the service providers after the training.
- To identify factors hindering providers performance (including management, logistics, selection and opportunity to practice) after the training;

Methodology

Study district: COFP/C assessment was carried out in 12 districts, at least one hill and one terai, of all five development regions of the country. These districts included Dhankuta, Jhapa and Morang districts from the Eastern region; Lalitpur, Chitwan and Bara from the Central region; Nawalparasi and Palpa from the Western; Surkhet and Banke from the Mid-western region and Kailali and Dadeldhura from the Far-western region.

Sample size: The assessment sample included 101 health facilities from 12 selected districts: 34 sub-health posts, 30 health posts, 24 primary health care centres and 13 district/zonal hospitals and institutionalised family planning service centres. From these health facilities, 126 COFP/C trained service providers were assessed for their FP counseling knowledge through a self-administered questionnaire. A total of 228 selected counseling sessions were observed with consent of both the client and the SP to observe the counseling skills. Among those observations, 120 were of COFP/C trained service providers and 108 were untrained service

providers. In addition to that 233 clients exit interviews were conducted to assess the client satisfaction. Further, 120 mystery clients interviews were conducted. One focus group discussion was conducted among the COFP/C trained service providers from each region. Altogether there were 28 participants in five focus group discussions. In order to collect information and feedback on the trainings, two regional COFP/C trainers from each of five regional training centres were interviewed.

Following six different tools were developed and administered using quantitative and qualitative methods:

a) Observation Checklist for Health Facility
b) Observation Checklist for Counselling Session
c) Questionnaire for Knowledge Assessment of the COFP/C trained service provider.
d) Questionnaire for Client Exit and Mystery Client Interviews
e) Interview Guides for Key Informant Interviews and
f) Focus Group Discussion Guidelines

There were three teams, each responsible for 4 districts. Each team consisted of 1 supervisor and 2 researchers. Thus, 9 field researchers were mobilized on the field for the data collection. Each member of the study team administered the same instruments at each health facility to improve the reliability of the results, for example one researcher always conducted provider's counselling session observations, and the second always conducted the exit interview. In identified health facilities, if the service provider or clients were not available, the research made repetitive visits. Normally, each study team visited one facility per day. The total field days for the teams taking into consideration, the travel time was 45 days in November and December 2005.

Informed consent was obtained from the service providers and the clients prior to observation of the counselling sessions.

Major Findings

Retention of FP counselling knowledge and skills

Knowledge on basic concepts of FP counseling: It was found that around 38.9% of the COFP/ C trained SPs answered all 6 aspects of basic concepts of FP counseling correctly, while around 35.7% answered the 5 basic concepts of FP counseling. It was seen that among the 6 basic concepts of FP counseling comparatively lesser proportion (67.5%) of the COFP/C trained SPs answered the concept of "Outcome: client satisfaction" correctly. Similarly, only 77.8% of the SPs were able to answer the concept of "Decision making: client him/ herself" correctly. This meant that nearly one third of the COFP/C trained SPs could not recall that client satisfaction was the key outcome of FP counseling and around one fifth of the providers failed to realized that the client herself/himself would make the final decision about the FP choices.

Knowledge on FP counselling skills: It was found that around 73.0% of the COFP/C trained SPs answered correctly all 3 aspects of counseling skills. Among the 3 counseling skills,

comparatively knowledge retention about attentive listening and correcting rumors and misconception were found to be higher than effective questioning skills among the trained SPs.

Further it was seen that only 65.6% of the female SPs answered all 3 skills of counseling correctly in comparison to 80.6% of male SPs. Further, interestingly it was found that more the number of years since SPs received COFP/C training, lesser were they answering correctly all 3 skills of counseling.

Knowledge about family planning method: It was found that only around 15.9% of the COFP/ C trained SPs answered correctly all 7 aspects of Family Planning methods. In addition to that around 27% of the SPs answered 6 of the questions related to FP methods correctly. Among the 7 knowledge areas, mentioned above, regarding FP methods, "the danger symptoms of combined oral contraceptive" was answered correctly by only 47.6% of the COFP/C trained SPs. Similarly, comparatively with other knowledge areas on FP methods, lesser proportion of the SPs answered correctly the questions related to "mode of action of Copper T (for pregnancy prevention)" and "two most common possible side effects of Norplant".

Knowledge about written informed consent from the client: Around 88.9% of the SPs answered both of the queries related to the informed consent correctly.

Comparatively, larger proportion (98.4%) of the SPs answered "method which requires written informed consent" than the necessity of written informed consent.

Knowledge about infection and failure of method: It was found that around 59.5% of the SPs answered all 3 assessed knowledge areas correctly.

Among the three knowledge areas assessed for infection prevention and failure of method, lesser proportion of the SPs answered "prevention of infection from Depo injection", in comparison other 2 knowledge area. It must be noted that for prevention of infection from Depo injection, 2 correct ways for preventing infection was sought.

Counselling observations

Interpersonal communication (IPC) skills: Out of seven IPC skills observed, around 27.6% of the SPs demonstrated all seven skills. It was seen that some degree of variation existed between the COFP/C trained and untrained SPs. A larger proportion (29.2%) of the COFP/C trained SPs was able to demonstrate all 7 IPC skills in comparison to the untrained SPs. Comparatively higher proportion (39.6%) of the SPs trained in COFP/C 2-3 years ago, were able to demonstrate all IPC skills.

Among the 7 IPC skills observed, lesser proportion of the SPs, demonstrated skills areas of "correcting rumours and misinformation" (57.0%) and "using the family planning flipchart effectively" (45.7%) in comparison to other skills.

A-BHI-BA-DA-NA (GATHER)

A total of 18 skills spread across 5-steps of the A-BHI-BA-DA-NA approach for counseling were observed among both the COFP/C trained and untrained SPs. These observations were carried out during the counseling sessions with their clients.

The findings presented that none of the COFP/C trained SPs demonstrated all 18 skills of A-BHI-BA-DA-NA, while around 35.3% of the trained SPs answered between 14-17 skills, compared to just 17.6% of the untrained SPs. Although in some specific components of counseling skills and process, visible differences are not found between the COFP/C trained and untrained providers. It must also be noted that around 40.8% of the untrained SPs demonstrated 10 or less skills, in comparison to around 27.7% of the COFP/C trained SPs. These findings indicate that COFP/C training has been effective in imparting counseling skills. A closer look at the counseling process as per the specific steps revel some interesting findings.

Step – 'A': Only around 23.3% of the trained SPs introduced themselves to the client, possibly due to the fact in rural context most of the clients are familiar with the service provider and they know each other well. Formal introductions, therefore, may not be deemed necessary during interactions. However, the observation that only around 30% of trained providers assured confidentiality should be considered more seriously.

Step 'BHI': It must be noted that around 7.5% of the trained SPs could not demonstrate any of the 6 skills related to this step of counseling, while only 6.7% of them demonstrated all the 6 skills. This is a critical step that helps identify needs of the client, basis on which further counseling depends as well as ensuring informed voluntary choice. A closer look at the findings indicated that only 21.7% of the trained SPs assessed the risk of STI and HIV infections is discouraging. This level of practice does not correspond to the findings that retention of knowledge about STI/HIV infection and double protection of condom, which was found to be reasonably high among the SPs during the knowledge assessment. It must be noted that even in the study to assess the family planning counseling training conducted by AVSC International on 1998, indicated that service providers were not performing identifying the clients needs well compared to other steps.

Steps - 'BA' 'DA': Only 26.7% of the trained SPs were able to demonstrate all 4 skills related to this step of counseling. Further, only 34.3% of the trained SPs asked the clients to repeat the instruction, among the male SPs this figure was only 14.3%.

Steps – 'NA': Compared to other steps of A-BHI-BA-DA-NA, larger proportion of the SPs were able to carry out all (3) skills with respect to this concluding step. However, it must be noted that around 8.3% of the trained and 9.3% of the untrained SPs, did none of the skills associated with the Step – 'NA', indicating that opportunity to discuss follow-up visit and encouraging the client to discuss problems was missed out.

Additional analysis showed that female-trained SPs demonstrated more skills during the observation of the counseling session than their male counterparts. This finding is in contradiction to the findings that the male-trained SPs had better knowledge. Further, it reveals having knowledge does not necessarily guarantee that it would be practiced.

It was also seen that AHW/CMA were seen to practice lesser number of skills than other categories of SPs. In line with the findings on knowledge, it was also seen that SPs trained previously in COFP/C were found to be practicing lesser number of skills in comparison to the SPs trained more recently. This could indicate that possibly that many skill areas being assessed are overlooked once the SPs gain more experience and sticking to only common ones.

Client exit interview and mystery clients

Purpose and outcome of the visit: Among the clients visiting the health facilities, around 155 clients (i.e., 66.5%) had specifically visited the health facility with the intention of getting a particular FP method. Among them, 71.6 percent received or were referred for the method of their choice. Another 21.3 percent of them received or were referred to some other method than their original choice and 7.1 percent of the clients returned without receiving or being referred for any other method, as a result of counselling session with the service provider. Even though 78 clients had not come specifically for a FP method, 52.6% of them returned from the facility having received or referred for a method after the counselling session.

All the trained SPs and 85.7% of untrained SPs providers asked the clients about the problems of FP methods they were experiencing. However, with respect to providing explanations on possible options to address the problem on method, trained SPs were seen to have performed better. As observed during the counseling session observation, it is must be noted that findings from the client exit interviews also indicated that a very less number of SPs explained whether the chosen method protects from HIV or not.

Not much variation was noticed between the COFP/C trained and untrained service providers regarding the use of IEC materials. Furthermore, a very low percentage of clients visiting both the trained and untrained service providers commented that they were given IEC materials to take home. The mystery clients' responses indicate that around 63.2% of the COFP/C trained service providers used IEC materials during the counselling session, while only 9.3% of the mystery clients' responded that they were given some form of IEC materials to take home.

It was found that there were significant differences between trained and untrained SPs regarding explaining to the clients the reasons for pelvic examination and results of examinations. A higher proportion of clients visiting the trained SPs (88.9%) commented that the SPs explained the reasons and results of the examination compared to clients visiting the untrained SPs. Around 80% of the mystery clients who underwent pelvic examinations commented that they were explained the reasons and results of the pelvic examinations.

It was found that very less numbers of, both the trained and untrained, SPs were able to maintain and assure confidentiality of the counseling sessions. Out of 233 clients, 42.3% visiting trained SPs reported that they were assured of confidentiality compared to 42.6% visiting the untrained SPs. Likewise, 47.4% of the mystery clients informed that they were assured of confidentiality by the COFP/C trained service providers.

However, the majority of the clients informed that the service provided on the day of the visit to the SP was satisfactory, with not much variation between the trained and untrained SPs. It was seen that around 96.1% of the clients during the exit interviews mentioned that they were satisfied with the visit to the health facility. Mystery client interviews also had the similar results. The overall satisfaction shown by the clients during the exit interviews were complimented with the opinion that around 94.3% of all the clients mentioned that they would return to the health facility for future services, while around 97% of them mentioned that they would suggest others to visit the health facility.

Health facility and service providers

Health service resources: The study was carried out in 101 health facilities. A total of 387 health workers were assigned in these health facilities, out of which 186 received COFP/C training. During the time of this assessment, it was found that 133 service providers out of 186 trained and available COFP/C trained service providers were present at their assigned health facilities.

Facilities for counseling: Out of the total health facility observed, around 54.5% had separate space for counselling; while 50.5% of health facilities had adequate space for counselling services. However, it was found that only around 49.5% of these health facilities had adequate provisions to ensure privacy during counselling session. It must be noted that during client exit interviews, very less number of clients mentioned that they felt they were assured of confidentiality of their counseling sessions, probably lack of separate space for counseling can be attributed to that finding.

Availability of contraceptives: At the time of study, it was found that condom was available in 99.0% of health facilities, pills in 97.0%, Depo-Provera in 91.1% and IUCD and Norplant in 79.5% and 61.1% respectively.

Information, Education Communication Materials: In 84.2% of the health facilities IEC materials were available in the counselling room; while in 62.4% of the health facilities flip-chart/cue cards were available at the service providers' desk. Over 80% of the health facilities had IEC materials were displayed on the wall, with comparatively lesser number of HP and SHP having IEC materials. IEC materials were available for distribution in only 32.0% of the of the health facility. It was observed that except for the ZH/DH/IFPSCs, the flipcharts and cue cards found on the service providers' table and the availability of IEC materials for distributions was comparatively lower in other levels of health facilities.

Key informant interviews (COFP/C Trainers)

As a part of the assessment, a series of key informant interviews were conducted with COFP/C trainers at all five of Regional Health Training Centres (RHTC). The majority of the trainers stated that the training has helped to enrich the trainees' knowledge on effective counselling. Most of them informed that the content of the COFP/C curriculum does not require major changes, except some updates on infection prevention methods.

It was also informed that the process adopted during the training were effective in imparting knowledge to the trainees. According to the trainers, some of the methods they felt were useful during the trainings were group discussions, role play, lecture discussion and demonstration.

Most trainers expressed dissatisfaction over the grading of the trainers and allowances based on it. The trainers admitted that they had not been able to plan effective follow-up of their trainees. Most of the trainers mentioned that due to lack of adequate human resource at the regional health training centres and logistics difficulties, they have not been able to conduct any follow-ups. Most of the trainers indicated that lack of reference materials affected the quality of the training.

Most of them indicated that the lack of adequate space and availability of appropriate manpower at the health facilities as being the two major hindering factors for SPs to deliver effective counselling to the clients. They also stated that there was a general reluctance among the female clients to visit the male SPs.

Some of the trainers also suggested that refresher training for the SPs trained in COFP/C would be helpful. They mentioned that SPs tend to forget some of the skills and knowledge imparted during the trainings, a view also supported by the findings of knowledge assessment of the SPs.

Focus group discussions with COFP/C trained SPs

As a part of the assessment, FGDs were conducted among the COFP/C trained SPs to get information from them regarding the counselling trainings received, their perceived barriers to providing quality services and suggestions.

Most service providers expressed that they valued COFP/C training as it had improved their service delivery skills. The service providers expressed that because of their participation in COFP/C trainings, they are better able to understand the importance of the informed choice.

Most of the service providers reflected that A-BHI-BA-DA-NA technique, infection prevention and side effect management were most interesting and useful sessions covered during the COFP/C training. The providers also liked the training methodologies, which included role-play, lecture, demonstration, audiovisual shows, practical, and group discussions. Participants of FGD also expressed the interest of including IUD insertion and Norplant implant in the COFP/C training curriculum. They were content with the duration and logistics of the training. Though some participants reflected their concern about the allowances they received, it was not considered a major hurdle. Almost all the service providers were satisfied by the training skills of the trainers.

Among the factors detrimental to an effective service delivery, the majority of the providers revealed that lack of adequate space and availability of the required human resource as major hindering factors. They mentioned that in spite of being aware of necessity of privacy and confidentiality during counseling, space constraint affected the quality of counselling services.

Language and gender was also cited as barriers to delivering the effective counselling service. They said that some of the SPs found the knowledge gained during the training difficult to put

into practice because they were not familiar with the local language. Likewise, most of the participants informed that female clients were reluctant in visiting the male SPs, as mentioned by the trainers during their interviews.

Another major barrier to effectively deliver the counselling service was pre-determined method choice of the client. Participants mentioned that most of the clients who visit them come with pre-determined method choice, which made counseling a little difficult. They expressed interest for COFP/C refresher training and follow-up of the trainees by the regional training centres.

Recommendations

Based on the findings and issues raised during the interactions with the concerned personnel possible recommendations to improve the quality of service delivery have been framed within 3 dimensions;

Level of Knowledge

- Findings indicate that more recently trained SPs had comparatively higher level of knowledge, thus possibly indicating some loss of knowledge during the course of time. Thus, refreshers trainings might help to ensure that the level of knowledge is maintained. Based on the findings, after 3 years from the COFP/C trainings, knowledge and practice levels were found to decrease. Thus based on this, refreshers trainings after 2-3 years of COFP/C trainings or other follow-up trainings and on-site supervisions could be a carried out.
- There are some areas of concern regarding understanding of basic concept of FP counseling among the trained SPs. It is suggested that that the basic concepts and principles of counseling be given more emphasis during the COFP/C training.
- Female SPs and ANM seemed to have lower knowledge levels compared to others. It was also revealed during the interactions that the training groups do not guarantee a homogeneous group, thus possibly inhibiting the discussion and queries by the participants. If possible, more homogeneous or more balanced groups be maintained during the COFP/C trainings.

  Given the government plans, in near future ANM may be the main front line family planning service providers, therefore, their competency is of great importance. This leads to the necessity of further exploring the contributing factors to such level of knowledge among the ANM.

Counseling process

- It is necessary to explore the reasons of such poor use of flipchart among the trained providers, even when available. It is recommended to review the training sessions where the provider practices interpersonal communication skills and use of flipchart during role-plays and other group discussions. Further, possibilities of increased access to flipcharts/ cue cards have to be looked into.

- It is suggested that COFP/C training include sessions and exercises to improve the attitude of technical staff towards the client. It was seen that the trained SPs, possibly technically competent, were not necessarily applying their knowledge and the counselling principles and skills as required.
- Each of counselling components are equally important in terms of its impact, therefore it is suggested that all components of each steps of counseling process as per the A-BHI-BA-DA-NA approach be given equal importance during counseling practice and learning sessions. More specifically the necessity and importance of the Step-'BHI' has to be highlighted during trainings or can be reinforced as a major focus during refreshers training as and when they are held.
- Client exit interviews suggested that the clients were generally satisfied with the level of service and general experience of the visit. This contradicts to some extent that many of the SPs were not following all the procedures of the counseling. Thus, indicating that level of expectation from the client was low. This can act as an incentive for the SPs to skip the steps and required process in the future, thus decreasing the quality of the service delivery. It is recommended that strong follow-up of COFP/C trainees should be conducted. Follow-up and on-site supervision and coaching will help the SPs in application of the knowledge during interaction with the clients.
- Interactions with clients and SPs indicated that clients come with preferred choice of FP method; however this can not be put up as an excuse not to provide information about other contraceptive methods. It has to be ensured that during the trainings this concept of informed choice be reinforced.
- Overall performances indicate that COFP/C trained SPs have performed comparatively better than the untrained SPs in terms of delivering better services to the clients, and this should be act as an onus for the continuation of the program.

Counseling environment

- The findings suggest that health facilities do not have space to ensure separate and adequate space for counseling and provide privacy to the client. It is essential and important that adequate space is there at the health facility. However, given the resources and time taken to ensure that, it would not happen immediately. However, it must be noted that some SPs, with additional efforts were able to maintain privacy during counseling even in the scarce space within a health facility. Thus, some session on these kinds of sharing during the trainings possibly will equip the SPs to deal in a better manner when faced with space constraints.
- Interactions with the trainers, SPs and informal talk with the clients revealed that female clients prefer a female SP. However, given the current proportion of male and female trained SPs, this could be difficult to achieve. But, ensuring that male SPs are also provided required skills to deal with female clients could possibly help make female clients more comfortable. If possible presence of at least one trained female SP be there at the health facility.

- The finding indicates the need to improve the availability of all the required contraceptives at relevant health facilities to ensure that clients get access to the required methods.
- It is suggested that provisions to ensure that enough IEC materials be present at the health facilities, to be distributed among the clients. This will help raise awareness regarding family planning among the clients, as well as understand the concept of informed voluntary choice.

CHAPTER ONE

INTRODUCTION

In this chapter:

1.1. Background of COFP/C training program
1.2. Review of Impact assessment of Family Planning Counseling training in Nepal, 1998
1.3. Objectives of the study
1.4. Limitations of the study

CHAPTER ONE
INTRODUCTION

Nepal is committed to the Plan of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDG) which aims to reduce population growth rate and total fertility rate. It recognizes reproductive health (RH) as a crucial aspect of overall health. ICPD defines RH as 'a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to reproductive system and to its functions and processes. RH therefore, implies that people are able to have a satisfying sex life and that they have the capability to reproduce and the freedom to decide, when and how often to do so'.

Nepal's National Health Policy (1991) aims to improve the health condition of people living in rural areas by providing primary health care services and modern medical facilities at the village level. The Second Long Term Health Plan (1997-2017) emphasis addressing the health needs of the poor and under privileged. It sets the target of reducing the total fertility rate from 4.1 to 3.0. The Tenth Five Year Plan has also specified following family planning objectives; to reduce unmet need for family planning, increasing availability and demand of family planning services, providing quality services, increasing the involvement of private sector including non-government organizations (NGO) in family planning service delivery. The plan's specific target is to increase contraceptive prevalence to 47 percent from the contraceptive prevalence rate of 38.9 percent as per the NDHS 2001.

Encouragingly, National Polices and Strategies recognises the need of extending family planning services to socially excluded, poor and marginalised. However, programmatically there are several challenges that need to be addressed to improve health services including family planning. Some of these are:

- raising quality of services at all levels of health facilities;
- increasing access to information and services among those who have unmet family planning needs;
- developing competent and skilled family planning service providers at all levels;
- enabling, capacitating and equipping the lowest level of health service delivery systems;
- improving referral services by making it more systematic, reliable and quicker to respond;
- bringing contraceptives closer to poor, illiterate and marginalized populations living in remote and rural areas.

1.1. Background of COFP/C Training Program

To respond to the family planning need and challenges, Ministry of Health (MOH) Department of Health Services (DHS), National Health Training Centre (NHTC) with support from USAID has been working on improving the quality of service delivery by building the capacity of the service providers since past several years.

In 1993, when the National Health Training Centre (NHTC) was established, it took the responsibility of training all levels of government service providers. It was felt essential to institutionalise family planning counselling training in within the government system. It was determined that emphasis would be placed on the five regional training centres (RTC) within the NHTC system as well as the central office in Kathmandu to serve as training centres in the country.

As a result, a two-year project with funds from USAID was designed to strengthen counselling service delivery and training capacity within the MOH. A partnership between AVSC, Johns Hopkins University/Population Communication Services (JHU/PCS) and NHTC was established. JHU/PCS, in 1993-1994 had developed a four-day interpersonal communication and counselling (IPCC) training curriculum and was using it to train the grass-roots health workers. JHU experience of training grassroots on IPC/C, AVSC expertise on counselling and NHTC/RTC infrastructure was utilized to pilot the USAID funded two-year project.

NHTC started the 12-days Comprehensive Family Planning Training from 1994 (2051) and 8-days Counselling Training from 1995 (2052). AVSC International conducted an evaluation of the family planning counselling training in March 1998 for NHTC. At the time of evaluation, 518 service providers were trained in FP counselling. Later in 1999 (2056), a merged course of Comprehensive Family Planning and Counselling Training (COFP/ C) was pilot tested. Based on the findings of the pilot test the originally scheduled 15 days course was shortened down to 13 days.

NHTC started providing the revised 13-days COFP/C training to the service providers from the year 1999/ 2000 (2056/ 57). This course was inclusive of technical family planning competencies and counseling skills. The main objective of the training was to develop a competent and confident counsellor and provider of temporary family planning methods such as pills, depo as per National Medical Standards.

Since then 3,300 service providers of various categories have been trained in COFP/C. In 2005, NHTC felt the need of conducting an assessment of COFP/C counselling course with the specific objective given below. This is the first assessment of COFP/C trained provider performance.

1.2. Review of Impact assessment of Family Planning counseling training in Nepal, 1998

AVSC International conducted an evaluation of the family planning counseling training in March 1998 for NHTC. At the time of evaluation, 518 service providers were trained in FP counselling under the two-year Counseling Pilot Project. The design of the pilot project was to recruit, train and place two trainers in each of the Regional Health Training Centres. In addition to the ten field based trainers, 2 master trainers were placed in NHTC in Kathmandu. Each of the team were responsible for training and providing post-training follow-up for ANMs, AHWs, HA, as well as staff working at district level health facilities.

The specific objectives of the assessment carried out then were to;

- Assess the quality of family planning services provided by government health personnel in terms of helping clients make informed and voluntary decisions about their contraceptive options.
- Assess counsellor's impression of the training they received and their perceived barriers to providing counseling services in their settings, and their suggestion for overcoming those barriers.

Of the 181 service providers observed, only 27 did not have any family planning counseling training. The counseling session observations were spread across 52 health posts, 32 District health facilities, 17 Primary Health Centres, 4 Voluntary Surgical Contraception Centres and 9 sub-health posts.

The assessment revealed that the family planning counseling trained service providers performed the four communication skills observed (good eye contact, using appropriate tone of voice, appropriate body language and attentive listening) much better than the family planning counseling untrained service providers. Similarly, 207 client-provider interactions were observed during the course of the assessment in line with the tasks related to the GATHER approach. It was found that the trained service providers performed these skills more than the untrained service providers.

During the assessment, it was also found that many service providers did not properly assess the client's needs and knowledge on contraceptive information. Another area of weakness that was observed was the inability of many service providers to furnish completer and accurate contraceptive information to their respective clients during the "tell step" of the GATHER approach.

The focus groups discussion participated by 67 service providers revealed that most of them were satisfied with the content of counseling trainings then and it helped them to perform their jobs better. The major barrier cited to practice everything learned in the trainings were - lack of separate room to provide services and in some districts service providers not being able to speak the local language to communicate with the clients. It was also mentioned that clients came with pre-determined choice, and would become confused, surprised and in some cases questioned motives of the counsellors when they offered a choice of methods.

Two major suggestions mentioned by the service providers to improve counseling training were to involve a medical professional as a resource person to cover the contraceptive information part of the training and to extend the duration of the training to incorporate practical classes. A follow-up visits ranging from every 3 – 6 months were suggested by the counsellors.

The assessment carried out by AVSC International provided some recommendations in line with the family planning counseling training course;

- Hinted at increasing the duration of training to accommodate practical experience, however, also pointed at many factors that need to be taken into consideration to do so.
- Reviewing training materials to train service providers on how to effectively deal with the revisit clients
- Focus the training strategy more closely on assessment of client's needs and ensure that each training participants understands the fundamental importance of this concept.
- Include more contraceptive technology in the training materials to ensure continued development of contraceptive information among the participants.
- A more comprehensive and stricter follow-up plan needs to be considered.

1.3. Objectives of the study

To assess the quality of care and counselling provided by the COFP/ C trained service providers at various health facilities.

Specific Objectives

The specific objectives of this assessment were:

- To assess quality of family planning counselling services provided by government service providers in helping clients to make informed and voluntary decisions about their contraceptive options;
- To assess retention of knowledge and skills of the service providers after the training; and
- To identify factors hindering providers performance (including management, logistics, selection and opportunity to practice) after the training.

1.4. Limitations of the study

All means were taken to ensure that the information collected was accurate and could be generalized to the country context. The following are some limitations encountered trying to conduct a study of this size and scope;

Time: Looking back, it would have been better if there had been more time to conduct the study. The impending situation of conflict in the country greatly impacted the choice and accessibility to the health facilities and the service providers.

Observer Bias: Even though standardized checklist was used for the counseling observations, observer bias can not be totally ruled out. There were 9 people observing counseling services across the 12 districts in five development regions. It is possible that even with all the required background qualification and trainings they would be some bias.

Respondent amnesia: The client exit interviews and mystery clients could be impacted to some degree since it is possible that the respondents did not remember each detail of the counseling session accurately. Also questions related to satisfaction and perceptions were general even though expected standards may vary from person to person.

CHAPTER TWO

STUDY DESIGN AND METHODOLOGY

In this chapter:

2.1. Study districts
2.2. Development of study tools
2.3. Field work and Data collection
2.4. Data processing and analysis plan

CHAPTER TWO
STUDY DESIGN AND METHODOLOGY

2.1. Study districts

Since the COFP/ C training are delivered through 5 Regional Health Training Centres (RHTC), all the five regions of country were included into the study sample. Altogether, the data was collected from 12 districts. The selection criteria of study districts included ecological and regional balance and the districts from where the service providers were trained on COFP/C. At least one Hill and one Terai district from each of the five developmental regions were identified for the study. These districts included Dhankuta, Jhapa and Morang districts from the Eastern region; Lalitpur, Chitwan and Bara from the Central region; Nawalparasi and Palpa from the Western; Surkhet and Banke from the Mid-western region and Kailali and Dadeldhura from the Far-western region.

2.2. Development of Study Tools

The core members of the study team conducted a thorough and analytical desk review of COFP/ C training materials, other relevant documents and literatures to develop survey instruments. Solutions Consultant developed assessment instruments in the form of structured questionnaire, checklist and guide in English and shared with NFHP and NHTC for input and feedback. Comments and suggestions received from NFHP were incorporated into the tools. All instruments were then translated into Nepali and pre-tested.

Six different tools were developed and administered using quantitative and qualitative methods.

Description of Study Tools

The description of each of the study tools are given below:

a. Observation Checklist for Health Facility

An observation checklist was developed to assess the health facility or place of counselling on preparedness to deliver FP services.

b. Observation Checklist for Counseling Session

A standard observation checklist was developed to observe and record client-provider interaction and performance. The checklist was similar or adapted from the one used for supervisory and follow-up visits of COFP/C trainee after the trainings. Counseling observation checklist developed to be used for assessing the performance of both COFP/C trained and untrained service providers.

c. Questionnaire for Knowledge Assessment of the COFP/C trained service providers

A structured questionnaire was developed to be administered on the COFP/C trained service providers to assess the family planning counseling and contraceptive knowledge.

The questionnaire was adapted from the pre and post-test questionnaire used before and after the COFP/C training.

d. Questionnaire for Client Exit and Mystery Client Interviews

Client Exit Interviews

A structured quantitative questionnaire was developed to collect information from the client whose counselling session was observed. The questionnaire asked the client to assess the counselling session and provide feedback regarding some specific issues relating to the counselling sessions.

Mystery clients

To evaluate the COFP/ C trained service provider without the third-party observer, causing some biasness in their session proceeding, mystery client method was chosen as a tool to measure client satisfaction.

Four client profiles were developed to portray: i) client with short-term reproductive needs; ii) client with long-term contraceptive needs; iii) client with permanent contraception; and iv) problem with current method.

A structured questionnaire, same as used for the client exit interview, was developed to take interviews the consenting mystery clients to be carried out immediately after the counselling sessions at a pre-agreed meeting venue.

e. Interview Guides for Key informant interviews

To collect feedback and inputs from the COFP/C trainers on the COFP/C trainings, interview guides were developed. The interviews were designed to get information on the COFP/C curriculum, management and logistics aspects of the trainings.

f. Focus Group Discussion Guidelines

A standard guideline was developed to collection feedback and inputs from the COFP/C trained service providers, in a group environment focussing on the perceived barriers of providing quality counselling service, suggestion to overcome these barriers, issues and factors contributing towards good performance or underperformance and other provider's needs.

Pre-test of the research instruments

The pre-test of the research instruments were carried out in three health facilities, namely - Maternity Hospital in Thapathali, Tribhuvan University Teaching Hospital in Maharajgunj and Family Planning Institutionalised Clinic at Bhaktapur. All the tools, except the key informant interview and focus group discussion guidelines were pre-tested. The pre-test was carried out under supervision of Solutions Consultant. Recommendations from the pre-test were used to finalize the tools.

2.3. Field work and Data collection

Recruitment and training of researchers

A total of nine field researchers with family planning counseling background and data collection experience were identified and trained on the use of instruments. The research team consisted of 3 male and 6 female members. Resource persons from NHTC, NFHP and Solutions Consultant facilitated the three-day researchers training using participatory training approach. Role-play and demonstration was carried out to practice the use of tool. Discussion and brief presentation was carried out to explain the counseling process and contraceptive methods.

Sample selection

Study population of this assessment were the COFP/ C trained and untrained service providers, clients visiting health facilities for family planning services and COFP/C trainers. The selection of the sample for the purpose of the study was conducted through following procedures;

i. The health facilities were chosen taking into consideration, first the flow rate of the clients for reproductive health services at the health facility, then presence of COFP/C trained service providers in that health facility. NHTC/NFHP provided the list of health facilities with COFP/C trained service providers from 12 selected study districts. The list of health facilities were discussed and finalized upon consultation with the client. This list was verified and confirmed from the respective district health offices. Health facilities - sub-health post (SHP), health post (HP), primary health care centre (PHCC), hospital and institutionalised family planning service centres (IFPSC) were randomly selected to meet the required number of trained and untrained service providers.

ii. Observation of counseling session was purposively selected from the health facilities: the first counseling session that the researcher was able to get consent from the client and the hospital service provider, was observed.

iii. Respondents for Client Exit interviews were purposively selected - with prior consent of the client visiting the COFP/ C trained and untrained provider, exit interviews were carried out with the same client whose counselling session was observed.

iv. Trained service providers who had participated in neither the counseling session observation nor knowledge assessment interviews were selected for the focus group discussion.

v. Two regional COFP/C trainers from each of five RHTC were randomly selected for key informant interview.

vi. Mystery clients were randomly identified from the community who were unfamiliar to the service provider.

Actual Study Sample

Tools used		Numbers
Health facility observation		101
Counselling session observations		228
• COFP/C Trained service provider	120	
• Untrained service provider	108	
Client Exit Interviews		233
• COFP/C Trained service provider	123	
• Untrained service provider	110	
Providers Assessment of knowledge (with COFP/C Trained only)		126
Mystery Clients (with COFP/C Trained only):		120
Focus group discussions (with COFP/C Trained only)		5
Key informant interviews		9

Contacting Local Authorities

In the field, due to the current situation where the arrival of a team of strangers may be regarded with suspicion, appropriate measures were taken to contact the relevant local authorities well before survey staff left for the fieldwork. Assistance of local organization(s) was taken to get information on the field situations to ensure that probability of the field teams facing problems was marginalized.

Data collection

The team of 9 researchers were divided into 3 teams, each responsible for 4 districts. Each team consisted of 1 supervisor and 2 researchers. The field coordinator and the study coordinator coordinated the field study.

Each member of the study team administered the same instruments at each health facility to ensure the consistency, for example one researcher always conducted provider's counselling session observations, and the other researcher always conducted the exit interview. During field activities supervisors accompanied the researcher to check their performance and help solve problems. In identified health facilities, if the service provider or clients were not available, the researchers made repetitive visits. Normally, each study team visited one facility per day.

It was ensured that that the health workers and COFP/ C trained providers understand that they should not change their routine activities. It was also explained that the researchers were there to collect information, not to judge practices, and that all the information would be kept confidential and the participants anonymous in the study. Prior consent was obtained from the service providers and the clients during observation of counselling session and client exit interviews.

In selected health facilities, the assessment team recruited local women and couples on mystery client approach. All recruits were trained to ask a set of questions and make a mental note of the provider's responses.

The total field days for the teams taking into consideration, the travel time was 45 days in November and December 2005.

Organization of Data Collection

Researcher number 1:	Observation of the counselling session
Researcher number 2:	Exit interview with the client
Researcher number 1 and 2:	Mystery client interview
Supervisor:	Recruitment of participants, Health Facility Assessment Checklist and Provider's Interviews
	Training of Mystery client, Checking and reviewing instruments

Data quality assurance process

The research team checked and completed each instrument after it had been administered to ensure that all responses have been circled. Immediate review of instruments made it easier for researcher to remember and complete the information that may have been missed or skipped. During the fieldwork, supervisors periodically reviewed instruments for completeness. They observed researcher as they completed the instruments, looked for errors or problems. In selective instances, they completed instruments themselves and compared their findings with those of the researchers. Before leaving the health facility at the end of the session, supervisors sat with researchers and reviewed all instruments completed that day. In addition to that supervisors were responsible to recruit and train mystery clients.

2.4. Data processing and analysis plan

Data Processing

Each counselling session observations were assigned a unique case number based of 4 level coding systems: first 2-digits for district, second 2-digits for VDC, third 2-digits for health facility code and last 2-digits for the counselling session observation. All observation of the counselling session was recorded in a standard checklist and was used to judge the quality of the counselling session. All open-ended questions were standardized and coded after the fieldwork. Data generated through structured interviews with providers were coded for computer entry and all open-ended questions were standardized and coded after the fieldwork. The structured interviews with the providers were also assigned unique case number based of 4 level coding systems: first 2- digits for district, second 2-digits for VDC, third 2-digits for health facility code and last 2-digits for the provider number.

The field level supervisor verified completeness and consistency of all completed forms at the field level itself. Study coordinator and the data entry manager further did a round of verification for completeness and consistency of all completed forms at the central office level. This step was the final quality control for the study data from the field.

Data Entry forms were prepared in NEOTERIC, a quantitative data entry program, for counselling session observation checklist; questionnaires for interviews with health providers; questionnaire for client exit and mystery client interview; and health facility observation checklist. Information at the top of each instrument, such as the district, VDC, facility name, provider type and status, was coded in advance using the checking file—which helped reduce errors during data entry. Test and reliability of the data entry program was carried out by entering fictitious data into each data entry file for each of the study instrument. Each of the files were tested several times to ensure that the check program is working. After data entry, the printouts of raw data were generated and verified with the forms to detect data entry errors. After validation of the data, the data was edited in the computer program thus used. Any quantitative analysis required was done using SPSS, upon the data being transferred to SPSS and a SPSS system file was prepared for output generation.

Information collected through focus group discussions was first transcribed and then analyzed. The research team transcribed information collected through the FGDs. The transcribed data was translated into English for reporting purposes.

Analysis Plan

Analysis of the service providers' knowledge level was carried out based on the assessment of their knowledge with respect to specific skill areas. The assessment process was divided into five different sections:

- knowledge on basic concepts of Family Planning (FP) counseling,
- knowledge about counseling skills,
- knowledge about FP methods,
- knowledge about written informed consent from the client and,
- knowledge about infection and failure of method.

Additional exploratory analyses were carried out vis-à-vis the type of health facility stationed in, by designation of service providers, sex and years since COFP/C training.

In order to compare and assess the specific skills between COFP/C trained service providers and COFP/C untrained service providers observation of the counseling sessions was carried out during the course of FP counseling services. The observed skills were divided into Interpersonal Communication (IPC) skills and steps of A-BHI-BA-DA-NA. In order to assess interpersonal communication skills that the COFP/C training aimed to impart to the service providers, a set of 7 IPC skills were observed during the counseling sessions, namely; maintaining eye contact, using appropriate tone of voice, exhibiting appropriate body language, attentive listening, correcting rumours and misinformation, using the family planning flipchart effectively, and using simple language.

The assessment of counseling skills was carried out against 18 skills spread across 5-steps of the A-BHI-BA-DA-NA approach through observation of the counselling sessions among both the COFP/C trained and untrained SPs. These comprised of:

Step "A"

- Greets the client
- Invites the client
- Offers seat to the client
- Introduces oneself to the client
- Assures confidentiality
- Asks why the s/he has come to the health facility

Step "BHI"

- Assesses the client's obstetrical history
- Assesses the client's Medical history
- Assesses the client's reproductive needs
- Assesses the client's risk of contracting an STI and HIV infection
- Assesses what the client knows about family planning methods and asks interested method

Step"BA" and "DA"

- Tells the client about the methods available based on the client's previous knowledge of family planning
- Helps the client make a decision by focusing on the potential side effects of the method being considered
- Correctly explains to the client how to use the chosen method and warning signs
- Asks the client to repeat all instruction in her own words

Step "NA"

- Discussion on the return visit
- Encouraging the client to return and
- Politely saying good bye to the client.

Furthermore, additional exploratory analysis was carried out to check the levels of skills demonstrated by COFP/C trained service providers by the type of health facility stationed in, by designation of service providers, sex and years since COFP/C training.

The client exit interviews analyses involved comparisons of the feedbacks received from the clients immediately after conclusion of the counselling session by COFP/C trained and COFP/C untrained service providers. The analyses were done on the client perceptions on FP services received, uses of IEC materials and client satisfaction. The mystery client interview was conducted with only trained COFP/C service providers and the subsequent analyses were focussed on uses of IEC materials and client satisfaction relating to the counselling session.

The health facility observation analyses included availability of COFP/C trained service providers by type of health facility; facilities available for FP counseling, availability of IEC materials and FP devices.

CHAPTER THREE

STUDY FINDINGS

In this chapter:

3.1. Service Providers Knowledge Assessment
3.2. Counseling Session Observations
3.3. Client Exit/ Mystery Clients' Interviews
3.4. Health Facility Observations
3.5. Key Informant Interviews With COFP/C Trainers
3.6. Focus Group Discussion With COFP/C Trained Service Providers

CHAPTER THREE
STUDY FINDINGS

The findings of the study have been presented in six parts.

- The first part deals with the findings related to the assessment of knowledge levels of COFP/ C trained service providers about family planning methods and counseling process.
- The second part deals with the assessment of COFP/C-trained SPs in comparison to COFP/C untrained service providers based on the observation of their counseling session.
- The third part presents the findings of exit interviews with the clients of all the service providers whose counseling sessions were observed, with respect to assessing the client satisfaction. Further, this part also presents the findings of mystery clients.
- The fourth part deals assessment of health facilities visited during the course of the study with respect to their readiness to deliver family planning services.
- The fifth part deals with the feedback and inputs provided by the COFP/C curriculum trainers during key informant interviews, related to the curriculum and the management aspects of the training.
- The sixth and final part highlights the feedback provided by the COFP/C service providers in relation to the perceived barriers of providing quality counselling service, suggestion to overcome these barriers, issues and factors contributing towards good performance or underperformance and other provider's needs.

3.1. Service Providers' Knowledge Assessment

In order to assess the retention of knowledge about family planning methods and counseling process among the COFP/C-trained service providers, a self-administered structured questionnaire was filled up by service providers in the presence of the researchers. The assessment of knowledge of the service providers was divided into five different sections:

- Knowledge on basic concepts of Family Planning (FP) counseling (6 questions)
- Knowledge about counseling skills (3 questions)
- Knowledge about FP methods (7 questions)
- Knowledge about written informed consent from the client (2 questions)
- Knowledge about infection and failure of method (3 questions)

These formed the basis of assessing the retention of knowledge about family planning methods and counseling process among the service providers, who received COFP/C training.

A total of 126 SP participated in this assessment spread across 101 facilities during the time of study. Among the service providers participating for the assessment, there were 38 ANM, 12

Staff Nurse/PHN, 64 AHW/CMA and 12 HA/SAHW. Among the service providers participating in the study 49 percent were male and 51 percent female. Around 39.7% of the SPs had received their COFP/C training more than 3 years prior to the study date (see Table 1.).

Table 1. Distribution of service providers participating in the knowledge assessment by type of health facility, designation, sex, and years since COFP/C training

Type of health facility	Number	Percent
ZH/DH/IFPSC	17	13.5
PHC	37	29.4
HP	45	35.7
SHP	27	21.4
Designation of SP		
ANM	38	30.2
SN/PHN	12	9.5
AHW/CMA	64	50.8
HA/SAHW	12	9.5
Sex		
Male	62	49.2
Female	64	50.8
Years since COFP/C training		
Within 1 year	29	23.0
2 - 3 years	47	37.3
> than 3 years	50	39.7
Total	**126**	**100.0**

3.1.1. Knowledge on basic concepts of FP counseling

To assess the knowledge on basic concepts of FP counseling, a set of related questions were administered. For this purpose, six different aspects related to basic concepts of FP counseling were assessed, as mentioned below:

- Concept: helping the client choose a method
- Focus: identify FP needs of the client and provide information
- Outcome: client satisfaction
- Decision making: client him/herself
- Counseling process: the steps of ABHIBADHAN
- Referral: refer the client to an appropriate facility

Specific knowledge areas on basic concepts of FP counseling

It was observed that among the 6 basic concepts of FP counseling, comparatively lesser proportion (67.5%) of the COFP/C trained SPs answered the concept of “Outcome: client satisfaction” correctly. Similarly, only 77.8% of the SPs were able to answer the concept of “Decision making: client him/ herself” correctly (see table 2.). This meant that nearly one third of the

COFP/C trained SPs could not recall that client satisfaction was the key outcome of FP counseling and around one fifth of the providers failed to realized that the client herself/himself would make the final decision about the FP choices.

It was seen that relatively smaller proportion of the SPs stationed at ZH/DH/IFPSC's answered correctly on the areas of concept, decision making and counseling process related to basic concepts of FP counseling (see Table 2.). Further, it was seen that in comparison to the other service providers, smaller proportion of the ANMs answered correctly the 6 assessed knowledge areas of basic FP counseling.

In comparison to the male SPs, smaller proportion of the female SPs answered correctly on the areas of concept, outcome, decision making and referral related to basic concepts of FP counseling. Further, it was seen that the number of years since SP had taken COFP/C training also impacted the knowledge level areas on the basic concepts of FP counseling. Table 2., elaborates on the variation on the specific knowledge areas on basic concepts of FP counseling as per the SP in type of health facility, designation, sex and years since COFP/C training.

Table 2. Specific knowledge areas on basic concepts of FP counseling as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

		Correct responses					
		Concept	Focus	Outcome	Decision making	Counseling process	Referral
	N	(%)	(%)	(%)	(%)	(%)	(%)
Type of health facility stationed at							
ZH/DH/IFPSC	17	76.5	100.0	70.6	58.8	94.1	88.2
PHC	37	91.9	94.6	59.5	78.4	97.3	83.8
HP	45	82.2	88.9	62.2	75.6	100.0	84.4
SHP	27	85.2	92.6	85.2	92.6	100.0	85.2
Designation of SP							
ANM	38	76.3	94.7	52.6	60.5	94.7	76.3
SN/PHN	12	100.0	100	83.3	75.0	100.0	91.7
AHW/CMA	64	85.9	90.6	75	87.5	100.0	87.5
HA/ SAHW	12	91.7	91.7	58.3	83.3	100.0	91.7
Sex							
Male	62	88.7	90.3	72.6	87.1	100.0	83.9
Female	64	81.3	95.3	62.5	68.8	96.9	85.9
Years since COFP/C training							
within 1 year	29	79.3	89.7	75.9	82.8	96.6	93.1
2-3 years	47	89.4	95.7	68.1	80.9	100.0	83.0
> than 3 years	50	84.0	92.0	62.0	72.0	98.0	82.0
Total	126	84.9	92.9	67.5	77.8	98.4	84.9

Knowledge Levels on basic concepts of FP counseling

It was found that around 38.9% of the COFP/ C trained SPs answered all 6 aspects of basic concepts of FP counseling correctly, while around 35.7% answered the 5 basic concepts of FP counseling. In the course of additional analysis, it was found that there were some degrees of variation on the knowledge levels of SPs on basic concepts of FP counseling. It was seen that comparatively the higher proportion (55.6%) of the SPs stationed at SHP answered all 6 basic concepts of FP counseling than SPs in other levels of health facilities (see table 3.)

It was also seen that comparatively, higher proportion (58.3%) of Staff Nurse/ PHN answered all 6 basic concepts of FP counseling correctly. Further, it was found that comparatively higher proportion of male SPs (45.2%) and SPs' trained in COFP/C 2-3 years ago (42.6%) answered all 6 basic concepts of FP counseling correctly.

Table 3. Knowledge levels on basic concepts of FP counseling as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

		2 Correct answers	3 Correct answers	4 Correct answers	5 Correct answers	All (6) Correct answers
	N	(%)	(%)	(%)	(%)	(%)
Type of health facility stationed at						
ZH/DH/IFPSC	17	-	11.8	23.5	29.4	35.3
PHC	37	-	2.7	21.6	43.2	32.4
HP	45	2.2	6.7	22.2	33.3	35.6
SHP	27	-	3.7	7.4	33.3	55.6
Designation of SP						
ANM	38	2.6	15.8	23.7	39.5	18.4
SN/PHN	12	-		8.3	33.3	58.3
AHW/CMA	64	-	1.6	17.2	34.4	46.9
HA/ SAHW	12	-		25	33.3	41.7
Sex						
Male	62	-	1.6	19.4	33.9	45.2
Female	64	1.6	9.4	18.8	37.5	32.8
Years since COFP/C training						
Within 1 year	29	-		24.1	34.5	41.4
2-3 years	47	2.1	4.3	10.6	40.4	42.6
> than 3 years	50	-	10.0	24.0	32.0	34.0
Total	126	0.8	5.6	19.0	35.7	38.9

3.1.2. Retention of knowledge about counseling skills

Three counselling skills were included while assessing retention of knowledge about counselling skills. These skills were:

- correction of misconception and rumors
- attentive listening, and
- effective questioning

Specific knowledge areas on skills of counseling

It was seen that among the 3 counseling skills, comparatively knowledge about attentive listening and correcting rumors and misconception were found to be higher than effective questioning skills. Likewise, most of the SPs were consistently answering the skills related to "correction of misconception and rumors" and "attentive listening", with small variation as per their designation and years since COFP/C trainings. However, in the skill area related to "effective questioning", it was found that there were some variations. It can be observed that compared to other skills, lesser proportion of all SPs answered, "effective questioning" correctly. However, it was found that, comparatively, only 67.6% of the SPs stationed at PHCs and lesser proportion (63.2%) of ANMs answered correctly the skills area - "effective questioning".

Table 4., shows that only 65.6% of the female SPs answered correctly skills area - "effective questioning" in comparison to 83.9% of male SPs. Further, only 66.0% of the SPs trained more than 3 years ago in COFP/C trainings, answered correctly skills area - "effective questioning" compared to 82.8% of the SPs trained in COFP/C within last one year.

Table 4. Specific knowledge areas on counseling skills as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

	N	Correction of misconception & rumors (%)	Attentive listening (%)	Effective questioning (%)
Type of health facility stationed at				
ZH/DH/IFPSC	17	94.1	100.0	94.1
PHC	37	97.3	100.0	67.6
HP	45	95.6	97.8	73.3
SHP	27	96.3	100.0	74.1
Designation of SP				
ANM	38	97.4	97.4	63.2
Staff Nurse/PHN	12	100.0	100.0	75.0
AHW/CMA	64	95.3	100.0	78.1
HA/SAHW	12	91.7	100.0	91.7
Gender				
Male	62	95.2	100.0	83.9
Female	64	96.9	98.4	65.6
Years since COFP/C training				
Within 1 year	29	93.1	100.0	82.8
2-3 years	47	97.9	97.9	78.7
More than 3 years	50	96.0	100.0	66.0
Total	126	96.0	99.2	74.6

Knowledge Levels on skills of counseling

It was observed that around 73.0% of the COFP/C trained SPs were found to answer all 3 skills for counseling correctly. Furthermore, 94.1% of the SPs stationed in ZH/DH/IFPSC correctly answered all questions. Further, analysis showed that this knowledge levels varied as per the health facility the SP was stationed in, the designation of the service provider, sex and the year since COFP/C trainings.

Comparatively lesser proportion (64.9%) of the SPs stationed in PHCs answered correctly all 3 questions related to counseling skills (see Table 5.). Similarly, lesser proportion (63.2%) of the ANMs were found to be answering all 3 skills areas of counseling correctly in comparison to other categories of service providers.

Table 5., shows that only 65.6% of the female SPs answered all 3 skills of counseling correctly in comparison to 80.6% of male SPs answering all 3 skills correctly. Further, interestingly it was found that more the number of years since SPs received COFP/C training, lesser were they answering correctly all 3 skills of counseling. Only 64.0% of the SPs trained more than 3 years ago in COFP/C trainings, answered all 3 skills of counseling correctly compared to 82.8% of the SPs trained in COFP/C within last one year.

Table 5. Knowledge levels on counseling skills as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

	N	1 Correct answer (%)	2 Correct answers (%)	All (3) Correct answers (%)
Type of health facility stationed at				
ZH/DH/IFPSC	17	5.9	-	94.1
PHC	37	-	35.1	64.9
HP	45	4.4	24.4	71.1
SHP	27	3.7	22.2	74.1
Designation of SP				
ANM	38	5.3	31.6	63.2
SN/PHN	12	-	25.0	75.0
AHW/CMA	64	3.1	20.3	76.6
HA/SAHW	12	-	16.7	83.3
Gender				
Male	62	1.6	17.7	80.6
Female	64	4.7	29.7	65.6
Years since COFP/C training				
Within 1 year	29	6.9	10.3	82.8
2-3 years	47	2.1	21.3	76.6
> than 3 years	50	2.0	34.0	64.0
Total	126	3.2	23.8	73.0

3.1.3. Retention of knowledge about FP methods

Knowledge about FP methods among the COFP/C trained SPs was assessed through 7 related questions. Altogether seven knowledge areas, related to various contraceptives were included in the assessment;

- The method which does not affect ovulation pattern
- Prevents pregnancy - Advantages of condom
- The danger symptoms of combined oral contraceptive
- The most common side effect of Depo (DMPA Injection)
- Mode of action of Copper T (for pregnancy prevention)
- Mode of action of Copper T (when IUCD should not be inserted)
- The two most common possible side effects of Norplant

Specific knowledge areas on FP methods

It was found that among the 7 knowledge areas, mentioned above, regarding FP methods, “the danger symptoms of combined oral contraceptive” was answered correctly by only 47.6% of the COFP/C trained SPs. Similarly, comparatively with other knowledge areas on FP methods, lesser proportion of the SPs answered correctly the questions related to “mode of action of Copper T (for pregnancy prevention)” and “two most common possible side effects of Norplant” (see Table 6.).

It was found that there was notable variation in knowledge related to “danger signs of Oral contraceptives”, “mode of action of Copper-T” and “side effects of Norplant” as per the health facility the SPs was stationed at. Further, it was also found that there was a notable variation with respect to knowledge on “prevents pregnancy-advantages of condom”, only 66.7% of the HA/SAHW answered it correctly, a much lower proportion compared to other levels of SPs (see Table 6.).

It was found that slightly lesser proportion of female SPs answered correctly “side effects of Norplant”, “Danger signs of combined oral contraceptives” and “mode of action of Copper-T (prevention of pregnancy)” comparison to their male counterpart. However, lesser proportion of the male SPs were found to answer correctly other 4 knowledge areas of FP methods (see Table 6.).

Table 6. Specific knowledge areas on FP methods as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

	N	Methods which does not effect ovulation (%)	Prevents pregnancy – advantages of condom (%)	Danger signs - combined Oral Contraceptive (%)	Side effects of Depo (%)	Mode of action of Copper-T (pregnancy of prevention) (%)	Mode of action of Copper-T (when IUCD should not be inserted) (%)	Side effects of Norplant (%)
Type of health facility stationed at								
ZH/DH/IFPSC	17	88.2	82.4	47.1	94.1	47.1	100.0	82.4
PHC	37	86.5	89.2	51.4	94.6	62.2	91.9	56.8
HP	45	86.7	88.9	42.2	97.8	48.9	86.7	48.9
SHP	27	85.2	88.9	51.9	88.9	55.6	77.8	48.1
Designation of SP								
ANM	38	89.5	86.8	47.4	97.4	55.3	89.5	50.0
SN/PHN	12	100.0	91.7	50.0	100.0	75.0	100.0	75.0
AHW/CMA	64	81.3	92.2	46.9	92.2	48.4	82.8	54.7
HA/SAHW	12	91.7	66.7	50.0	91.7	58.3	100.0	58.3
Gender								
Male	62	83.9	87.1	48.4	90.3	54.8	85.5	58.1
Female	64	89.1	89.1	46.9	98.4	53.1	90.6	53.1
Years since COFP/C training								
within 1 year	29	86.2	82.8	58.6	89.7	51.7	86.2	55.2
2-3 years	47	93.6	91.5	48.9	97.9	53.2	87.2	59.6
> than 3 years	50	80.0	88.0	40.0	94.0	56.0	90.0	52.0
Total	126	86.5	88.1	47.6	94.4	54.0	88.1	55.6

Knowledge Levels on FP methods

It was found that only around 15.9% of the COFP/ C trained SPs answered correctly all 7 aspects of Family Planning methods. In addition to that, around 27% of the SPs answered 6 of the questions related to FP methods correctly (see Table 7.).

However, further analysis shows that only around 7.4% of the SPs stationed at SHP level answered all 7 questions related to FP methods correctly. Similarly, lesser proportion (8.3%) of the HA/ SAHW were found to be answering all 7 knowledge areas of FP methods in comparison to other categories of service providers (see Table 7.). The staff nurse/ PHN were found to be most knowledgeable with respect to knowledge on FP methods.

Table 7., shows that only around 10.6% of the SPs who received COFP/C training 2-3 years, answered all 7 questions of FP methods correctly in comparison to 24.1% of the SPs who were trained within past one year. It was also noticed that around 16% of the SPs trained more than 3 years ago in COFP/C were only able to answer 2-3 questions on FP methods correctly. In

comparison to others, it was found that there existed only slight variation between the male and female SPs on their knowledge levels on FP methods.

Table 7. Knowledge levels on FP methods as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

	N	2 Correct answers (%)	3 Correct answers (%)	4 Correct answers (%)	5 Correct answers (%)	6 Correct answers (%)	All (7) Correct answers (%)
Type of health facility stationed at							
ZH/DH/IFPSC	17	-	-	17.6	35.3	35.3	11.8
PHC	37	5.4	2.7	18.9	21.6	29.7	21.6
HP	45	4.4	6.7	24.4	31.1	15.6	17.8
SHP	27	11.1	3.7	14.8	25.9	37.0	7.4
Designation of SP							
ANM	38	2.6	5.3	21.1	28.9	28.9	13.2
SN/PHN	12	-	-	-	33.3	41.7	25.0
AHW/CMA	64	9.4	4.7	20.3	26.6	21.9	17.2
HA/SAHW	12	-	-	33.3	25.0	33.3	8.3
Gender							
Male	62	6.5	4.8	22.6	24.2	24.2	17.7
Female	64	4.7	3.1	17.2	31.3	29.7	14.1
Years since COFP/C training							
Within 1 year	29	6.9	3.4	24.1	27.6	13.8	24.1
2-3 years	47	2.1		17	36.2	34.0	10.6
> than 3 years	50	8.0	8.0	20.0	20.0	28.0	16.0
Total	126	5.6	4.0	19.8	27.8	27.0	15.9

3.1.4. Retention of knowledge about written informed consent from the client

In order to assess the knowledge levels on the written informed consent from the client, two components were selected for assessment. These were

- Necessity of written informed consent, and
- Methods which requires written informed consent

Specific knowledge areas on written informed consent from the client

Comparatively, larger proportion (98.4%) of the SPs answered "method which requires written informed consent" (see Table 8.). Around 90.5% of the SPs answered correctly the necessity of written informed consent. Since around 98.4% of the SPs answered question related to method(s) requiring written informed consent correctly, it was found that there were only slight variation on responses to this knowledge area as per the health facility where SPs were

stationed, the designation and sex of the SPs, and time period since COFP/C trainings (see Table 8.).

Table 8., further elaborates that there were some degree of variations regarding knowledge area "why written informed consent was necessary" as per the health facility where SPs were stationed, the designation and sex of the SPs, and time period since COFP/C trainings. It was found that comparatively lesser proportion (83.3%) of the HA/SAHW answered correctly the necessity of written informed consent from the client. Similarly, lesser percentage (86.5%) of the SPs stationed at the PHCs answered this knowledge area correctly than SPs stationed at other levels of health facilities. Further, it was seen that, relatively lesser proportion of the female SPs and SPs who had COFP/C trainings more than 3 years ago were able to answer correctly the necessity of written informed consent from the client (see Table 8.).

Table 8. Specific knowledge areas on written informed consent from the client as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

	N	Why written informed consent is necessary (%)	Method which require written informed consent (Sterilization) (%)
Type of health facility			
ZH/DH/IFPSC	17	94.1	100
PHC	37	86.5	97.3
HP	45	88.9	100
SHP	27	96.3	96.3
Designation of SP			
ANM	38	86.8	97.4
SN/PHN	12	91.7	100
AHW/CMA	64	93.8	98.4
HA/SAHW	12	83.3	100
Gender			
Male	62	93.5	100
Female	64	87.5	96.9
Years since COFP/C training			
Within 1 year	29	93.1	100
2-3 years	47	93.6	97.9
> than 3 years	50	86	98
Total	126	90.5	98.4

Knowledge levels on written informed consent from the client

Around 88.9% of the SPs answered both of these queries correctly, while the rest of the SPs answered only one of them correctly (see Table 9.).

As mentioned, around 88.9% of the COFP/C trained SPs were found to answer both the questions related to written informed consent from the client. However, further analysis showed

that, relatively lesser proportion (83.8%) of the SPs stationed at HP level answered both the questions related to written informed consent (See Table 9.). Similarly higher proportion of the SN/PHN and AHW/CMA were found to answer correctly both the questions on written informed consent in comparison to other categories of SPs.

Table 9., further elaborates that comparatively higher proportion of the male SPs answered both the questions on written informed consent correctly, while same was true for SPs trained within 1 year on COFP/C.

Table 9. Knowledge levels on written informed consent from the client as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

		1 Correct answer	All (2) Correct answers
	N	(%)	(%)
Type of health facility			
ZH/DH/IFPSC	17	5.9	94.1
PHC	37	16.2	83.8
HP	45	11.1	88.9
SHP	27	7.4	92.6
Designation of SP			
ANM	38	15.8	84.2
SN/PHN	12	8.3	91.7
AHW/CMA	64	7.8	92.2
HA/SAHW	12	16.7	83.3
Gender			
Male	62	6.5	93.5
Female	64	15.6	84.4
Years since COFP/C training			
Within 1 year	29	6.9	93.1
2-3 years	47	8.5	91.5
> than 3 years	50	16	84.0
Total	126	11.1	88.9

3.1.5. Retention of knowledge about infection and failure of method

In order to assess the knowledge levels of SPs on infection and failure of method, three knowledge areas were included in the assessment, namely;

- Reasons for vasectomy failure
- Symptoms of STI in women
- Prevention of infections from Depo injection (2 correct methods)

Specific knowledge areas on infection prevention and failure of method

It was found that among the three knowledge areas assessed for infection prevention and failure of method, only 74.6% of the SPs answered "prevention of infection from Depo injection", in comparison other 2 knowledge area. It must be noted that for prevention of infection from Depo injection, 2 correct ways for preventing infection was sought. In contrast to that, nearly all of the SPs (99.2%) correctly answered "symptom of STI in women" (see Table 10.).

It was found that answers to "symptom of STI in women" were fairly consistent as per the health facilities where SPs were stationed, designation and sex of the SPs and years since COFP/C trainings. However, it was seen that for other 2 knowledge areas that were assessed on infection prevention and failure of method, variation was found as per the health facilities, designation and sex of the SPs and years since COFP/C trainings. Table 10., presents the variation in the knowledge areas as per the various factors. It was found that among the SPs, only HA/SAHWs (66.7%) and AHW/CMAs (67.2%) had knowledge about "prevention of infection from Depo injection", than other categories of SPs. Similarly, it was found that lesser proportion of male SPs showed knowledge about this, compared to the female SPs. It was also found that comparatively, lesser proportion (68.0%) of SPs trained more than 3 years ago on COFP/C had knowledge of infection from Depo injection (see Table 10.).

Table 10. Specific knowledge areas on infection prevention and failure of method as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

	N	Reasons of vasectomy failure (%)	Symptom of STI in women (%)	Prevention of infection from Depo injection (%)
Type of health facility				
ZH/DH/IFPSC	17	76.5	94.1	70.6
PHC	37	83.8	100.0	78.4
HP	45	75.6	100.0	71.1
SHP	27	74.1	100.0	77.8
Designation of SP				
ANM	38	86.8	100.0	89.5
Staff Nurse/PHN	12	83.3	91.7	75.0
AHW/CMA	64	71.9	100.0	67.2
HA/SAHW	12	75.0	100.0	66.7
Gender				
Male	62	74.2	100.0	64.5
Female	64	81.3	98.4	84.4
Years since COFP/C training				
Within 1 year	29	79.3	100.0	82.8
2-3 years	47	74.5	97.9	76.6
More than 3 years	50	80.0	100.0	68.0
Total	126	77.8	99.2	74.6

Knowledge levels on infection prevention and failure of method

It was found that around 59.5% of the SPs answered all 3 assessed knowledge areas correctly, while 32.5% answered 2 questions correctly (see Table 11.).

Additional analysis showed that comparatively lesser proportion of SPs stationed at ZH/DH/IFPSC (52.9%) and HP (53.3%) were able to answer correctly all 3 knowledge areas on infection prevention and failure of method. Similarly among various categories of SPs it was seen that there was variation on their knowledge level, relatively lesser proportion of AHW/ CMA and HA/SAHW were able to answer all 3 questions correctly (see Table 11.) as compared to ANMs (78.9%).

As presented in the Table 11., it was found that there was high degree of variation between male and female SPs regarding their knowledge levels on infection prevention and failure of method. Only 48.4% of the male SPs answered all 3 questions correctly in comparison to 70.3% of the female SPs.

Table 11. Knowledge levels on infection prevention and failure of method as per the SPs in type of health facility, designation, sex and years since COFP/C training (N=126)

		1 Correct answer	2 Correct answers	All (3) Correct answers
	N	(%)	(%)	(%)
Type of health facility				
ZH/DH/IFPSC	17	11.8	35.3	52.9
PHC	37	8.1	21.6	70.3
HP	45	6.7	40.0	53.3
SHP	27	7.4	33.3	59.3
Designation of SP				
ANM	38	2.6	18.4	78.9
SN/PHN	12	8.3	33.3	58.3
AHW/CMA	64	10.9	39.1	50.0
HA/SAHW	12	8.3	41.7	50.0
Gender				
Male	62	9.7	41.9	48.4
Female	64	6.3	23.4	70.3
Years since COFP/C training				
Within 1 year	29	-	37.9	62.1
2-3 years	47	10.6	29.8	59.6
> than 3 years	50	10.0	32.0	58.0
Total	126	7.9	32.5	59.5

3.2. Counseling Session Observations

In order to assess the skills levels of the COFP/C-trained service providers a comparative assessment was carried out among the COFP/C trained SPs and those SPs not trained in the COFP/C (considered untrained SPs with respect to COFP/C curriculum). A structured checklist was used to observe the counseling sessions conducted by COFP/C trained and untrained SPs. Prior consent of the client and the service providers was obtained before observing the counseling sessions. The SPs participating in the knowledge assessment formed the group of trained SPs from where the counselling session observations were carried out.

The assessment of skills of service providers was divided into five different sections:

- Inter personal communication (IPC) skills – 7 skill area
- Steps of Family Planning counseling process, called A-BHI-BA-DA-NA, based on GATHER approach:
    - Skills for Step – A, related to greeting the clients – 6 skill areas
    - Skills for Step – BHI, aimed to identify the needs of the FP clients – 5 skill areas
    - Skills for Steps – BA and DA, aimed at helping the client make a voluntary and informed decision regarding FP methods and choice – 4 skill areas
    - Skills for Step – NA, the concluding step, aimed at encouraging the client to return and politely say good bye to the client – 3 skill areas.

These formed the basis of assessing the skills levels of COFP/C trained SPs in comparison to the COFP/C untrained SPs.

Note:

Trained Service Provider: for the purpose of this assessment, the trained service providers are those, who have received the merged COFP/C training.

Untrained Service Provider: for the purpose of this assessment, the untrained service providers have been classified as those service providers who are managing FP services but have not received merged COFP/C training but could have received other FP and IPC trainings.

During the course of the study, a total of 228 counseling session observations were made from 101 health facilities. Among them 120 counseling session observations were conducted among the COFP/C trained SPs and 108 from untrained SPs. It must be noted that among the untrained SPs, 14.8% had taken both the COFP and Counseling training separately, 18.5% had taken COFP training only, while 12% had taken Counseling training only (see Table 12.). It must be noted that these various trainings are related to FP, and would have some implications on the overall findings of the results.

Table 12. Status of COFP/C Trained and Untrained - Service Providers for counseling observation

	COFP/C Trained SP		COFP/C Untrained SP	
	N	%	N	%
Type of Health Facility				
ZH/DH/IFPSC	26	21.7	16	14.8
PHC	34	28.3	41	37.9
HP	37	30.8	37	34.2
SHP	23	19.2	23	12.9
Designation of SP				
ANM	44	36.7	63	58.3
SN/PHN	14	11.7	3	2.8
AHW/CMA	47	39.1	30	27.8
HA/SAHW	15	12.5	12	11.1
Sex				
Male	49	40.8	32	35.5
Female	71	59.2	76	64.5
Years since COFP/C training				
within 1 year	27	22.5	NA	
2 - 3 years	48	40.0	NA	
> than 3 years	45	37.5	NA	
*Trainings Received– Only for COFP/C Untrained SPs				
Both COFP and Counselling trainings separately	NA		16	14.8
COFP only	NA		20	18.5
Counselling only	NA		13	12.0
Other Trainings (IUCD, Norplant, IPC, PAC, others)	NA		24	22.2
No other trainings besides basic education/trainings such as ANM, HA etc.	NA		35	32.4
Total	120	100.0	108	100.0

*Note: Other training received details have only been collected from COFP/C untrained service providers once it has been confirmed that they have not received merged COFP/C training.

3.2.1. Inter personal communication (IPC) skills

In order to assess interpersonal communication skills that the COFP/C training aimed to impart to the service providers, a set of 7 IPC skills were observed during the counseling sessions, namely;

- maintaining eye contact,
- using appropriate tone of voice,
- exhibiting appropriate body language,
- attentive listening,
- correcting rumours and misinformation,
- using the family planning flipchart effectively, and
- using simple language.

Among the 7 IPC skills observed, it was observed that SPs, both trained and untrained, demonstrated less skills in areas of "correcting rumours and misinformation" (57.0%) and "using the family planning flipchart effectively" (45.7%) in comparison to other skills (see Table 13.).

Out of seven IPC skills observed, around 27.6% of the SPs demonstrated all seven skills, while around 36.0% of them could demonstrate six skills. It was seen that there was only some degree of variation between the COFP/C trained and untrained SPs. A larger proportion (29.2%) of the COFP/C trained SPs was able to demonstrate all 7 IPC skills in comparison to the untrained SPs (see Table 14.).

Table 13. Comparison of IPC skill areas between trained and untrained SPs

IPC skill areas	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
Maintains eye contact with the client	100.0	98.1	99.1
Uses an appropriate tone of voice	99.2	99.1	99.1
Exhibits appropriate body language	88.3	84.3	86.4
Listens attentively	99.2	98.1	98.7
Corrects rumours and misinformation	56.7	57.4	57.0
Uses the family planning flipchart effectively	45.0	44.4	45.7
Uses simple language	94.2	92.6	93.4

Table 14. Comparison of IPC skills between trained and untrained SPs

IPC skills	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
All (7) skills	29.2	25.9	27.6
six skills	33.3	38.9	36.0
five skills	30.8	25.0	28.1
four skills	5.0	7.4	6.1
three skills	1.7	0.9	1.3
two skills	-	0.9	0.4
one skill	-	0.9	0.4

Additional Exploratory Analysis

In order to analyze variation in IPC skills among the COFP/C trained SPs, additional exploratory analysis was carried out based on the health facility where the SPs were stationed, designation and sex of SP and years since COFP/C training.

IPC skill areas among COFP/C trained SPs

It was observed that lesser proportion of the SPs stationed at SHPs, AHW/ CMAs, male COFP/ C trained service providers and SPs receiving COFP/C training within one year from the time of the study were found to demonstrate all 7 IPC skills. Additional analysis as per the specific IPC skill areas showed that consistently lesser proportion of the SPs were seen to demonstrate 2 of the 7 IPC skill areas, namely - "corrects rumours and misinformation" and "uses the family planning flipchart effectively".

Further, only 21.7% of the SPs stationed at SHP and only 27.7% of the AHW/ CMAs demonstrated usage of family planning flipchart, in comparison to average of 45.0% for all SPs. The COFP/C trained male SPs (34.7%) were also found to be using the family planning flipcharts much lesser in comparison to their female counterparts (see Table 15.).

Table15. IPC skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		Maintains eye contact with the client	Uses an appropriate tone of voice	Exhibits appropriate body language	Listens attentively	Corrects rumours and mis-information	Uses the family planning flipchart effectively	Uses simple language
	N	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Type of Health Facility stationed at								
ZH/DH/IFPSC	26	100.0	100.0	92.3	100.0	69.2	50.0	92.3
PHC	34	100.0	100.0	91.2	100.0	55.9	47.1	91.2
HP	37	100.0	97.3	83.8	97.3	56.8	54.1	94.6
SHP	23	100.0	100.0	87.0	100.0	43.5	*21.7*	100.0
Designation of SP								
ANM	44	100.0	100.0	81.8	97.7	59.1	52.3	93.2
SN/PHN	14	100.0	100.0	85.7	100.0	78.6	50.0	85.7
AHW/CMA	47	100.0	97.9	91.5	100.0	48.9	*27.7*	97.9
HA/SAHW	15	100.0	100.0	100.0	100.0	53.3	73.3	93.3
Sex								
Male	49	100.0	98.0	91.8	100.0	51.0	*34.7*	95.9
Female	71	100.0	100.0	85.9	98.6	60.6	52.1	93.0
Years since COFP/C training								
within one year	27	100.0	100.0	81.5	96.3	40.7	51.9	88.9
2-3 years	48	100.0	100.0	93.8	100.0	72.9	45.8	100.0
> than 3 years	45	100.0	97.8	86.7	100.0	48.9	40.0	91.1
Total	120	100.0	99.2	88.3	99.2	56.7	45.0	94.2

IPC skill levels among COFP/C trained SPs

As mentioned earlier, only 29.2% of the COFP/C trained SPs were able to demonstrate all 7 IPC skills during the counseling session observations. The additional analysis of IPC skills demonstrated, varied as per the health facility the SPs were stationed, designation and sex of the SPs, and year since COFP/C training. It was found that, higher proportion of COFP/C trained SPs in ZH/DH/IFPSC, PHCs and HPs demonstrated all 7 skills of IPC in comparison to SPs at SHPs. Likewise, higher proportion of ANMs, SN/PHNs and HA/SAHW demonstrated all 7 skills of IPC in comparison to AHW/CMAs. It was also found that larger proportion of COFP/C trained female SPs were able to demonstrate all 7 IPC skills in comparison to the male SPs (20.4%). Further, comparatively higher proportion of the SPs trained in COFP/C within last 2-3 years, were able to demonstrate all IPC skills (see Table 16.).

Table16. IPC skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		three skills	four skills	five skills	six skills	All (7) skills
	N	(%)	(%)	(%)	(%)	(%)
Type of Health Facility stationed at						
ZH/DH/IFPSC	26	3.8	-	23.1	34.6	38.5
PHC	34		8.8	29.4	29.4	32.4
HP	37	2.7	8.1	21.6	35.1	32.4
SHP	23	-	-	56.5	34.8	8.7
Designation of SP						
ANM	44	2.3	9.1	25	29.5	34.1
SN/PHN	14	7.1	7.1	7.1	35.7	42.9
AHW/CMA	47	-	2.1	46.8	34.0	17.0
HA/SAHW	15	-	-	20.0	40.0	40.0
Sex						
Male	49	-	4.1	38.8	36.7	20.4
Female	71	2.8	5.6	25.4	31	35.2
Years since COFP/C training						
within one year	27	3.7	7.4	33.3	37.0	18.5
2-3 years	48	-	-	27.1	33.3	39.6
> than 3 years	45	2.2	8.9	33.3	31.1	24.4
Total	120	1.7	5.0	30.8	33.3	29.2

3.2.2. Skills of A-BHI-BA-DA-NA (GATHER)

As mentioned earlier, family planning counseling process is based on the A-BHI-BA-DA-NA steps, the Nepali version of GATHER approach. The GATHER approach comprises of;

- G – Greet the client,
- A – ask the client,
- T – tell the client,
- H – help the client,
- E – explain the client,
- R – return for follow-up.

Similarly, the steps of A-BHI-BA-DA-NA in Nepali version are as such:

- 'A' - fbhmiej#xj~(to greet)
- 'BHI' - bhJj#j:ijG#fin]rvwi#nTi#qxisj#>izn8#xj~(asking questions without discrimination to identify the needs)
- 'BA' - dizi#MMizij#{9isj#>aj#snqDz#x2isj (provide information for solving problems)
- 'DA' - eTouT#hR#>{rix#xj~(help whole heartedly)
- 'NA' - jg=vi2#xe#np2#fisj#fj2iz#xj~(politely say goodbye and asking client to come again)

In order to assess the performance of SPs across each steps of A-BHI-BA-DA-NA, analyses were carried out. The results of these analyses are presented in the subsequent sections.

3.2.3. Skills of Step - 'A' (to greet the client)

The first step of the A-BHI-BA-DA-NA approach is greeting the clients. This step included six types of communication skills;

- Greets the client
- Invites the client
- Offers seat to the client
- Introduces oneself to the client
- Assures confidentiality
- Asks why the s/he has come to the health facility

Analysis across the Step – 'A' skill areas revealed that most of SPs, both trained and untrained, were not carrying out 2 skill areas of "introduces oneself to the client" and "assures confidentiality". However, it was found that higher proportion of the COFP/C trained SPs

introduced themselves in comparison to the untrained SPs. Around 23.3% of the trained SPs introduced themselves to the client, compared to 15.7% of the untrained SPs (see Table 17.).

It was found that the difference between the COFP/C trained and untrained SPs were nominal across the 6 skills of Step – 'A'. Around 6.7% of the trained SPs answered all 6 skills compared to 3.7% of the untrained SPs (see Table 18.).

Table 17. Comparison of Step - 'A' skill areas between trained and untrained SPs

Step – 'A' skill areas	Trained N=120 %	Untrained N=108 %	Total N= 228 %
Greets the client	70.8	63.9	67.5
Invites the client	96.7	96.3	96.5
Offers seat to the client	96.7	98.1	97.4
Introduces oneself to the client	23.3	15.7	19.7
Assures confidentiality	30.0	30.6	30.3
Asks why the s/he has come to the health facility	95.0	94.4	94.7

Table 18. Comparison of Step - 'A' skills between trained and untrained SPs

Step – 'A' skills	Trained N=120 (%)	Untrained N=108 (%)	Total N= 228 (%)
All (6) skills	6.7	3.7	5.3
five skills	34.2	31.5	32.9
four skills	29.2	30.6	29.8
three skills	26.7	29.6	28.1
two skills	1.7	3.7	2.6
one skill	1.7	0.9	1.3

Additional Exploratory Analysis

In order to analyze variation in IPC skills among the COFP/C trained SPs, additional exploratory analysis was carried out based on the health facility where the SPs were stationed, designation and sex of SP and years since COFP/C training.

Step – 'A' skill areas among COFP/C trained SPs

As mentioned earlier, comparatively, lesser proportion of the SPs, demonstrated Step – 'A' skill areas – "introduces oneself to the client" and "assures confidentiality". Table 19., presents the variation across the 6 skills areas related to Step – 'A' among COFP/C trained SPs as per the type of health facility stationed at, designation and sex of the SPs, and years since COFP/C training.

The table below shows, that major variation was detected in the skill area assuring confidentiality to the client in comparison to other 5 skills areas. Only around 18.9% of the COFP/C trained SPs in HP, assured confidentiality to the client compared to around 44.1% of SPs in PHC. Among the various categories of SPs, around 53.3% of the HA/SAHW assured confidentiality to the clients, while only 21.3% of the AHW/CMA did so. It was also found that while 48.1% of the SPs trained in COFP/C within on year assured confidentiality to the client, while only 16.7% of the SPs trained in COFP/C 2-3 years ago did so. Table 19., shows that

though there are variation across the SPs as per their health facility, designation, sex and years since COFP/C training, this variation was much more prominent for skill area related to assuring confidentiality to the client.

Table 19. Step – 'A' skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

	N	Greets the client (%)	Invites the client (%)	Offers seat to the client (%)	Introduces oneself to the client (%)	Assures confidentiality (%)	Asks why s/he has come to the health facility (%)
Type of Health Facility stationed at							
ZH/DH/IFPSC	26	73.1	96.2	92.3	30.8	30.8	100.0
PHC	34	79.4	97.1	97.1	23.5	44.1	91.2
HP	37	64.9	97.3	97.3	18.9	18.9	100.0
SHP	23	65.2	95.7	100.0	21.7	26.1	87.0
Designation of SP							
ANM	44	63.6	93.2	93.2	18.2	27.3	95.5
SN/PHN	14	85.7	100.0	100.0	28.6	42.9	92.9
AHW/CMA	47	68.1	97.9	97.9	25.5	21.3	93.6
HA/SAHW	15	86.7	100.0	100.0	26.7	53.3	100.0
Sex							
Male	49	71.4	98.0	98.0	28.6	32.7	95.9
Female	71	70.4	95.8	95.8	19.7	28.2	94.4
Years since COFP/C training							
within one year	27	77.8	100	96.3	25.9	48.1	96.3
2-3 years	48	66.7	95.8	93.8	27.1	16.7	97.9
> than 3 years	45	71.1	95.6	100	17.8	33.3	91.1
Total	120	70.8	96.7	96.7	23.3	30.0	95

Step – 'A' skill levels among COFP/C trained SPs

It was found that relatively lesser proportion (2.3%) of the ANMs demonstrated all 6 skills of Step – 'A', in comparison to other SPs (20.0% of the HA/SAHW carried out all skills). Similarly, around 10.2% of the male COFP/C trained SPs demonstrated all 6 skills of Step – 'A', compared to around 4.2% of female SPs (see Table 20.).

Further, it was seen that larger proportion of SPs trained recently in COFP/C demonstrated all 6 skills compared to other SPs. Around 11.2% of the SPs who had training within one year carried out all skills of Step – 'A', compared to 2.2% who had COFP/C training more than 3 years ago. Table 20., elaborates on variation in demonstrated skills among COFP/C trained SPs as per the

type of health facility stationed at, designation and sex of the SPs, and years since the COFP/C training.

Table 20. Step – 'A' skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		one skill	two skills	three skills	four skills	five skills	All (6) skills
	N	(%)	(%)	(%)	(%)	(%)	(%)
Type of Health Facility stationed at							
ZH/DH/IFPSC	26	3.8	-	19.2	30.8	38.5	7.7
PHC	34	2.9	-	14.7	32.4	44.1	5.9
HP	37	-		40.5	27.0	27.0	5.4
SHP	23	-	8.7	30.4	26.1	26.1	8.7
Designation of SP							
ANM	44	4.5	-	29.5	34.1	29.5	2.3
SN/PHN	14	-	-	14.3	28.6	50	7.1
AHW/CMA	47	-	4.3	31.9	25.5	31.9	6.4
HA/SAHW	15	-		13.3	26.7	40.0	20.0
Sex							
Male	49	-	4.1	26.5	20.4	38.8	10.2
Female	71	2.8	-	26.8	35.2	31	4.2
Years since COFP/C training							
within one year	27	-	-	14.8	37.0	37.0	11.1
2-3 years	48	4.2	-	31.3	31.3	25.0	8.3
> than 3 years	45	-	4.4	28.9	22.2	42.2	2.2
Total	120	1.7	1.7	26.7	29.2	34.2	6.7

3.2.4. Skills of Step - 'BHI' (to identify the needs)

The second step of the A-BHI-BA-DA-NA approach is aimed to identify the needs of the client by asking questions without discrimination. This step included five types of assessment skills;

- Assesses the client's obstetrical history
- Assesses the client's Medical history
- Assesses the client's reproductive needs
- Assesses the client's risk of contracting an STI and HIV infection
- Assesses what the client knows about family planning methods and asks interested method

Table 21., shows that the trained SPs comparatively performed better across all 5 skills areas than the untrained SPs. In line with that, it was found that 71.7% of the trained SPs against 54.6% of the untrained SPs were found to be assessing the client's knowledge about family planning method. However, it must be noted that that most of SPs, both trained and untrained, were not "assessing the client's risk of contracting an STI and HIV infection" (only 17.1% of all

SPs performed this skill or task) as required under the 5 skill areas of Step 'BHI'. However, slightly higher proportion of the trained SPs (21.7%) assessed the client's risk of contracting an STI and HIV infection (see Table 21.).

It was found that there existed difference between the COFP/C trained and untrained SPs across the level of demonstrated skills of Step – 'BHI'. Around 47.5% of the trained SPs answered 4 or all (5) skills compared to around 27.7% of the untrained SPs (see Table 22.). While around 7.5% of the trained SPs demonstrated none of the Step – 'BHI' skills, compared to around 12.0% of the untrained SPs.

Table 21. Comparison of Step - 'BHI' skill areas between trained and untrained SPs

Step – 'BHI' skill areas	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
Assesses the client's obstetrical history	79.2	69.4	74.6
Assesses the client's Medical history	56.7	50.9	53.9
Assesses the client's reproductive needs	71.7	67.6	69.7
Assesses the client's risk of contracting an STI and HIV infection	21.7	12.0	17.1
Assesses what the client knows about family planning methods and asks interested method	71.7	54.6	63.6

Table 22. Comparison of Step - 'BHI' skills between trained and untrained SPs

Step – 'BHI' skills	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
All (5) skills	8.3	4.6	6.6
four skills	39.2	23.1	31.6
three skills	21.7	27.8	24.6
two skills	14.2	23.1	18.4
one skills	9.2	9.3	9.2
none (0) skills	7.5	12.0	9.6

Additional Exploratory Analysis

Additional exploratory analysis was carried among the COFP/C trained SPs to find out any cause in variation among them as per the on the health facility where they were stationed, their designation and sex, and years since COFP/C training. First level of analysis was for the Step – 'BHI' skill levels and then specific skill areas.

Step – 'BHI' skill areas among COFP/C trained SPs

As mentioned earlier, only 21.7% of the COFP/C trained SPs assessed the client's risk of contracting an STI or HIV infection. However, only 13.6% of the ANMs and 13.3% of the HA/SAHWs assessed client's risk of contracting an STI and HIV infection, while only 14.7% of the SPs stationed at the PHC did the same (see Table 23.). Further, demonstrated skills areas

differed as per the type of health facility SPs were stationed at, designation and sex, and years since COFP/C training.

Across the 5 skills areas of Step – 'BHI', lesser proportion of the SPs stationed at SHPs were found to demonstrate 3 skill areas, namely, assessing client's obstetrical history, the client's reproductive needs and client's knowledge about family planning methods (see Table 23.). In comparison to the male SPs, higher proportion of the female SPs demonstrated the skills related to the Step – 'BHI" or identifying the client's need.

Table 23. Step – 'BHI' skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		Assesses the client's obstetrical history	Assesses the client's Medical history	Assesses the client's reproductive needs	Assesses the client's risk of contracting an STIs and HIV infection	Assesses what the client knows about family planning methods and asks the method interested
	N	(%)	(%)	(%)	(%)	(%)
Type of Health Facility stationed at						
ZH/DH/IFPSC	26	84.6	65.4	80.8	19.2	73.1
PHC	34	82.4	50	67.6	14.7	76.5
HP	37	83.8	54.1	75.7	24.3	70.3
SHP	23	60.9	60.9	60.9	30.4	65.2
Designation of service provider						
ANM	44	81.8	54.5	75	13.6	72.7
SN/PHN	14	92.9	57.1	64.3	28.6	78.6
AHW/CMA	47	66.0	57.4	66.0	29.8	63.8
HA/SAHW	15	100.0	60.0	86.7	13.3	86.7
Sex						
Male	49	75.5	51.0	63.3	22.4	61.2
Female	71	81.7	60.6	77.5	21.1	78.9
Years since COFP/C training						
within one year	27	77.8	51.9	66.7	18.5	77.8
2-3 years	48	87.5	68.8	81.3	27.1	77.1
> than 3 years	45	71.1	46.7	64.4	17.8	62.2
Total	120	79.2	56.7	71.7	21.7	71.7

Step – 'BHI' skill levels among COFP/C trained SPs

Though only 8.3% of the COFP/C trained SPs demonstrated all 5 skills of Step – 'BHI'; the findings presented in the Table 24., shows that their existed difference in number of skills demonstrated related to Step – 'BHI' as per the various factors presented below. Higher proportion (11.5%) of SPs in ZH/DH/IFPSC was found to be carrying out all 5 skills of Step 'BHI' compared to PHCs (2.9%). Likewise, it was found that more of the Staff Nurse/PHN and those

who had training 2-3 years ago were seen to carry out all 5 skills compared to other SPs (see Table 24.). Only 2.3% of the ANMs and 3.7% of the SPs trained in COFP/C within one year were found to be carrying out all 5 skills of Step – 'BHI'. Female SPs demonstrated slightly better skills levels than their male counterparts (53.6% of female SPs did 4- all (5) skills compared to 38.8% for the male SPs).

Table 24. Step – 'BHI' skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		None (0) skills	one skill	two skills	three skills	four skills	All (5) skills
	N		(%)	(%)	(%)	(%)	(%)
Type of Health Facility stationed at							
ZH/DH/IFPSC	26	3.8	7.7	11.5	26.9	38.5	11.5
PHC	34	2.9	17.6	14.7	17.6	44.1	2.9
HP	37	10.8	2.7	10.8	29.7	35.1	10.8
SHP	23	13	8.7	21.7	8.7	39.1	8.7
Designation of SP							
ANM	44	9.1	4.5	13.6	27.3	43.2	2.3
SN/PHN	14	7.1	14.3	7.1	7.1	50.0	14.3
AHW/CMA	47	8.5	12.8	19.1	19.1	27.7	12.8
HA/SAHW	15	-	6.7	6.7	26.7	53.3	6.7
Sex							
Male	49	8.2	14.3	18.4	20.4	32.7	6.1
Female	71	7	5.6	11.3	22.5	43.7	9.9
Years since COFP/C training							
within one year	27	11.1	3.7	18.5	18.5	44.4	3.7
2-3 years	48	2.1	10.4	4.2	25.0	43.8	14.6
> than 3 years	45	11.1	11.1	22.2	20.0	31.1	4.4
Total	120	7.5	9.2	14.2	21.7	39.2	8.3

3.2.5. Skills of Steps - 'BA' and 'DA' (help the client make a voluntary and informed decision)

The third and fourth steps of the A-BHI-BA-DA-NA approach are aimed to tell the client about the family planning methods available and help the client make a voluntary and informed decision. These steps include 4 skills areas to be carried out by the service providers;

- Tells the client about the methods available based on the client's previous knowledge of family planning
- Helps the client make a decision by focusing on the potential side effects of the method being considered
- Correctly explains to the client how to use the chosen method and warning signs
- Asks the client to repeat all instruction in her own words

In comparison to other skills areas under the Steps – 'BA' 'DA', the lesser proportion of all the SPs performed skills areas – "correctly explains to the client how to use the chosen method and warning signs" (60.1%) and "asks the client to repeat all instruction in her own words" (27.6%). However, the COFP/C trained SPs performed relatively better in both of these skills areas compared to the untrained SPs (see Table 25.).

COFP/C trained SPs were able to perform more skills under the Steps - 'BA' 'DA' than their untrained counterparts. Around 62.5% of the trained SPs demonstrated 3-all (4) skills of Steps – 'BA' 'DA', compared to around 50% of the untrained SPs (see Table 26.). However, it must be noted that around 5.0% of the trained SPs performed none of the skills or did not entirely perform Steps – 'BA' 'DA'.

Table 25. Comparison of Steps- 'BA' 'DA' skill areas between trained and untrained SPs

Steps – 'BA' 'DA' skill areas	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
Tells the client about the methods available based on the client's previous knowledge of family planning	83.3	83.3	83.3
Helps the client make a decision by focusing on the potential side effects of the method being considered	85.0	75.9	80.7
Correctly explains to the client how to use the chosen method and warning signs	65.8	53.7	60.1
Asks the client to repeat all instruction in her own words	34.3	21.3	27.6

Table 26. Comparison of Steps - 'BA' 'DA' skills between trained and untrained SPs

Steps – 'BA' 'DA' skills	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
All (4) skills	26.7	15.7	21.5
three skills	35.8	34.3	35.1
two skills	20.8	26.9	23.7
one skill	11.7	14.8	13.2
none (0) skills	5.0	8.3	6.6

Additional Exploratory Analysis

Steps – 'BA' 'DA' skill areas among COFP/C trained SPs

It was found that relatively there was more variation for skill areas – "correctly explains to the client how to use the chosen method and warning signs" and "Asks the client to repeat all instruction in her own words" than others as per the type of health facility the SPs were stationed at, designation, sex and years since COFP/C training. It was seen that lesser proportion of the SPs stationed at SHPs were observed to be doing these two skills of steps –'BA' 'DA' (see Table 27.).

Further, a difference of around 25.1% was observed between male (51.0%) and female SPs (76.1%) in the case of correctly explaining to the client on using the chosen method. Similarly,

the female SPs performed better than the male SPs with respect to asking the clients to repeat all instructions. Table 27., elaborates on the findings of variation in performance of 4 skill areas of Steps – 'BA' 'DA' .

Table 27. Step – 'BA' and 'DA' skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		Tells the client about the methods available based on the client's previous knowledge of family planning	Helps the client make a decision by focusing on the potential side effects of the method being considered	Correctly explains to the client how to use the chosen method and warning signs	Asks the client to repeat all instruction in her own words
	N	(%)	(%)	(%)	(%)
Type of Health Facility stationed at					
ZH/DH/IFPSC	26	84.6	76.9	84.6	46.2
PHC	34	85.3	88.2	61.8	50.0
HP	37	86.5	86.5	70.3	18.9
SHP	23	73.9	87.0	43.5	17.4
Designation of SP					
ANM	44	84.1	88.6	72.7	45.5
SN/PHN	14	78.6	78.6	78.6	42.9
AHW/CMA	47	83.0	83.0	53.2	25.5
HA/SAHW	15	86.7	86.7	73.3	13.3
Sex					
Male	49	79.6	85.7	51.0	14.3
Female	71	85.9	84.5	76.1	46.5
Years since COFP/C training					
within one year	27	85.2	85.2	51.9	25.9
2-3 years	48	79.2	87.5	72.9	41.7
> than 3 years	45	86.7	82.2	66.7	28.9
Total	120	83.3	85.0	65.8	33.3

Steps – 'BA' 'DA' skill levels among COFP/C trained SPs

It was found that around 8.7% of the SPs stationed at the SHPs did not carry out any skills of steps –'BA' 'DA'. Although 41.2% of the SPs in PHC demonstrated all 4 skills of Steps – 'BA' 'DA', around 73.1% of the SPs in ZH/DH/IFPSC carried out 3-all (4) skills related to this step.

Around 71.5% of the Staff Nurse/ PHN and 70.4% of the ANMs carried out 3-all (4) skills related to the Steps – 'BA' 'DA', during the counseling session observations. Interestingly, more Staff

Nurse/ PHN did not carry about any skills related to these steps in comparison to other SPs (around 14.3%). Further, it was found that the

Female SPs demonstrated more skills under the Steps - 'BA' 'DA' than their male counterparts, 39.4% of the female SPs were able to perform all the skills as against only 8.2% of their male counterparts (see Table 28.).

Table 28. Step – 'BA' and 'DA' skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		none (0) skills	one skill	two skills	three skills	All (4) skills
	N	%	(%)	(%)	(%)	(%)
Type of Health Facility stationed at						
ZH/DH/IFPSC	26	3.8	7.7	15.4	38.5	34.6
PHC	34	2.9	14.7	17.6	23.5	41.2
HP	37	5.4	10.8	16.2	51.4	16.2
SHP	23	8.7	13.0	39.1	26.1	13.0
Designation of SP						
ANM	44	4.5	9.1	15.9	31.8	38.6
SN/PHN	14	14.3	7.1	7.1	28.6	42.9
AHW/CMA	47	4.3	14.9	27.7	38.3	14.9
HA/SAHW	15	-	13.3	26.7	46.7	13.3
Sex						
Male	49	6.1	16.3	26.5	42.9	8.2
Female	71	4.2	8.5	16.9	31	39.4
Years since COFP/C training						
within one year	27	3.7	18.5	29.6	22.2	25.9
2-3 years	48	2.1	14.6	16.7	33.3	33.3
> than 3 years	45	8.9	4.4	20.0	46.7	20.0
Total	120	5.0	11.7	20.8	35.8	26.7

3.2.6. Skills of Step - 'NA' (goodbye and encouraging for return visit)

This concluding Step – 'NA' of the counselling process using the A-BHI-BA-DA-NA approach includes

- discussion on the return visit
- encouraging the client to return and
- politely saying good bye to the client.

It was observed that around 83.3% of the total SPs, were able to discuss the return visit and follow up with the client, 77.6% of them encouraged the client to return to the health facility anytime if they have question on problems and 74.1% of them politely bid goodbye to the client and invite them to return again. No major difference was reported among the trained and untrained SPs. However it must be noted that around 23.3% of the trained SPs did not inform or encourage about the follow up visit nor invited the client to return again, as only 76.7% of the trained SPs were observed doing these skills (see Table 29.).

There was not much variation between the performance of the trained and untrained service providers with respect to skill levels for the Step – 'NA'. Compared to other steps of A-BHI-BA-DA-NA, larger proportion of the SPs were able to carry out all (3) skills with respect to this concluding step. However, around 8.3% of the trained and 9.3% of the untrained SPs, did none of the skills associated with the Step – 'NA' (see Table 30.).

Table 29. Comparison of Step - 'NA' skill areas between trained and untrained SPs

Step – 'NA" skill areas	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
Discusses the return visit and follow up with the client	84.2	82.4	83.3
Encourages the client to return at anytime if they have question on problems	76.7	78.7	77.6
Politely says goodbye to the client and invite her/him to return again	76.7	71.3	74.1

Table 30. Comparison of Step - 'NA' skills between trained and untrained SPs

Step – 'NA" skills	Trained N=120 (%)	Untrained N=108 (%)	Total N=228 (%)
All (3) skills	64.2	60.2	62.3
two skills	17.5	21.3	19.3
one skill	10.0	9.3	9.6
none (0) skills	8.3	9.3	8.8

<u>Additional Exploratory Analysis</u>

Steps – 'NA' skill areas among COFP/C trained SPs

Comparatively higher proportion of the SPs stationed at ZH/DH/IPFSC and PHCs were observed to be discussing the return visit and follow up with the client, and inviting them to return again.

More of the Staff Nurse/ PHNs performed the 3 skill areas related to the Step – 'NA', while the performance of female SPs for these skill areas were much better than the male SPs (see Table 31.).

Further, it was observed that SPs trained in COFP/C more than 3 years ago comparatively did not perform well across all 3 skill areas of Step – 'NA'. It was found that around 62.2% of the SPs trained in COFP/C more than 3 years ago were observed to "encourage the client to return anytime if they have question on problems", while around 85.2% and 85.4% of the SPs trained within one year and 2-3 years, respectively, performed the same skill area (see Table 31.).

Table 31. Step – 'NA' skill areas among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		Discusses the return visit and follow up with the client	Encourages the client to return at anytime if they have question on problems	Politely says goodbye to the client and invite her/him to return again
	N	(%)	(%)	(%)
Type of Health Facility stationed at				
ZH/DH/IFPSC	26	88.5	80.8	88.5
PHC	34	85.3	82.4	82.4
HP	37	83.8	70.3	70.3
SHP	23	78.3	73.9	65.2
Designation of SP				
ANM	44	86.4	79.5	86.4
SN/PHN	14	92.9	85.7	92.9
AHW/CMA	47	80.9	70.2	61.7
HA/SAHW	15	80.0	80.0	80.0
Sex				
Male	49	79.6	73.5	69.4
Female	71	87.3	78.9	81.7
Years since COFP/C training				
within one year	27	88.9	85.2	85.2
2-3 years	48	95.8	85.4	79.2
> than 3 years	45	68.9	62.2	68.9
Total	120	84.2	76.7	76.7

Steps – 'NA' skill levels among COFP/C trained SPs

It was found that lesser proportion of the SPs stationed at SHPs (47.8%) and HPs (56.8%), were observed to be carrying out all (3) skills of the Step – 'NA', in comparison to others. Further, analysis among the various categories (or designation) of the SPs revealed that only 48.9% of the AHW/CMAs conducted all 3 skills of this concluding steps, far less than other levels of SPs.

On the whole, female SPs were able to perform more skills related to the Step - 'NA' than their male counterparts. Only 55.1% of the male SPs performed all the skills, compared to 70.4% of female SPs. Further, it was observed that SPs trained in COFP/C in recent years performed better in this concluding steps, as suggested by the findings that around 77.8% of the SPs trained in COFP/C within one year did all (3) skills compared to only 48.9% among those trained more than 3 years ago (see Table 32.).

Table 32. Step – 'NA' skills among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		none (0) skills	one skill	two skills	All (3) skills
	N	(%)	(%)	(%)	(%)
Type of Health Facility stationed at					
ZH/DH/IPFSC	26	7.7	3.8	11.5	76.9
PHC	34	5.9	11.8	8.8	73.5
HP	37	10.8	10.8	21.6	56.8
SHP	23	8.7	13.0	30.4	47.8
Designation of SP					
ANM	44	6.8	6.8	13.6	72.7
SN/PHN	14	-	7.1	14.3	78.6
AHW/CMA	47	10.6	14.9	25.5	48.9
HA/SAHW	15	13.3	6.7	6.7	73.3
Sex					
Male	49	10.2	12.2	22.4	55.1
Female	71	7.0	8.5	14.1	70.4
Years since COFP/C training					
within one year	27	7.4	3.7	11.1	77.8
2-3 years	48	2.1	6.3	20.8	70.8
> than 3 years	45	15.6	17.8	17.8	48.9
Total	120	8.3	10.0	17.5	64.2

All steps of A-BHI-BA-DA-NA

None of the service providers were able to demonstrate all 18 skills of A-BHI-BA-DA-NA. While, 35.3% of the COFP/C trained service providers demonstrated between 14-17 skills, compared to just 17.6% of the untrained service providers (see Table 33.a.). Further, it must be noted that around 40.8% of the untrained SPs demonstrated 10 or less skills, in comparison to around 27.7% of the trained SPs.

Table 33.a. Comparison of performance of 'A-BHI-BA-DA-NA' steps between trained and untrained SPs

Skills of "A-BHI-BA-DA-NA"	Trained N=120 (%)	Untrained N=108 (%)	Total N= 228 (%)
All 18 skills	-	-	-
14 to 17 skills	35.3	17.5	26.9
11 to 13 skills	37.0	41.7	39.2
8 to 10 skills	22.7	30.6	26.4
Less than 8 skills	5.0	10.2	7.5
Total	100.0	100.0	100.0

Additional Exploratory Analysis

Steps – A-BHI-BA-DA-NA skill areas among COFP/C trained SPs

It can be noted that higher percentage of SPs stationed in ZH/DH/IPFSC and PHC were able to perform 14-17 skills. Likewise, a comparatively higher percentage of SN/PHN (57%) were able to perform 14-17 skills. It was also noticed that 43.6% of the female SPs were found to be demonstrating 14-17 skills as compared to the 22.9% of the male counterparts (see table 33.b.).

Table 33.b. Comparison of performance of 'A-BHI-BA-DA-NA' steps among COFP/C trained SPs as per the type of health facility stationed at, designation, sex and years since COFP/C training (N=120)

		Less than 8 skills	8 - 10 skills	11 - 13 skills	14 - 17 skills	All 18 skills
	N	%	%	%	%	%
Type of Health Facility stationed at						
ZH/DH/IFPSC	26	-	19.2	38.5	42.3	-
PHC	34	2.9	3.4	17.6	47.0	-
HP	37	8.1	13.5	48.6	29.7	-
SHP	23	9.1	27.3	45.5	18.2	-
Designation of SP						
ANM	44	4.5	25.0	34.1	36.3	-
SN/PHN	14	7.1	14.3	21.4	57.2	-
AHW/CMA	47	6.5	28.3	39.1	26.1	-
HA/SAHW	15	-	6.7	53.3	40.0	-
Sex						
Male	49	8.3	20.8	47.9	22.9	-
Female	71	2.8	23.9	29.6	43.6	-
Years since COFP/C training						
within one year	27	3.7	25.9	29.6	40.7	-
2-3 years	48	2.1	18.8	37.5	41.7	-
> than 3 years	45	9.1	25.0	40.9	25.0	-
Total	**120**	**5.0**	**22.7**	**37.0**	**35.3**	**-**

3.3. Client Exit/ Mystery Clients' Interviews

With prior consent of the clients visiting the service providers, an exit interview was carried out to assess the counseling session and provide feedback regarding some specific issues relating to the counseling sessions. Training status of the service providers were identified prior to the interview with the client. Out of 233 client exit interviews, 123 clients had visited COFP/C trained service providers while in 110 clients had received services from the COFP/C untrained SPs. Additional 120 mystery clients were recruited to evaluate the counseling process and share the experience of visit to the health facility.

3.3.1. Client profile

A total of 233 exit clients were interviewed from across the 101 health facilities visited during the study period. All of these clients were married. Around 49.4% of the clients were between the age group of 25-34 years. The mean age of the clients was 28.2 years. Around 43.8% of the clients' interviewed were illiterate. Only 9.4% of them had completed 10 or above classes. With respect to the number of surviving children among the clients, 36.5% had 2 children, while 37.3% had 3 or more children. Nearly 24.9% of the clients mentioned that they have plans for having child in the future (see Table 34.).

Table 34. Socio-demographic characteristics of clients

	Number	(%)
Age group		
< than 20 years	14	6.0
20 -24 years	56	24.0
25 -29 years	65	27.9
30 -34 years	50	21.5
35 years and above	48	21.6
Mean age = 28.2 years		
Literacy status		
Illiterate	102	43.8
Primary (1-4 class)	29	12.4
Secondary (5-10 class)	80	34.3
Above 10 class	22	9.4
Number of surviving children		
No children	10	4.3
One child	51	21.9
Two children	85	36.5
Three children	58	24.9
Four or more children	29	12.4
Mean number of children = 2.3		
Planning for future child		
Has plans	58	24.9
Has no plans	175	75.1
Total	233	100.0

3.3.2. Reasons for visiting a particular health facility

When asked the reasons for visit to this particular health facility, the majority (66.1%) of the clients reported the close location as the reason of coming to this particular health facility, followed by the facility provided good services (22.7%). Thus, it was seen that easy accessibility with respect to distance and provision for good services were important reasons for clients to visit a particular health facility (see Table 35.).

Table 35. Reasons for the visit to a particular health facility (N = 233)

Reasons	Number	(%)
Close location	154	66.1
Provides good services	53	22.7
Always coming here	47	20.2
Good facilities	35	15.0
Familiar with the staff	18	7.7
Recommended by friends/relatives	14	6.0
Good reputation	4	1.7

Note: does not add to 100 percent. Multiple answers question

3.3.3. Current use of family planning methods by the clients

From the total of 233 clients visiting the health facility around 39.9% were found to be currently using at least one of the family planning methods. Among the users, 60.2% were on Depo injection followed by 24.7% users of oral contraceptive pills (see Table 36.).

Table 36. Current use of family planning methods by the clients (N = 93)

Methods currently used	Number	(%)
Depo	56	60.2
Pills	23	24.7
Norplant	6	6.5
IUD	3	3.2
Condom	2	2.2
Others	3	3.2
Total	93	100.0

3.3.4. Problems experienced by the clients while using family planning methods

Around 60.2% of the clients reported having problems with their current FP methods (see Table 37.). Problems related with irregular menstruation were most commonly reported (42.9 %). Other common problems were feeling of nausea (33.9 %) and severe bleeding (30.4%). Table 38., in the following page, presents the findings related to the problems reported with their current FP methods..

Table 37. Problem with the current use of method (N = 93)

Problems with current use of method	Number	(%)
Yes	56	60.2
No	37	39.8
Total	93	100.0

Table 38. Problems experienced by the clients while using family planning methods (N = 56)

Problems with FP devices	Number	(%)
Irregular Menstrual periods	24	42.9
Nausea	19	33.9
Severe bleeding	17	30.4
Severe abdominal pain	12	21.4
Excessive weight gain	11	19.6
Severe headache	9	16.1
Spotting	6	10.7
Dizziness	2	3.6
Severe chest pain	1	1.8
Loss of libido	1	1.8
Others	10	17.9

Note: does not add to 100 percent. Multiple answers question

3.3.5. Purpose and Outcome of the Visit

Among the clients visiting the health facilities, around 155 clients (i.e., 66.5%) had specifically visited the health facility with the intention of getting a particular FP method. Among them, 71.6 percent received or were referred for the method of their choice. Another 21.3 percent of them received or were referred to some other method than their original choice and 7.1 percent of the clients returned without receiving or being referred for any other method, as a result of counselling session with the service provider.

Even though 78 clients had not come specifically for a FP method, 52.6% of them returned from the facility having received or referred for a method after the counselling session. Table 39., illustrates that out of the total 233 clients visiting the facility, 79.4% of them received or were referred a FP method.

Table 39. Compiled Outcomes of Visits (N = 233)

				Number (%)
1	**Came for a FP Method (N1 = 155)**			**155 (66.5%)**
	Outcomes	n	%	
1a	Received/ referred for a FP method of choice	111	71.6	
1b	Received/ referred some other FP method	33	21.3	
1c	Did not received/ was not referred for any FP method	11	7.1	
	Sub-total	155	100.0	
2	**Did not come for FP Method (N2 = 78)**			**78 (33.5%)**
	Outcomes	n	%	
2a	Received/ Referred some FP method	41	52.6	
2b	Did not received/ was not referred any FP method	37	47.4	
	Sub-total	78	100.0	
Total				**233 (100.0%)**

3. Compiled outcome of visits	Number	%
Received/ referred some FP method (1a+1b+2a)	185	79.4
Did not Receive/ was not referred any FP method (1c+2b)	48	20.6
Total	**233**	**100.0**

3.3.6. Family planning services as perceived by the clients

Counseling regarding the client's problem

The clients, who reported problems related with the current FP method used, were asked about their counseling session with the service providers.

It was found that, in all components of counseling process regarding the problems related to the FP method used, trained SPs performed comparatively better than the untrained. All of the trained SPs asked the client about problems of FP methods, while only 85.7% of the untrained did so. Further, 85.7% of those who were counselled by the trained SPs reported that they were satisfied with the services while only 76.1% mentioned so, in case of untrained SPs. More than 88.6% of the trained SPs identified and discussed the FP problems reported by the client and offered possible solutions of the problem compared to 76.2% percent in case of untrained SPs (see Table 40.).

Table 40. FP services in relation to the problems of FP methods experienced by the clients (only with those clients who have come with some problems on the use of FP methods)

FP counseling	Client exit interview		Total N=56 (%)
	Trained N=35 (%)	Untrained N=21 (%)	
Asked about the problems of FP methods	100.0	85.7	94.6
Discuss about the problem	91.4	85.7	89.3
Counselled on possible options to address the problem	88.6	76.2	83.9
Client satisfaction about the services	85.7	76.1	82.1

Counseling regarding information about the chosen method

Table 41., llustrates that there was not much variations between the feedbacks provided by the clients on the aspects of information about the chosen method for by both the trained and untrained SPs. However, with respect to providing explanations on possible options to address the problem on method, trained SPs were seen to have performed better. Likewise, it is must be noted that very low percentage of SPs have explained that whether the chosen method protects from HIV or not.

Table 41. FP services in relation to information about the chosen method (only those who have received some FP methods/referrals)

	Client exit interview		Total N=185 (%)
	Trained N=96 (%)	Untrained N=89 (%)	
Explained and demonstrated the chosen method	57.3	58.4	57.8
Explained the side effects of the method chosen	80.2	76.4	78.4
Explained the possible options to address the problem if any	79.2	69.3	74.5

arises upon method use			
Explained if the chosen method protects from HIV infection	16.7	21.3	18.9

3.3.7. Use of IEC materials

Table 42., shows that not much variations existed among the trained and untrained SPs with regards to usage of IEC materials (inclusive of flipcharts, cue cards and posters) based on the responses from the clients. Among the exit clients visiting trained and untrained SPs, 66.2% reported that the SPs used IEC materials during counseling session. Similar results were found in case of mystery client interviews as well. It must be noted that only 45.0% SPs were reported to have used Flip-charts during counseling session observations, thus client exit interviews and mystery clients revealed higher usages of IEC materials while explaining the methods. However, only 9.1% of trained and 7.3% of the untrained SPs distributed take-home IEC materials to the clients (see Table 42.).

Table 42. Use of IEC materials

	Client exit interviews			Mystery clients
	Trained N=123 (%)	Untrained N=110 (%)	Total N=233 (%)	Trained N=120 (%)
Used IEC materials while explaining the methods	65.9	66.7	66.2	63.2
Distribute IEC materials to take home	9.1	7.3	8.3	9.3

3.3.8. Client Satisfaction

The clients' satisfaction with the visit to the health facility and the services of the SPs were evaluated across 7 dimensions, namely;

- Communication process
- Clinical examination
- Confidentiality
- Waiting time prior to the counseling session
- Usefulness of the information to the client
- Overall satisfaction with the visit to the health facility
- Client willingness to revisit the health facility

Communication process

Table 43., illustrates that there was not much variations among the responses provided by clients with respect to the communication process between the trained and untrained SPs. However, a higher proportion (86.2 %) of the trained SPs were found to be reminding their client on the aspect of follow-up visit.

The mystery client interviews reported slightly better communication process compared to the client exit interviews in almost all the components of the communication process (see Table 43.).

Confidentiality

The clients were asked whether the confidentiality was maintained during counseling session. Table 43., shows that very less numbers of, both the trained and untrained, SPs were able to maintain and assure confidentiality of the counseling sessions.

Likewise, the mystery client interviews responses also show comparatively that service providers not being able to maintain and assure confidentiality.

Waiting time prior to the counseling session

Most of the clients, both for client exit interviews and the mystery clients did not have to wait much time prior to the counseling sessions. Around 85.4% of the clients visiting the trained SPs and untrained SPs mentioned they had short waiting time or received immediate service (see Table 43.). Around 81.3% of the mystery clients also reported of not having to wait for long time.

Table 43. Communication process, confidentiality and perception of waiting time

	Client Exit Interviews			Mystery Client
	Trained N=123 (%)	Untrained N=110 (%)	Total N=233 (%)	Trained N=120 (%)
Communication process				
Service provider encouraged the client to ask questions	74.8	76.4	75.5	80.3
Client asked questions to the service provider	77.0	75.5	76.3	91.4
Client at ease while asking questions	69.5	68.6	69.1	72.1
Informed the follow-up visit	86.2	72.5	79.7	78.3
Confidentiality				
Discussion with service provider not heard by others	43.8	50.5	47.0	47.4
Assured of confidentiality	42.3	42.6	42.4	41.3
Client perception of waiting time				
Immediate service	52.0	38.5	45.7	43.2
Short waiting time	33.3	46.8	39.7	38.1
Long waiting	9.8	11.9	10.8	18.4
Too long waiting time	2.4	0.9	1.7	1.1
Don't know	2.4	1.8	2.2	1.1

Clinical examination

It was observed that only 21 clients mentioned that they had undergone a pelvic examination. The clients were asked whether they were explained the reasons for clinical examinations, explained the results of the examination, used simple language and whether privacy was being maintained by the SPs during the counseling session.

Table 44., illustrates that there were significant differences on the responses provided by the clients on the regarding explanation for the reasons and results of examinations. A higher proportion of clients visiting the trained SPs (88.9%) commented that the SPs explained the reasons and results of the examination compared to clients visiting the untrained SPs (see Table 44.). However, interestingly higher proportions (77.8%) of untrained SPs were found to have provided adequate privacy during the clinical examination as compared to the trained SPs. Among the mystery clients, a higher consistent percentage of those who underwent a clinical examination reported of reasons and results of examination being explained (see Table 44.).

Table 44. Clinical examination

	Client exit interviews		Total	Mystery clients
	Trained N=9 (%)	Untrained N=7 (%)	N=16 (%)	Trained N=5 (%)
Explained the reasons for examinations	88.9	55.6	72.2	80.4
Explained the results of the examinations	88.9	62.5	76.5	80.4
Client understood the language used by the provider	88.9	100.0	93.3	80.3
Felt adequate privacy during the clinical examination	63.6	77.8	70.0	80.3

Usefulness of the information to the client

Table 45, illustrates that hardly any variations exists on the usefulness of the information provided by the SP between both the trained and untrained service providers. It was seen that over 94% of the clients indicated that the information provided by the SPs were useful, indicating that the discussion with the SPs were well received by the clients.

Nearly 94.5% of the mystery clients reported that the information provided by the client during the course of the counselling session as being useful.

Table 45. Usefulness of the information provided to the client

	Client exit interviews		Total	Mystery clients
	Trained N=123 (%)	Untrained N=110 (%)	N=233 (%)	Trained N=120 (%)
Very useful	21.3	22.9	22.1	18.2
Useful	73.0	71.6	72.3	76.3
Not useful	1.6	1.8	1.7	3.3
Don’t know	4.1	3.7	3.9	2.2

Overall satisfaction with the visit to the health facility

The majority of the clients informed that the service provided on the day of the visit to the SP was satisfactory, with not much variation between the trained and untrained SPs. It was seen that around 96.1% of the clients during the exit interviews mentioned that they were satisfied with the visit to the health facility.

Around 96.3% of the mystery clients interviewed reported of being satisfied with the visit (see Table 46.).

Table 46. Overall satisfaction of the clients' with the visit to the health facility

	Client exit interviews			Mystery clients
	Trained N=123 (%)	Untrained N=110 (%)	Total N=233 (%)	Trained N=120 (%)
Very satisfactory	4.9	10.5	7.5	8.2
Satisfactory	91.1	85.7	88.6	88.1
Dissatisfactory	1.6	1.9	1.8	2.1
Don't know	2.4	1.9	2.2	2.2

Client willingness to revisit the health facility

The overall satisfaction shown by the clients during the exit interviews were complimented with the opinion that around 94.3% of all the clients mentioned that they would return to the health facility for future services (see Table 47.). In addition that around 97% of the clients mentioned that they would suggest others to visit the health facility. There was no difference found between the trained and untrained service providers.

Table 47. Client's willingness to return to the health facility

	Client exit interviews		Total N=233 (%)
	Trained N=123 (%)	Untrained N=110 (%)	
Return to this facility	95.8	92.7	94.3
Go elsewhere	-	1.8	0.9
Undecided	2.5	1.8	2.2
Will not need FP again	-	2.8	1.3
Don't know	1.7	0.9	1.3

3.4. Health Facility Observations

3.4.1. Health facilities

A total of 101 health facilities of different types were observed, of which 13 facilities visited were Hospitals (ZH/DH/IFPSC), 24 facilities visited were Primary Health Centres, 30 facilities were Health posts and 34 facilities were Sub health posts.

Table 48. Types of health facilities observed

Types of health facility	Number
ZH/DH/IFPSC	13
PHC	24
HP	30
SHP	34
Total	101

3.4.2. COFP/C trained FP service providers

Among 387 SPs assigned in 101 observed health facilities, 345 SPs were providing FP counseling services; 186 of them had received COFP/C training. However, only 133 trained SPs were present in the observed facilities during the time of study, i.e., 71.5% of the COFP/C trained SPs were present in the health facility at the time of the assessment (see Table 49.). Comparatively, lesser number (54.5%) of COFP/C trained SN/PHNs were found to be at the health facility during the time of the assessment. Further, comparatively, lesser numbers of COFP/C trained SPs were present at ZH/DH/IFPSC (62.2%) and HP (63.2%) in comparison to other health facilities.

Table 49. Service providers assigned by type of facility and designation

	Total SPs assigned in health facilities	SPs managing FP services		SPs managing FP who are COFP/C trained		SPs COFP/C trained and present at the time of assessment	
	N	N	(%)	N	(%)	N	(%)
Type of health facility							
ZH/DH/IFPSC	89	63	70.8	45	71.4	28	62.2
PHC	156	145	92.9	62	42.8	48	77.4
HP	108	103	95.4	57	55.3	36	63.2
SHP	34	34	100.0	22	64.7	21	95.5
Designation of service providers							
ANM	133	128	96.2	67	52.3	46	68.7
SN/PHN	49	39	79.6	22	56.4	12	54.5
AHW/CMA	145	128	88.3	73	57.0	56	76.7
HA/SHW	60	50	83.3	24	48.0	19	79.2
Total	387	345	89.1	186	53.9	133	71.5

3.4.3. Facilities for FP counseling services

The observation for assessing the facilities for FP counselling was limited to these following factors, consisting of:

- The facility has a separate space allocated for FP counselling
- The space for counseling is adequate
- The space provides privacy for counseling
- Availability of a waiting area for the clients

Among the facilities, it was noticed that 50.5% of the health facilities had space, which provided privacy for counseling, while only 35.3% of the SHPs had a separate space for counseling. This highlights the lack of space specifically for the counseling purpose at the SHPs. Likewise, 86.1% of the health facilities had some sort of a waiting area for the clients visiting the facilities (see Table 50.).

Table 50. Facilities for FP counseling services

		Health facility has a separate space for counseling	The space for counseling is adequate	The space provides enough privacy for counseling	There is a waiting area for the clients
Type of health facility	N	%	%	%	%
ZH/DH/IFPSC	13	69.2	61.5	61.5	92.3
PHC	24	62.5	58.3	58.3	83.3
HP	30	60.0	56.7	50.0	96.7
SHP	34	38.2	35.3	38.2	76.5
Total	101	54.5	50.5	49.5	86.1

3.4.4. IEC materials

The focus of the health facility observations with regards to IEC materials consisted of the following factors:

- The IEC materials are displayed in the health facility
- The displayed IEC materials are easily visible and readable by the clients
- The IEC materials are displayed in the counseling room
- The IEC materials comprising of Flipcharts and Cue cards are on the FP service providers' table
- There are IEC materials for distribution

In majority of the health facilities some form of IEC materials was found to be displayed in the health facility and the counseling room. Also, the displayed IEC materials were positioned in a manner such that it could be easily visible and read by the clients visiting the health facilities.

However, it was observed that except for the hospitals/IFPSCs, flipcharts and cue cards on the SPs' table and availability of IEC materials for distribution were comparatively lesser (see Table 51.).

Table 51. Status of IEC materials at the health facilities

		IEC materials are displayed in the health facility	Displayed IEC materials are easily visible & readable by the clients	Counseling room has IEC materials displayed	IEC materials (Flip charts / Cue cards) are on the FP provider's table	IEC materials for distribution
Type of health facility	N	%	%	%	%	%
ZH/DH/IFPSC	13	92.3	92.3	92.3	84.6	61.5
PHC	24	83.3	83.3	83.3	62.5	34.8
HP	30	76.7	76.7	83.3	66.7	36.7
SHP	34	79.4	76.5	82.4	50.0	14.7
Total	101	81.2	80.2	84.2	62.4	32

3.4.5. Availability of FP devices

The study showed that majority of the health facilities observed had supplies of essential family planning devices such as Condoms, Pills and DPMA injections stored in the facility at the time of the assessment. However, it should be noted that IUCD and Norplant were found to be comparatively lower in the PHCs, than in ZH/DH/IFPSC (see Table 52.).

Table 52. Availability of FP devices at the health facilities

		Condom	Pills	Depo	IUCD	Norplant
Type of health facility	N	%	%	%	%	%
ZH/DH/IFPSC	13	100.0	100.0	92.3	92.3	84.6
PHC	24	95.8	95.8	87.5	66.7	37.5
HP	30	100.0	96.7	90.0	NA*	NA*
SHP	34	100.0	97.1	94.1	NA*	NA*
Total	101	99.0	97.0	91.1	79.5	61.1

*Note: IUCD and Norplant services at HP and SHP levels are not under plans of the government

3.4.6. Access to service delivery (time)

It was observed that the average daily opening hours of the health facilities were found to be in the region of 5.7 hours per day. Majority of the health facilities provided family planning services for minimum of 7 hours (see Table 53.). Likewise, it was observed that most of the health facilities provided family planning services more than 4 days/week (see Table 54.).

Table 53. Number of hours the health facilities is open

Type of health facility		Up to 7 hours	More than 7 hours
	N	%	%
ZH/DH/IFPSC	13	92.3	7.7
PHC	24	100.0	-
HP	30	96.7	3.3
SHP	34	100.0	-
Total	101	98.0	2.0

Mean = 5.7 hours

Table 54. Number of days per week, family planning services available

Type of health facility		Up to 3 days	4 days	More than 4 days
	N	%	%	%
ZH/DH/IFPSC	13	23.1	15.4	61.5
PHC	24	8.3	4.2	87.5
HP	30	6.7	-	93.3
SHP	34	8.8	-	91.2
Total	101	9.9	3.0	87.1

Mean no. of days FP services available = 5.7 days

3.5. Key Informant Interviews With COFP/C Trainers

Overview

As a part of the assessment, a series of key informant interviews were conducted with COFP/C trainers at all five of Regional Health Training Centres (RHTC) located in Dhankuta, Bara, Pokhara, Surkhet and Dhangadi. Key Informant Interviews were conducted with 2 trainers in Dhankuta, Bara, Surkhet and Dhangadi, whereas only one interview was possible in Pokhara RHTC, thus a total of 9 key informant interviews were conducted. All the key informants were COFP/C trainers at the respective regional health training centres.

Key Informant Interviews were carried out to gather information on perceived barriers to providing counselling services, suggestions to overcome these barriers, issues and factors contributing towards performance or underperformance and other counselling service providers' needs from the perspective of the trainers.

Perception on effectiveness of COFP/C training

The majority of the trainers in all RHTC stated that the training has helped to enrich the trainees' knowledge on effective counselling. This, according to them, has helped the service providers to deliver better services at their respective health facility. Apart from this, they said that clients now have freedom of choice i.e. they can choose the appropriate method for themselves.

Perception on the Training Content/curriculum

Almost all of the Key informants seemed satisfied with the course content. The majority of them were of the view that the content was useful and appropriate. They further added that the course content is adequate and there is nothing that needs to be added or deleted. Among others, section on ABHIBADANA technique was learnt to be the most impressive section.

"Section on ABHIBADAN technique is the most impressive one. Trainees are very attentive and participate very well while going through this section." KII, Dhankuta.

However, some concerns were raised regarding the section on infection prevention. Key informants particularly from Pathhlaiyya and Dhankuta stated that the section on infection prevention is quite outdated and needs to be updated.

Perception on Training methodologies

Almost all of the key informants expressed that the methodologies adopted during the training were effective in imparting knowledge to the trainees. They felt that the methodologies they adopted during the training were participatory and appropriate. According to the trainers, some of the methods they frequently adopted during the training were group discussions, role play, lecture discussion and demonstration.

"The trainees have always enjoyed the methods we use. We try to make the training as much participatory as possible." KII Surkhet.

Perception on Logistics

There were some concerns regarding the financial aspect of the training. Most of the informants said that the allowance they received was not sufficient. They further expressed dissatisfaction over the current grading system.

"All the trainers impart knowledge on the same content and follow the similar training methodologies. However, due to the grading system there is a difference in allowance which is not fair." KII, Surkhet

Similarly, lack of reference materials was another concern raised by the informants. They said that the training would have been more effective if there were adequate reference materials.

"Sometimes it really gets difficult to explain the trainees due to lack of reference materials." KII, Dhangadi

Perception on Performance of the trainees

All of the informants expressed satisfaction over the trainees` performance during the training. The evaluation process (pre-test and post-test) seemed to have been helpful to evaluate the trainees` performance.

Perception on Duration of the training

Most of the trainers seemed satisfied with the duration of the counselling training. They mentioned that the duration was adequate and there was no need to add or cut down days. The allotted duration was learnt to be sufficient to impart knowledge to the trainees. They also seemed contended with the duration for the practical session.

"The duration for practical is more than sufficient. There is no need to add days to the current allotted duration for the practical." KII, Surkhet.

Barriers to Implementation

Key informants were inquired about the factors that hindered the SPs in delivering effective counselling services to the client. Most of them informed that the lack of adequate space and availability of appropriate manpower at the health facilities as being the two major hindering factors for SPs to deliver effective counselling to the clients.

Most of the informants mentioned that lack of adequate space has been a key hindering factor for the SPs to effectively apply the knowledge and skills gained during the training. They said that to put into practice the ABHIBADAN technique, it was very essential to have a place where privacy and confidentiality could be maintained.

Similarly, lack of manpower at the health facilities was learnt to be another major barrier to implementation of COFP/C. Informants said that there are very few trained SPs at the health facilities and a single provider has to handle many clients and their respective needs. Thus as a result, the SPs cannot deliver effective counselling service.

Language and gender were also considered as other hindering factors in delivering effective counselling services. Those trainers who were interviewed said that some of the SPs who were unable to speak the local language found difficulties in communicating with the local clients.

Likewise, gender was leant to be another factor that hindered effective counselling services. They stated that there was reluctance among the female clients to visit the male SPs.

Suggestions from informants for effective counselling service

All the key informants stressed the need for an adequate space to deliver effective counselling services. They said that to provide effective counselling there should be separate counselling space which most of the health facilities do not have. In addition to this, they suggested additional manpower at the health facilities where there is a heavy caseload.

Likewise, informants also suggested for refresher training for the SPs. They said that SPs tend to forget some of the information after one year of the training. Hence they mentioned that there should be some arrangement for the refresher training to the SPs.

"Refresher training will help the SPs to remember what they have forgotten. This will also help them in updating their knowledge."

Similarly, informants emphasized on the need to follow up. They mentioned that they have not been able to visit the trained SPs to observe whether they are putting the knowledge into practice correctly.

3.6. Focus Group Discussion With COFP/C Trained Service Providers

As a part of the assessment was to try and learn the service providers' impression regarding the counselling trainings that they had received, their perceived barriers to providing quality services & suggestions. This was done through a series of focus group discussions (FGDs).

The participants of the focus group discussions were service providers who had received COFP/C training. The participants were selected from different health facilities falling under the jurisdiction of the Regional Health Training Centers (RHTC). A total of five FGD sessions were conducted. The total number of participants for the FGDs was 28. All of the participants had received COFP/C training.

Overall view on training

The majority of the participants mentioned that almost all the areas covered in the counselling training were useful. The participants mentioned that they had been applying the knowledge gained during the COFP/C training at their respective health facilities while delivering the family planning services. The training according to them has helped them to perform their job in an effective manner. Participants particularly from Surkhet and Pokhara mentioned that the training course has helped them to enrich their knowledge on advantages and disadvantages of different family planning methods. Similarly, the participants particularly from Dhangadi and Pathhalaiyya mentioned that the training has to some extent helped them to change their behaviour and improved their interpersonal communication skills. This as a result has made them easy to deal with the clients.

Most of the participants were of the view that all the aspects covered in the COFP/C curriculum were very relevant in helping them deliver their services and as such could specify any particular areas that they felt was irrelevant.

"Before, we were trained to follow the 'motivation techniques'. We used to motivate the client to adopt the specific FP methods. However, COFP/C training has made it easy for us, as it is the client who chooses the method. We explain to the clients the advantages and disadvantages of every method following the COFP/C training manual and they are the ones who choose." (FGD, Dhankuta)

Perception on Training Contents

Almost all of the participants expressed their satisfaction over the training content. They said that the content was useful, suitable and participatory. On being asked to comment on the most liked components of the COFP/C training curriculum, most of the participants were of the view that they liked the following components:

- Infection prevention
- ABHIBADAN technique
- Side effect management and

- STI/STD
- *Infection prevention*

The section on infection prevention according to the participants was useful and appropriate. This according to them has helped them in performing their job in an effective manner.

"It is probably the first such training in which knowledge on infection prevention and counseling is imparted. It has helped a lot in dealing with the clients." (FGD, Dhangadi.)

- *ABHIBADAN technique*

Most of the participants found the section on ABHIBADAN technique impressive. They could easily explain the steps of this technique. They said that this particular technique has helped them in dealing with the clients in effective manner. They mentioned to having been followed this technique after receiving the COFP/C training and most of them further commented that the result has been good.

"With the knowledge gained from use of this technique, we have been able to explain properly the advantages and disadvantages of different FP methods to our clients better" (FGD, Dhankuta.)

- *Side effect management*

Almost all of the FGD participants mentioned that they acquired great deal of knowledge on managing side effects. They expressed that side effects were the major concerns of the clients and had to be addressed effectively and correctly.

"The training has helped us to deal with the side effects. Before the training it was really difficult for us to explain the ways to manage the side effects. This has made us lot easier in dealing with the clients" (FGD, Dhangadi.)

- *Knowledge on STI/STD*

Almost all of the participants mentioned that the training has helped enrich their knowledge on STI/STD. They further expressed that it has helped them to impart knowledge on STI/STD to the clients.

Areas to be added in the training course

Most of the participants were of the view that the content is useful and nothing needed to be deleted. However, to make the course more effective, there were some areas mentioned by the participants that needed to be added.

Participants particularly from Surkhet, Dhangadi and Pathhalaiyya stressed the need of inclusion of clinical skill in the course. They said that the section on the clinical skill was superficial and hence needed to be more in-depth.

"The training we participated emphasized more on the knowledge aspect. The clinical skill in the course is not adequate. If there was more on clinical skill, it would have been more effective."

Similarly, they also demanded the inclusion of skill to insert Norplant and IUD in the course. According to them the course covered the knowledge aspect of Norplant and IUD but skipped the skill to insert those devices.

"It would have been much better if the course includes the skill to insert Norplant and IUD." (FGD, Pathhlaiyya.)

Perception on Training methods

The majority of the participants in all the FGDs expressed that the methodologies adopted in the training were effective. Almost all of them could remember the methodologies adopted in the training i.e. role-play, lecture, demonstration, audiovisual shows, practical, group discussions etc. Group discussions was learnt to be the most liked method adopted during the training.

Perception on the Trainers

Most of the participants expressed their satisfaction over the performance of the trainers. They considered their trainers to be knowledgeable as well as skilled. They further added that their trainers were confident and as a result training was quite effective.

However, some participants raised concerns regarding the trainers' inability to answer queries specifically related to clinical and medical aspects and hence demanded that there be some supplemental sessions with other resource person like medical doctor/experts in reproductive health to enhance their knowledge base. Most of the participants felt that trainers were especially ill-equipped to handle the queries relating to reproductive health and some content which are not specifically mentioned in COFP/C curriculum.

"During the training, we asked our trainer a few questions on clinical aspect. He was not able to answer them properly. Hence it would be better if medical doctor deliver lecture at least for two hours a week. " (FGD, Surkhet)

Perception on the Duration of the training

The majority of the participants felt that the duration of the training was adequate. They were further inquired regarding the duration of the practical session. Almost all of them mentioned that it was adequate and there was no need to increase the duration of practical session. The practical sessions were carried out with actual client at the nearby service site.

Perception on the Logistics

Overall logistical aspect of the training seemed to be satisfactory. The majority of the participants expressed satisfaction over the logistics i.e. audio visual, IEC materials, stationeries and other materials. However, some of them expressed dissatisfaction over the financial aspect. They said that the allowance they received was not adequate and hence has to be increased.

Barriers to implementation

Some of the major barriers in implementing all the knowledge and skills acquired during the training mentioned by the participants were inadequate space at the health facilities, lack of manpower, language, gender and clients' pre-determined method choice.

Almost all of the participants mentioned lack of adequate space at the health facilities they deliver service as a major hindering factor in providing effective counselling. They said that they have not been able to apply ABHIBADAN technique effectively due to the lack of separate counselling room. They further added that they have to carry out many activities in a single room.

"We learn about privacy and confidentiality but are not able to apply it because of lack of separate counselling room at the health facilities." (FGD, Dhankuta)

Another major hindering factor as mentioned by the participants was the lack of manpower at their respective health facilities. This according to them has led to heavy work pressure. As a result they have not been able to put into practice all the knowledge they gained during the training.

"There are very few SPs at the health facilities. We just cannot look after the client with family planning problem. We have to manage the time for the clients with other problems too. This as a result disturbs the counselling process." (FGD, Dhangadi.)

Language and gender was also cited as barriers to delivering the effective counselling service. They said that some of the SPs found the knowledge gained during the training difficult to put into practice because they were not familiar with the local language. Likewise, most of the participants informed that female clients were reluctant in visiting the male SPs.

Another major barrier to effectively deliver the counselling service was pre-determined method choice of the client. Participants particularly from Dhangadi and Pathlaiyya informed that most of the clients who visit them come with pre-determined method choice.

"It is difficult to deliver counselling service to the clients who come with pre-determined method choice. Most of the time, counselling does not work with clients who come with pre-determined method choice. They insist on their choice." FGD, Surkhet.

Suggestions from the FGD participants for effective counselling.

As in the case of Key Informant Interviews, most of the participants particularly from Surkhet and Dhankuta suggested for the separate counselling space at the health facilities to deliver the effective counselling service. This according to them would help to maintain privacy and confidentiality.

Similarly, most of them stressed on the need to increase the number of SPs at their respective health facilities. They mentioned that this way they can manage ample time for the counselling as well as overcome the heavy workload.

Likewise, participants mostly from Dhankuta, Pathhlaiyya and Pokhara suggested on increasing the number of female SPs. They went on to say that female clients find it far easy to deal with the female SPs. In this way, SPs can deliver effective counselling.

In the same vein, almost all of the participants mentioned that they had already forgotten some of the contents and demanded for refresher training. Most of the participants mentioned that there should be some arrangement regarding refresher training.

"Refresher training will help us to remember what we have forgotten. This will also help us in updating our knowledge."

Some participants raised concerns regarding the trainers' inability to answer queries specifically related to clinical and medical aspects. They suggested resource person like medical doctor or experts in reproductive health to deliver lecture in the training to enhance their knowledge base.

CHAPTER FOUR

CONCLUSION AND RECOMMENDATIONS

CHAPTER FOUR: CONCLUSION AND RECOMMENDATIONS

This assessment providers' performance of COFP/C trainings offers some answers and direction to 3 qualitatively different sets of questions.

- What are the current retention levels of the required knowledge and skills from the COFP/C training among the SPs?
- Is the quality of family planning counselling services provided by government service providers helping clients to make informed and voluntary decisions about their contraceptive options?
- What are the some of the concrete factors that hinder providers' performance during the service delivery?

Retention of Knowledge

Findings from the assessment of this COFP/C training clearly indicate that there are some knowledge areas which have been lost after the trainings. There are clearly 3 knowledge areas which were seen to be lacking during the knowledge assessment of the COFP/C trained SPs;

Basic concept of FP counseling

It was seen that only 38.9% of the trained SPs were able to answer all the 6 knowledge areas of basic concept of FP counseling. Specifically the SPs were found lacking in 2 knowledge areas related to basic concept of FP counseling;

- Outcome of the counselling being client satisfaction
- Decision making is to be done by the client themselves.

FP methods

Only 15.9% of the trained SPs were able to answer all the 7 knowledge areas of FP methods. Among these 7 assessed knowledge areas, the major problems areas as per the retention level of the SPs were;

- Identifying the dangers symptoms of oral contraceptives
- Mode of action of Copper T for pregnancy prevention
- Common possible side effects of Norplant

Infection prevention and failure of method

Among the trained SPs assessed for their knowledge levels, around 59.5% of them were able to answer all 3 knowledge areas assessed for infection prevention and failure of method. Comparatively, lesser proportion of the SPs were able to answer correctly the ways to prevent infection from Depo injection.

It must be noted that COFP/C training focuses on ensuring that clients make informed voluntary choices as the pre-condition for meeting the goal of FP counseling. However, retention of knowledge among the COFP/C trained SPs were not same to ensure proper counseling.

These findings raise serious questions of service providers understanding of the fundamental principles of counseling. In absence of clarity on the basics of counselling, improvement of interpersonal communication and counselling skills alone may not suffice in achieving the ultimate goal of counselling. Further, lower levels of knowledge retention for FP methods and specifically among some areas indicates towards reviewing the training methodologies. It is worthwhile to know, for example, how the technical information related to oral contraceptives are taught during the COFP/C training since only half of the trained SPs could recall the correct information.

It must be noted that field information points towards two possible reasons for lower knowledge levels for FP methods

- the SPs rarely used the information, thus were not accustomed to giving information on danger signs of methods and therefore did not remember it, or
- possibly they did not learn well about the danger signs of contraceptives during the training itself.

Further, it was noticed that the level of knowledge was found to be comparatively higher among the male SPs than their female counterparts. Relatively ANM's had lesser knowledge levels than other categories of service providers. Interestingly, the SPs trained 2-3 years prior to this assessment were found to have slightly better knowledge than the SPs who were provided COFP/C training more than 3 years ago.

Counseling skills

Findings from the assessment of this COFP/C training clearly indicate COFP/C trained SPs had better counseling skills as measured against other untrained SPs. However, it must be noted that the difference was not much, possibly explained by the fact that among the untrained SPs many personnel were trained in either or both COFP and counseling trainings prior to merging of these courses.

Closer analysis of the findings suggests that certain areas of concern regarding the demonstrated skills of the trained SPs. There are some knowledge areas, which have been lost after the trainings.

IPC skills

Around 29.2% of the trained SPs demonstrated all 7 IPC skills assessed, compared to 25.9% of the untrained SPs. It was seen that consistently for both trained and untrained SPs two skill areas related to IPC skills were not demonstrated;

- Using FP flipcharts effectively
- Correcting rumours and misinformation

Use of flipchart during the counseling to the clients is an important way to enhance the effectiveness of communication. Closer look at the data from the health facilities indicated that around 62.4% of all the SPs had FP flipchart at their table, while during the counseling session observations it was found that only 45.0% of the SPs used it. Similarly, 84.6% of the SPs stationed at ZH/DH/IFPSC had flipcharts available but only 50% used it. Thus, it reveals that in spite of availability of the flipchart in the health facility, not all of the service providers were found using them.

This may be due to two main reasons:

- the service providers did not have the skills of use of flipchart;
- the providers did not consider the use of flipchart as important during counseling.

The findings that IPC skills with low scores such as correcting rumours and misinformation in both trained and untrained service providers should be interpreted with caution. The possible reason of obtaining low scores may not be necessarily due to lack of skills in these areas. It could be attributable to the situation that client might not have raised any rumours or misconceptions during their interactions with the provider. Consequently, the providers did not have opportunity to use these skills.

Overall interpersonal communication skills were found to be better among the COFP/C trained SPs as compared to the untrained. The client satisfaction was also reported to be slightly higher among clients who received counselling from the trained SPs. However, in several specific components of IPC skills, no or very little difference was found between trained and untrained providers.

A-BHI-BA-DA-NA (GATHER): Counseling process

The findings presented that None of the service providers were able to demonstrate all 18 skills of A-BHI-BA-DA-NA. While, 35.3% of the COFP/C trained service providers demonstrated between 14-17 skills, compared to just 17.6% of the untrained service providers. It must also be noted that around 40.8% of the untrained SPs demonstrated 10 or less skills, in comparison to around 27.7% of the trained SPs. Although in some specific components of counseling skills and process visible differences are not found between the COFP/C trained and untrained providers. These findings indicate that COFP/C training has been effective in imparting counseling skills. A closer look at the counseling process as per the specific steps revel some interesting findings.

Step – 'A': Only around 23.3% of the trained SPs introduced themselves to the client, possibly due to the fact in rural context most of the clients are familiar with the service provider and they know each other well. Formal introductions, therefore, may not be deemed necessary during interactions. However, the observation that only around 30% of trained providers assured confidentiality should be considered more seriously. This figure contradicts with the findings of clients exit interview, which is 42% among the trained SPs. The difference possibly indicates that the expectation of the confidentiality is lower among the clients, or many have accepted that level of confidentiality.

Step 'BHI': It must be noted that around 7.5% of the trained SPs could not demonstrate any of the 6 skills related to this step of counseling, while only 6.7% of them demonstrated all the 6 skills. This is a critical step that helps identify needs of the client, basis on which further counseling depends as well as ensuring informed voluntary choice. Further exploration on this is essential to ensure the goals of FP counseling are achieved. It must be noted that even in the study to assess the family planning counseling training conducted by AVSC International on 1998, indicated that service providers were not performing identifying the clients needs well compared to other steps.

A closer look at the findings indicated that only 21.7% of the trained SPs assessed the risk of STI and HIV infections is discouraging. This level of practice does not correspond to the findings that retention of knowledge about STI/HIV infection and double protection of condom, which was found to be reasonably high among the SPs during the knowledge assessment. It is important to note at this point that there exists a wide gap between the knowledge and practiced skills, which needs to be explored.

Steps - 'BA' 'DA': Only 26.7% of the trained SPs were able to demonstrate all 4 skills related to this step of counseling. Further, only 34.3% of the trained SPs asked the clients to repeat the instruction, among the male SPs this figure was only 14.3%. This level of practice should is very, as it is important for the counsellor to be assured that clients have understood the information that has been provided.

Steps – 'NA': Compared to other steps of A-BHI-BA-DA-NA, larger proportion of the SPs were able to carry out all (3) skills with respect to this concluding step. However, it must be noted that around 8.3% of the trained and 9.3% of the untrained SPs, did none of the skills associated with the Step – 'NA', indicating that opportunity to discuss follow-up visit and encouraging the client to discuss problems was missed out.

Additional analysis showed that female trained SPs demonstrated more skills during the observation of the counseling session than their male counterparts. This finding is in contradiction to the findings that the male trained SPs had better knowledge. Further, it reveals having knowledge does not necessarily guarantee that it would be practiced.

It was also seen that AHW/CMA were seen to practice lesser number of skills than other categories of SPs. In line with the findings on knowledge, it was also seen that SPs trained previously in COFP/C were found to be practicing lesser number of skills in comparison to the SPs trained more recently. This could indicate that possibly that many skill areas being assessed are overlooked once the SPs gain more experience and sticking to only common ones.

Factors affecting performance during service delivery

The study revealed several areas that would possibly impact the performance of the providers during the service delivery. These factors have been brought as inputs from the quantitative assessment of the service providers, as well as qualitative information shared during the interviews and FGDs.

- Low level of knowledge among the trained SPs related to basic concepts of FP counseling may hamper the service delivery in line with the goals of FP counseling. These findings raise serious questions of service providers understanding of the fundamental principles of counseling.
- Trained SPs not being fully knowledgeable or not being able to answer correctly all the issues related to the FP methods, probably would not have confidence to inform and discuss all the possible methods with the clients. In addition to not all health facilities had all the required contraceptives available. Availability of alternative family planning methods to make informed voluntary choices is the pre-condition for meeting the goal of FP counseling.
- It can not be debated that the lack of knowledge in key areas of FP counseling and methods would impact the quality of service delivery. An example of possible problem with lack of knowledge can be illustrated through the findings that lesser proportion of the SPs were able to answer correctly the ways to prevent infection from Depo injection, however client exit interviews showed that around 60.2% of the clients were using Depo as a FP method.
- Overlooking of many steps or underperformance of the trained SPs during the Step-'BHI', which is key towards identifying the needs of the clients can seriously decrease the quality of service as required for the achievement of quality FP counseling.
- It is found that there are gaps between knowledge and practice of counseling skills. An example illustrating this is that around 96% trained SPs mentioned that correcting rumours and misconceptions was one of the basic communication skills while in practice only 56.7% them actually practiced it during the counseling sessions. Thus, overlooking some of the skills areas even when they have knowledge can greatly impact the process of service delivery.
- IEC material and FP flipcharts/ cue cards are essential accessories that support and help the providers to communicate with the clients. Lack of IEC materials for distribution and unavailability of FP flipcharts/cue cards would also impact the quality of service delivery.
- Only 53.9% of the SPs managing FP cases are trained in COFP/C curriculum and in addition to that during the period of assessment around 71.5% of these trained SPs were present in the facilities at the time of study. It can not be assessed whether this level of presence should be considered good or is a normal phenomenon. However, feedbacks provided by the SPs mentioned that they are usually stretched to the limit while providing services. Thus, possible lack of appropriate (trained SPs) personnel would impact the quality of services.
- Only 51% of the health facilities had separate and adequate space for counseling. Even in the hospitals and IFPSCs, where better provisions for counselling could be expected, around 38% did not have separate and adequate space for counseling. In sub health posts physical conditions in relation to space were found even worse. The space seems to have adversely affected the quality of counseling services, also mentioned as a hindering factor by many SPs during the group discussions. Lack of separate space for counseling does not

guarantee privacy. It must be noted that privacy is a pre-condition for open discussion and sharing of counseling process.

- It was distinctly found that relatively SPs trained more recently than the ones trained more than 3 years ago in COFP/C had better knowledge retention as well as better performance in practiced skills. In contrast to that male trained SPs had better knowledge retention, while the female trained SPs practiced better skills. As indicated in the study findings skills and knowledge variations were also found in various categories of SPs. This inconsistency across the mentioned variables shows that the quality of services that a client gets would depend very much on the individual SP rather than the trainings.
- Qualitative discussions and interviews provided feedback that the SPs faced a major hurdle of overcoming barriers raised due to linguistic problems. All SPs not necessarily have been stationed, ensuring that they are familiar with the local language or dialect. This issue can greatly hamper the quality of the counseling sessions.
- Quality of trainees would greatly be influenced by the process of the trainings as well as the trainers. Interaction with the COFP/C trainers suggested that the motivation levels of the trainers may not be that high. There were complains regarding the process of grading them as well as the compensation package. Such issues do greatly impact level of motivation among the trainers.

Recommendations

Based on the findings and issues raised during the interactions with the concerned personnel possible recommendations to improve the quality of service delivery have been framed within 3 dimensions;

Level of Knowledge

- Findings indicate that more recently trained SPs had comparatively higher level of knowledge, thus possibly indicating some loss of knowledge during the course of time. Thus, refresher trainings might help to ensure that the level of knowledge is maintained. Based on the findings, after 3 years from the COFP/C trainings, knowledge and practice levels were found to decrease. Thus based on this, refreshers trainings after 2-3 years of COFP/C trainings or other follow-up trainings and on-site supervisions could be a carried out.
- There are some areas of concern regarding understanding of basic concept of FP counseling among the trained SPs. It is suggested that that the basic concepts and principles of counseling be given more emphasis during the COFP/C training.
- Female SPs and ANM seemed to have lower knowledge levels compared to others. It was also revealed during the interactions that the training groups do not guarantee a homogeneous group, thus possibly inhibiting the discussion and queries by the participants. If possible, more homogeneous or more balanced groups be maintained during the COFP/C trainings.

  Given the government plans, in near future ANM may be the main front line family planning service providers, therefore, their competency is of great importance. This leads to the necessity of further exploring the contributing factors to such level of knowledge among the ANM.

Counseling process

- It is necessary to explore the reasons of such poor use of flipchart among the trained providers, even when available. It is recommended to review the training sessions where the provider practices interpersonal communication skills and use of flipchart during role-plays and other group discussions. Further, possibilities of increased access to flipcharts/ cue cards have to be looked into.
- It is suggested that COFP/C training include sessions and exercises to improve the attitude of technical staff towards the client. It was seen that the trained SPs, possibly technically competent, were not necessarily applying their knowledge and the counselling principles and skills as required.
- Each of counselling components are equally important in terms of its impact, therefore it is suggested that all components of each steps of counseling process as per the A-BHI-BA-DA-NA approach be given equal importance during counseling practice and learning sessions. More specifically the necessity and importance of the Step-'BHI' has to be

highlighted during trainings or can be reinforced as a major focus during refreshers training as and when they are held.

- Client exit interviews suggested that the clients were generally satisfied with the level of service and general experience of the visit. This contradicts to some extent that many of the SPs were not following all the procedures of the counseling. Thus, indicating that level of expectation from the client was low. This can act as an incentive for the SPs to skip the steps and required process in the future, thus decreasing the quality of the service delivery. It is recommended that strong follow-up of COFP/C trainees should be conducted. Follow-up and on-site supervision and coaching will help the SPs in application of the knowledge during interaction with the clients.
- Interactions with clients and SPs indicated that clients come with preferred choice of FP method; however this can not be put up as an excuse not to provide information about other contraceptive methods. It has to be ensured that during the trainings this concept of informed choice be reinforced.
- Overall performances indicate that COFP/C trained SPs have performed comparatively better than the untrained SPs in terms of delivering better services to the clients, and this should be act as an onus for the continuation of the program.

Counseling environment

- The findings suggest that health facilities do not have space to ensure separate and adequate space for counseling and provide privacy to the client. It is essential and important that adequate space is there at the health facility. However, given the resources and time taken to ensure that, it would not happen immediately. However, it must be noted that some SPs, with additional efforts were able to maintain privacy during counseling even in the scarce space within a health facility. Thus, some session on these kinds of sharing during the trainings possibly will equip the SPs to deal in a better manner when faced with space constraints.
- Interactions with the trainers, SPs and informal talk with the clients revealed that female clients prefer a female SP. However, given the current proportion of male and female trained SPs, this could be difficult to achieve. But, ensuring that male SPs are also provided required skills to deal with female clients could possibly help make female clients more comfortable. If possible presence of at least one trained female SP be there at the health facility.
- The finding indicates the need to improve the availability of all the required contraceptives at relevant health facilities to ensure that clients get access to the required methods.
- It is suggested that provisions to ensure that enough IEC materials be present at the health facilities, to be distributed among the clients. This will help raise awareness regarding family planning among the clients, as well as understand the concept of informed voluntary choice.

ANNEXURE
RESEARCH TOOLS

Research Tools includes:

- Service Providers Knowledge Assessment
- Counselling Session Observations
- Client Exit/ Mystery Clients' Interviews
- Health Facility Observations
- Key Informant Interviews With COFP/C Trainers
- Focus Group Discussion With COFP/C Trained Service Providers

COUNSELING SERVICE PROVIDER INTERVIEW

District Code			A1
Municipality / VDC Code			A2
Health Facility Code			A3
Interview No.			A4

Observation ID

A1		A2		A3		A4	

Type of Health facility		
DH		01
PHC		02
HP		03
SHP		04

INSTRUCTIONS FOR INTERVIEWER:

When a family planning service provider arrives at the health facility, ask her/him if she/he is willing to let you interview her/him. It is important that you gain her/his permission before beginning the interview, so the following greeting should be given. After reading the greeting, sign and date the statement that indicates whether or not the client agreed to participate.

RAPPORT BUILDING

"Hello. My name is _________________ and I am from Solutions Consultant (P) Ltd. We are a research company. We are here on behalf of the Ministry of Health and Nepal Family Health Program, to assist the Government in improving its family planning related services. We are interviewing a total of ____ service providers in _____________ district. We hope to collect information on your knowledge and skills that you acquired during the COFP/C trainings. All the information that we collect today will be kept confidential. Your participation is extremely important to us, but it is entirely voluntary. You do not have to let us interview you if you do not want to. There are no risks or direct benefits to you from participating in the survey but your participation will contribute to improving services in this and other health facility.

Do I have your permission to continue?"

Yes		
No		

READ AND SIGN THE FOLLOWING:

IF YES, SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE OBSERVATION.

I certify that I read the statement above to the client and she agreed to participate in the study.

Signed _________________________________, Date ______________________

IF NO, SIGN AND DATE THE STATEMENT BELOW AND THEN STOP AND WAIT FOR ANOTHER CLIENT.

I certify that I read the statement above to the client and she did not agree to participate in the study.

Signed ____________________________________, Date ______________________

Interviewer's Code				

GENERAL BACKGROUND

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
101	Designation of service provider delivering the counselling	ANM	1		
		Staff Nurse/PHN	2		
		AHW/CMA	3		
		HA/Sr. AHW	4		
102	Gender	Male	1		
		Female	2		
103	For how long you have been working as a service provider? (state no. of years)				
104	Do you provide family planning services	Yes	1		
		No	2		
105	Have you received CoFP/C training	Yes	1	**Go to 107**	
		No	2		
106	Have you received any of the following trainings?	CoFP	1		
		Counseling	2		
		IUCD Training	3		
		Norplant Training	4		
		Minilap Training	5		
		IPC Training	6		
		PAC Training	7		
		Others	8		
107	In which year/month did you receive the training?				
108	How many family planning clients do you see in a week, in average?				
109	What FP methods are available in this health facility? (Multiple answers possible)	Condom	11		
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Male sterilization	16		
		Female sterilization	17		
		Others	96		
	Please specify				

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
KNOWLEDGE ASSESSMENT OF FAMILY PLANNING METHODS AND COUNSELING					
201	What do you understand by family planning counseling?	Give an honest suggestion to the client to use a specific method	1		
		Promote the use of a particular FP method	2		
		Help the client choose a method suitable for her/him through two way communication between the client and counselor	3		
		Provide information regarding the benefits of FP methods	4		
202	What should be the main focus of FP counseling	Discuss methods available in the clinic	1		
		Identify family planning needs of the client and provide information accordingly	2		
		Increase number of FP method users	3		
		Provide information about side effects of FP methods	4		
203	What happens if proper counseling is made available to the client	The client is more likely to be satisfied with the method chosen	1		
		The client will not need any counseling during the method use	2		
		The client will not come back to the clinic with complaints of side-effects	3		
		The client will not stop using method	4		
204	Who should make the family planning decision	The service provider	1		
		The clients wife/husband	2		
		The client him/herself	3		
		Father-in-law / Mother-in-law	4		
205	What are the 5 main steps of counseling?	Identifying the clients needs	1		
		Use of ABHIBADHAN	2		
		Giving the client FP devices	3		
		Talking about side effects	4		
		Nullifying rumours	5		
		Others (Specify)	96		
206	Why informed choice should be obtained from the client?				
Q	Questions,	Responses	Code	Skip to	Office Use

	Instructions				
207	What should a provider do if the chosen method is not available in the clinic?	Refer the client to an appropriate facility	1		
		Suggest the client to use the method available in the clinic	2		
		Let the client decide	3		
		Regret for not being able to provide the chosen method	4		
208	How do you clarify (address) a rumour about a family planning method?	Laugh at the client for believing such a rumour	1		
		Politely tell the client that the rumour is not true and change the topic	2		
		Politely explain that the rumour is not true and why it is not true	3		
		Ignore the comment	4		
209	Which of the following are characteristics of active listening	Thinking about what you say next to the client	1		
		Writing or reading while the client is talking	2		
		Interrupting client while he/she is speaking	3		
		Nodding, maintaining eye contact and making encouraging sounds while the client is speaking	4		
210	Which of the following are characteristics of effective questioning?	Asking more than one question at a time	1		
		Asking leading questions	2		
		Using tone of voice that indicates interest and concern while asking questions	3		
		Often phrasing closed-ended questions	4		
211	Which of the following temporary method does not affect ovulation pattern?	IUD(Copper T)	1		
		Pills	2		
		Depo	3		
		Norplant	4		
212	What is an advantage of using a condom?	Prevents pregnancy	1		
		Easily available	2		
		Never breaks	3		
		Protects from STIs	4		
213	Which is the danger symptons of combined oral contraceptive?	Backache and menstrual cramping	1		
		Severe leg pain or visual loss or blurring	2		
		Itching rashes	3		
		Nausea	4		
214	What is the most common side effect of Depo (DMPA Injection)?	Severe headaches	1		
		High blood pressure	2		
		Jaundice and liver damage	3		
		Changes in the menstrual cycle	4		
Q	Questions,	Responses	Code	Skip to	Office Use

	Instructions				
215	How does Copper T 380 A IUCD prevent pregnancy?	Blocking the Fallopian tubes	1		
		Preventing the sperm from fertilizing the eggs	2		
		Causing an infection in the uterus	3		
		Preventing the release of eggs from the ovary	4		
216	When should an IUCD NOT be inserted?	During the menstrual period	1		
		Anytime if pregnancy is excluded	2		
		If there is reproductive tract infection	3		
		Immediately after abortion or within 7 days of abortion	4		
217	What are the two most common possible side effects of Norplant ?	Can increase menstrual cramping and pain	1		
		May cause spotting and irregular bleeding	2		
		May cause backache	3		
		Will cause prolonged and heavy bleeding	4		
218	In which of the following method of family planning informed consent should be obtained in writing.	Sterilization (voluntary surgical contraception)	1		
		IUCD	2		
		Depo	3		
		Norplant	4		
219	What is the most common reason of a woman getting pregnant after her husbands vasectomy?	Not using contraceptive for 3 months after surgery	1		
		Spontaneous re-canalisation of vas	2		
		Un successful surgery			
		No semen test			
220	What are the signs and symptoms of possible STIs in woman?	Leg ulcers with swelling	1		
		Chest pain with shortness of breath	2		
		Dry flaky skin	3		
		Lower abdominal pain	4		
221	Before giving Depo, what infection prevention measures should be followed?				
	a)				
	b)				

Thank the service provider for his/her time and close the interview.

COUNSELING OBSERVATION CHECKLIST

District Code			A1
Municipality / VDC Code			A2
Health Facility Code			A3
Client Interview No.			A4

Interview ID

A1		A2		A3		A4	

Type of Health facility		
District Hospital		1
PHC		2
HP		3
SHP		4

INSTRUCTIONS FOR OBSERVERS*: When a family planning client arrives at the health facility, ask her/him if she is willing to let you observe the visit. It is important that you gain her/his permission before beginning the observation, so the following greetings should be given. After reading the greeting, sign and date the statement whether or not client agreed to participate.*

RAPPORT BUILDING

"Hello. My name is _________________ and I am here on behalf of the Ministry of Health and National Health Training Centre, to assist the Government in improving its Family Planning related services. We are interested in what women/men think about the family planning services provided at this clinic and would like to find out your feelings about the service that you have received. We are interviewing you in order to improve the quality of services. Your participation is extremely important to us, but it is entirely voluntary. You do not have to let us interview you if you do not want to. We will not write down your name and everything you discuss today will be kept strictly confidential. You are not obliged to answer any questions you do not want to. There are no risks or direct benefits to you from participating in the survey but your participation will contribute to improving services in this and other health facility.

Do I have your permission to continue?"

Yes		
No		

READ AND SIGN THE FOLLOWING:

IF YES, SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE OBSERVATION.

I certify that I read the statement above to the client and she/he agreed to participate in the study.

Signed _________________________________, Date ______________________

Interviewer's Code				

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
101	Designation of service provider delivering the counseling	ANM	1		
		Staff Nurse/PHN	2		
		AHW/CMA	3		
		HA/Sr. AHW	4		
102	Gender	Male	1		
		Female	2		
103	For how long you have been working as a service provider? (state no. of years)				
104	Do you provide family planning services	Yes	1		
		No	2		
105	Have you received CoFP/C training	Yes	1	**Go to 107**	
		No	2		
106	Have you received any of the following trainings?	CoFP	1		
		Counseling	2		
		IUCD Training	3		
		Norplant Training	4		
		Minilap Training	5		
		IPC Training	6		
		PAC Training	7		
		Others	8		
107	In which year/month did you receive the training?				
108	How many family planning clients do you see in a week, in average?				
109	What FP methods are available in this health facility? (Multiple answers possible)	Condom	11		
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Male sterilization	16		
		Female sterilization	17		
		Others	96		
	Please specify				

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
		COUNSELING COMMUNICATION			
1	Maintains eye contact with the client	Yes	1		
		No	2		
2	Uses an appropriate tone of voice	Yes	1		
		No	2		
3	Exhibits appropriate body language	Yes	1		
		No	2		
4	Listens attentively	Yes	1		
		No	2		
5	Corrects rumors and misinformation	Yes	1		
		No	2		
6	Uses the family planning flipchart effectively	Yes	1		
		No	2		
7	Uses simple language	Yes	1		
		No	2		
		COUNSELING PROCESS			
Q	Questions, Instructions	Responses	Code	Skip to	Office Use
A	'A' Step				
1	Greets the client	Yes	1		
		No	2		
2	Invites the client	Yes	1		
		No	2		
3	Offers seat to the client	Yes	1		
		No	2		
4	Introduces herself	Yes	1		
		No	2		
5	Assures confidentiality	Yes	1		
		No	2		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
6	Asks why she has come to the clinic	Yes	1		
		No	2		
Q	**Questions, Instructions**	**Responses**	**Code**	**Skip to**	**Office Use**
B	**'BHI' Step**				
1	Assesses the client's obstetrical history	Yes	1		
		No	2		
2	Assesses the client's Medical history	Yes	1		
		No	2		
3	Assesses the client's reproductive needs	Yes	1		
		No	2		
4	Assesses the client's risk of contracting an STIs and HIV infection (if indicated)	Yes	1		
		No	2		
5	Assesses what the client knows about family planning methods and asks her what method she is interested in	Yes	1		
		No	2		
		Revisit Client			
Q	**Questions, Instructions**	**Responses**	**Code**	**Skip to**	**Office Use**
C	**'BA' and 'DA' Step**				
6	Tells the client about the methods available based on the client's previous knowledge of family planning	Yes	1		
		No	2		
7	Helps the client make a decision by focusing on the potential side effects of the method she is considering	Yes	1		
		No	2		
8	Correctly explains to the client how to use the chosen method and warning signs	Yes	1		
		No	2		
9	Asks the client to repeat all instruction in her own words	Yes	1		
		No	2		
D	**'NA' Step**				
1	Discusses the return visit and follow up with the client:	Yes	1		
		No	2		
2	Encourages the client to return at anytime if they have question on problems	Yes	1		
		No	2		

3	Politely says goodbye to the client and invite her/him to return again	Yes	1		
		No	2		
		Sterilization Client			
1	Explains the informed consent form	Yes	1		
		No	2		
2	Tells the client that there are other methods that she can use to meet her reproductive needs	Yes	1		
		No	2		
3	Tells the client when to return for routine follow up	Yes	1		
		No	2		
4	Refers the client for methods or services not offered at this site	Yes	1		
		No	2		
5	If it is a male client, did the provider provide condoms along with information on condom	Yes	1		
		No	2		

CLIENT EXIT INTERVIEW

District Code			A1
Municipality / VDC Code			A2
Health Facility Code			A3
Client Interview No.			A4

Interview ID

A1		A2		A3		A4	

Type of Health facility		
District Hospital		1
PHC		2
HP		3
SHP		4

INSTRUCTIONS FOR INTERVIEWER:
When a family planning client has finished her counseling with the clinic staff, ask her/him if she/he is willing to answer a few questions about the service she/he has received. Remind the client that all of the information will remain confidential and that she/he does not have to answer questions that make her/him feel uncomfortable. It is important that you gain her/his permission before beginning the interview, so the following greeting should be given. After reading the greeting, sign and date the statement that indicates whether or not the client agreed to participate.

RAPPORT BUILDING
"Hello. My name is _________________ and I am from Ministry of Health and National Health Training Centre, to assist the Government in improving its Family Planning related services. We are interested in what women/men think about the family planning services provided at this clinic and would like to find out your feelings about the service that you have received. We are interviewing you in order to improve the quality of services. Your participation is extremely important to us, but it is entirely voluntary. You do not have to let us interview you if you do not want to. We will not write down your name and everything you discuss today will be kept strictly confidential. You are not obliged to answer any questions you do not want to. There are no risks or direct benefits to you from participating in the survey but your participation will contribute to improving services in this and other health facility.

Do I have your permission to continue?"

Yes		
No		

READ AND SIGN THE FOLLOWING:
IF YES, SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE OBSERVATION.
I certify that I read the statement above to the client and she/he agreed to participate in the study.

Signed _________________________________, Date ______________________

Interviewer's Code				

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
		PERSONAL CHARACTERISTICS OF CLIENT			
101	How old are you?				
102	Have you ever attended school?	Yes	1		
		No	2	Go to 104	
103	What is the highest level of school that you attended: primary; secondary; or higher?	Primary (1-4)	1		
		Secondary (5-10)	2		
		Higher/University (above 10)	3		
104	What is your marital status?	Married	1		
		Unmarried	2		
105	How many surviving children of your own do you have?	Number of Children			
		Never given birth	88		
106	Would you like to have (any) more children in the future?	Yes	1		
		No	2		
		Don't know	8		
107	Did you and the provider talk about like children in the future? whether or not you would	Yes	1		
		No	2		
		Don't know	8		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
		INFORMATION ABOUT THE VISIT			
201	Have you ever visited this site for family planning services before today?	Yes	1		
		No	2		
202	What was the reason for your visit today? PROBE UNTIL YOU ARE ABLE TO CLASSIFY THE MAIN REASON FOR THE CLIENT'S VISIT.	Mainly to get information and/or counseling about a contraceptive method	1	Go to 210	
		Receive, get prescribed or referred for a contraceptive method for the first time	2	Go to 210	
		Restart contraceptive method use (after not using for 6 months or more)	3	Go to 210	
		Get supplies for method you are already using or restart same method after not using for less than 6 months.	4	Go to 203	
		Switch contraceptive methods or restart different method after not using for less than 6 months	5	Go to 203	
		Discuss a problem with the contraceptive method that you are currently using	6	Go to 203	

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
203	What contraceptive methods were you supposed to be using that you were asked to tell to the provider (as per the case)?	Condom	1		
		Pills	2		
		Depo	3		
		IUD	4		
		Norplant	5		
		Male sterilization	6		
		Female sterilization	7		
		Others	96		
	Specify				
204	Were you supposed to have a problem with your method **(Probe:** that you wanted to discuss with the provider)?	Yes	1		
		No	2	Go to 215	
205	What major problem have you had with this method? (Circle only one problem)	Severe abdominal pain	11		
		Severe headache	12		
		Severe chest pain	13		
		Severe bleeding	14		
		Irregular Menstrual periods	15		
		Spotting	16		
		Nausea	17		
		Dizziness	18		
		Loss of libido	19		
		Excessive weight gain	20		
		Others	96		
	Specify				
206	Did the provider ask if you were having a problem with the method?	Yes	1		
		No	2		
207	Did the provider discuss your problem?	Yes	1		
		No	2		
208	Did the provider suggest what you should do (action you should take) to resolve the problem?	Yes	1		
		No	2	Go to 215	
209	Were you satisfied with the advice or treatment that you received for your problem?	Yes	1		
		No	2	Go to 215	
210	Did you come here today to obtain a specific contraceptive method?	Yes	1		
		No	2	Go to 212	

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
211	Which method did you want when you came here? **(PROBE:** Before your consultation, did you have a specific method in mind?)	Condom	11	Go to 213	
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Male sterilization	16		
		Female sterilization	17		
		None	19	Go to 212	
		Others	96	Go to 212	
	Specify				
212	About which method did you receive the information from the provider?	Condom	11		
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Vasectomy	16		
		Female sterilization	17		
		Others	96		
	Specify				
213	Did you and the provider discuss any specific method?	Yes	1		
		No	2	Go to 215	
		Don't Know	8	Go to 215	
214	Which specific methods did the provider discuss?				
A	Condom	Yes	1		
		No	2		
B	Pills	Yes	1		
		No	2		
C	Depo	Yes	1		
		No	2		
D	IUD	Yes	1		
		No	2		
E	Norplant	Yes	1		
		No	2		
F	Vasectomy	Yes	1		
		No	2		
G	Female sterilization	Yes	1		
		No	2		
215	Did you receive (physically get) a contraceptive method or given a prescription or a referral for a method today?	Yes	1	Go to 216	
		No	2	Go to 217	

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
216	Which method(s) did you receive or were you given a prescription or a referral for? **(PROBE:** Any others?) MARK ALL THAT APPLY.	Condom	11		
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Vasectomy	16		
		Female sterilization	17		
		Other	96		
217	Why do you think you did not get ?	Not available at clinic today	1	Go to 220	
		Not available at all	2		
		Not available, referred to another source	3		
		Not appropriate provider available today	4		
		Preferred method was not appropriate(contraindications	5	Go to 219	
		Provider recommended another method	6		
		Chose not to accept a method at this time	7	Go to 223	
		Don't know	8		
218	What was the explanation given by the provider? (method named in 211)				
219	For the method you just decided to accept, **did the provider**:				
	(DO NOT ASK IF METHOD = STERILIZATION)				
A	Show you how to use the method?	Yes	1		
		No	2		
		Don't know	8		
		Not applicable	9		
B	Describe possible side effects?	Yes	1		
		No	2		
		Don't know	8		
C	Tell you what to do if you get any complications?	Yes	1		
		No	2		
		Don't know	8		
D	**(DO NOT ASK IF METHOD = CONDOMS)**				
	Explain that this method does not provide protection against HIV AIDS?	Yes	1		
		No	2		
		Don't know	8		
		Not applicable	9		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
220	**Knowledge on FP Devices**				
A	Condom - How many times can you use a condom?	Once	1		
		Other	2		
		Don't know	8		
B	Pill- How do you take the pill?	Take the pill once a day	1		
		Other	2		
		Don't know	8		
C	Depo - How frequently do you need a Depo Provera injection to protect against pregnancy?	3 months	1		
		Other	2		
		Don't know	8		
D	IUD - What should you do to make sure that your IUD is in place?	Check strings.	1		
		Other	2		
		Don't know	8		
E	NORPLANT - How long does NORPLANT provide protection against pregnancy?	7 years	1		
		Other	2		
		Don't know	8		
F	Female Sterilization - Once you have been sterilized, could you ever become pregnant again?	Yes	1		
		No	2		
		Other	3		
		Don't know	8		
221	**DON'T ASK IF USING CONDOMS**				
	Did the provider encourage you to use condoms at the same time **(Probe: simultaneously)** as the family planning method you chose or are currently using?	Yes	1		
		No	2		
		Don't know	8		
222	During your talk with the provider was HIV/AIDS discussed?	Yes	1		
		No	2		
		Don't know	8		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
		CLIENT SATISFACTION			
301	Did the provider encouraged you to ask questions	Yes	1		
		No	2		
302	Did you ask the provider any questions?	Yes	1		
		No	2		
303	Did you feel comfortable to ask questions during your consultation with the provider?	Yes	1		
		No	2		
		Don't Know	8		

304	How useful did you find the information given to you today during this visit. ?	Very useful	1		
		Useful	2		
		Not useful	4		
		Don't know	8		
305	Did you have a pelvic exam during your visit today?	Yes	1		
		No	2	Go to 310	
		Not necessary	3	Go to 310	
306	Did the provider explain the examination before it was performed?	Yes	1		
		No	2		
307	Did the provider explain the results of this examination?	Yes	1		
		No	2		
308	(If 305 and/or 306 = Yes) Could you easily understand the language the provider used during the conversation	Yes	1		
		No	2		
309	Did you have enough privacy during your exam? (PROBE: Could any person, other than those caring for you, see you?)	Yes	1		
		No	2		
		Don't Know	8		
310	When meeting with the provider during your visit, do you think other clients could hear what you said? **(NOTE: EXCLUDING THE OBSERVER)**	Yes	1		
		No	2		
		Don't Know	8		
311	Do you feel the information that you shared about yourself with the provider will be kept confidential?	Yes	1		
		No	2		
		Don't Know	8		
312	During this visit to the clinic how did the provider treat you?	Very well	1		
		Well	2		
		Poorly	3		
		Very poorly	4		
313	During this visit to the clinic how did the other staff treat you?	Very well	1		
		Well	2		
		Poorly	3		
		Very poorly	4		
314	How long did you wait between the time you first arrived at this clinic and the time you saw a provider for a consultation?	Minutes			
		Don't Know	98		

315	How do you feel about the length of this waiting time?	No waiting time	1		
		Short waiting time	2		
		Long waiting	3		
		Too long waiting time	4		
		Don't know	8		
316	Did the provider use pictorial materials while explaining the method	Yes	1		
		No	2		
317	During this visit, did the provider give you any material to take home for reading?	Yes	1		
		No	2		
318	If yes, what was the subject of the reading material? (circle all mentioned) (Ask for the reading material and record the subject)				
	Family Planning	Yes	1		
		No	2		
	Condom	Yes	1		
		No	2		
	Pills	Yes	1		
		No	2		
	Depo	Yes	1		
		No	2		
	IUD	Yes	1		
		No	2		
	Norplant	Yes	1		
		No	2		
	Vasectomy	Yes	1		
		No	2		
	Female sterilization	Yes	1		
		No	2		
319	Were you told when to return for a follow up visit?	Yes	1		
		No	2		
		Don't know	98		
320	What is the major reason you chose to come to this facility and not another one?	Nearest for me	1		
		Provides good service	2		
		I like/know the staff	3		
		Better facilities	4		
		Good reputation	5		
		Always come here	6		
		Friends /relative recommended	7		
		Other (specify)	96		

321	Overall, how would you rate the services you received at this facility today?	Very satisfactory	1		
		Satisfactory	2		
		Dissatisfactory	3		
		Very dissatisfactory	4		
		Don't know	8		
322	Give one major suggestion that you think will improve the services at this facility.				
	Environmental	Increase space	11		
		Improve hygiene/cleanliness	12		
	Equipment/supplies	Improve supply of drugs	13		
		Buy necessary equipment	14		
	Manpower	Regularly avail a doctor	15		
		Increase number of providers	16		
		Motivation of providers	17		
		Train providers	18		
	Administrative/management	Supervise providers	19		
		Discipline providers	20		
		Increase number of hour open	21		
	Community participation	Community be involved in supervising	22		
		Other (specify)	23		
		Don't know	98		
323	The next time you need family planning services; will you come back to this service facility?	Return to this facility	1		
		Go elsewhere	2	Go to 325	
		Undecided	3		
		Will not need FP again	4		
		Don't know	8		
324	Would you recommend others to come for the FP services to this health facility?	Yes	1	End	
		No	2		
325	What is the major reason for your choice of the other place to go to for family planning?	Nearest for me	11		
		Provides good service	12		
		I like/know the staff	13		
		Better facilities	14		
		Good reputation	15		
		Always come here	16		
		Friends /relative recommended	17		
		Others	96		

END

MYSTERY EXIT INTERVIEW

District Code			A1
Municipality / VDC Code			A2
Health Facility Code			A3
Client Interview No.			A4

Interview ID

A1		A2		A3		A4	

Type of Health facility		
District Hospital		1
PHC		2
HP		3
SHP		4

***INSTRUCTIONS FOR INTERVIEWER**: Interview should be carried out with the mystery client at a pre-agreed meeting venue immediately after the counseling session. Additionally, the provider should be duly informed of the process after the completion of activities.*

Interview's Code				

Mystery Client Case Code		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
		PERSONAL CHARACTERISTICS OF CLIENT			
101	How old are you?				
102	Have you ever attended school?	Yes	1		
		No	2	Go to 104	
103	What is the highest level of school that you attended: primary; secondary; or higher?	Primary (1-4)	1		
		Secondary (5-10)	2		
		Higher/University (above 10)	3		
104	What is your marital status?	Married	1		
		Unmarried	2		
105	How many surviving children of your own do you have?	Number of Children			
		Never given birth	88		
106	Would you like to have (any) more children in the future?	Yes	1		
		No	2		
		Don't know	8		
107	Did you and the provider talk about whether or not you would like children in the future?	Yes	1		
		No	2		
		Don't know	8		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
		INFORMATION ABOUT THE VISIT			
201	Have you ever visited this site for family planning services before today?	Yes	1		
		No	2		
202	What was the reason for your visit today? PROBE UNTIL YOU ARE ABLE TO CLASSIFY THE MAIN REASON FOR THE CLIENT'S VISIT.	Mainly to get information and/or counseling about a contraceptive method	1	Go to 210	
		Receive, get prescribed or referred for a contraceptive method for the first time	2	Go to 210	
		Restart contraceptive method use (after not using for 6 months or more)	3	Go to 210	
		Get supplies for method you are already using or restart same method after not using for less than 6 months.	4	Go to 203	
		Switch contraceptive methods or restart different method after not using for less than 6 months	5	Go to 203	
		Discuss a problem with the contraceptive method that you are currently using	6	Go to 203	

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
203	What contraceptive methods were you supposed to be using that you were asked to tell to the provider (as per the case)?	Condom	1		
		Pills	2		
		Depo	3		
		IUD	4		
		Norplant	5		
		Male sterilization	6		
		Female sterilization	7		
		Others	96		
	Specify				
204	Were you supposed to have a problem with your method **(Probe:** that you wanted to discuss with the provider)?	Yes	1		
		No	2	Go to 215	
205	What major problem have you had with this method? (Circle only one problem)	Severe abdominal pain	11		
		Severe headache	12		
		Severe chest pain	13		
		Severe bleeding	14		
		Irregular Menstrual periods	15		
		Spotting	16		
		Nausea	17		
		Dizziness	18		
		Loss of libido	19		
		Excessive weight gain	20		
		Others	96		
	Specify				
206	Did the provider ask if you were having a problem with the method?	Yes	1		
		No	2		
207	Did the provider discuss your problem?	Yes	1		
		No	2		
208	Did the provider suggest what you should do (action you should take) to resolve the problem?	Yes	1		
		No	2	Go to 215	
209	Were you satisfied with the advice or treatment that you received for your problem?	Yes	1		
		No	2	Go to 215	
210	Did you come here today to obtain a specific contraceptive method?	Yes	1		
		No	2	Go to 212	

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
211	Which method did you want when you came here? **(PROBE:** Before your consultation, did you have a specific method in mind?)	Condom	11	Go to 213	
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Male sterilization	16		
		Female sterilization	17		
		None	19	Go to 212	
		Others	96	Go to 212	
	Specify				
212	About which method did you receive the information from the provider?	Condom	11		
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Vasectomy	16		
		Female sterilization	17		
		Others	96		
	Specify				
213	Did you and the provider discuss any specific method?	Yes	1		
		No	2	Go to 215	
		Don't Know	8	Go to 215	
214	Which specific methods did the provider discuss?				
A	Condom	Yes	1		
		No	2		
B	Pills	Yes	1		
		No	2		
C	Depo	Yes	1		
		No	2		
D	IUD	Yes	1		
		No	2		
E	Norplant	Yes	1		
		No	2		
F	Vasectomy	Yes	1		
		No	2		
G	Female sterilization	Yes	1		
		No	2		
215	Did you receive (physically get) a contraceptive method or given a prescription or a referral for a method today?	Yes	1	Go to 216	
		No	2	Go to 217	

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
216	Which method(s) did you receive or were you given a prescription or a referral for? **(PROBE:** Any others?) MARK ALL THAT APPLY.	Condom	11		
		Pills	12		
		Depo	13		
		IUD	14		
		Norplant	15		
		Vasectomy	16		
		Female sterilization	17		
		Other	96		
217	Why do you think you did not get ?	Not available at clinic today	1	Go to 220	
		Not available at all	2		
		Not available, referred to another source	3		
		Not appropriate provider available today	4		
		Preferred method was not appropriate (contraindications)	5	Go to 219	
		Provider recommended another method	6		
		Chose not to accept a method at this time	7	Go to 223	
		Don't know	8		
218	What was the explanation given by the provider? (method named in 211)				
219	For the method you just decided to accept, **did the provider**:				
	(DO NOT ASK IF METHOD = STERILIZATION)				
A	Show you how to use the method?	Yes	1		
		No	2		
		Don't know	8		
		Not applicable	9		
B	Describe possible side effects?	Yes	1		
		No	2		
		Don't know	8		
C	Tell you what to do if you get any complications?	Yes	1		
		No	2		
		Don't know	8		
D	**(DO NOT ASK IF METHOD = CONDOMS)**				
	Explain that this method does not	Yes	1		
	provide protection against HIV AIDS?				
		No	2		
		Don't know	8		
		Not applicable	9		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
220	**Knowledge on FP Devices**				
A	Condom - How many times can you use a condom?	Once	1		
		Other	2		
		Don't know	8		
B	Pill- How do you take the pill?	Take the pill once a day	1		
		Other	2		
		Don't know	8		
C	Depo - How frequently do you need a Depo Provera injection to protect against pregnancy?	3 months	1		
		Other	2		
		Don't know	8		
D	IUD - What should you do to make sure that your IUD is in place?	Check strings.	1		
		Other	2		
		Don't know	8		
E	NORPLANT - How long does NORPLANT provide protection against pregnancy?	7 years	1		
		Other	2		
		Don't know	8		
F	Female Sterilization - Once you have been sterilized, could you ever become pregnant again?	Yes	1		
		No	2		
		Other	3		
		Don't know	8		
221	**DON'T ASK IF USING CONDOMS**				
	Did the provider encourage you to	Yes	1		
	use condoms at the same time	No	2		
	(Probe: simultaneously) as the family planning method you chose or are currently using?	Don't know	8		
222	During your talk with the provider was HIV/AIDS discussed?	Yes	1		
		No	2		
		Don't know	8		

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
		CLIENT SATISFACTION			
301	Did the provider encouraged you to ask questions	Yes	1		
		No	2		
302	Did you ask the provider any questions?	Yes	1		
		No	2		
303	Did you feel comfortable to ask questions during your consultation with the provider?	Yes	1		
		No	2		
		Don't Know	8		

304	How useful did you find the information given to you today during this visit. ?	Very useful	1		
		Useful	2		
		Not useful	4		
		Don't know	8		
305	Did you have a pelvic exam during your visit today?	Yes	1		
		No	2	Go to 310	
		Not necessary	3	Go to 310	
306	Did the provider explain the examination before it was performed?	Yes	1		
		No	2		
307	Did the provider explain the results of this examination?	Yes	1		
		No	2		
308	(If 305 and/or 306 = Yes) Could you easily understand the language the provider used during the conversation	Yes	1		
		No	2		
309	Did you have enough privacy during your exam? (PROBE: Could any person, other than those caring for you, see you?)	Yes	1		
		No	2		
		Don't Know	8		
310	When meeting with the provider during your visit, do you think other clients could hear what you said? **(NOTE: EXCLUDING THE OBSERVER)**	Yes	1		
		No	2		
		Don't Know	8		
311	Do you feel the information that you shared about yourself with the provider will be kept confidential?	Yes	1		
		No	2		
		Don't Know	8		
312	During this visit to the clinic how did the provider treat you?	Very well	1		
		Well	2		
		Poorly	3		
		Very poorly	4		
313	During this visit to the clinic how did the other staff treat you?	Very well	1		
		Well	2		
		Poorly	3		
		Very poorly	4		
314	How long did you wait between the	Minutes			
	time you first arrived at this clinic and the time you saw a provider for a consultation?				
		Don't Know	98		

315	How do you feel about the length of this waiting time?	No waiting time	1		
		Short waiting time	2		
		Long waiting	3		
		Too long waiting time	4		
		Don't know	8		
316	Did the provider use pictorial materials while explaining the method	Yes	1		
		No	2		
317	During this visit, did the provider give you any material to take home for reading?	Yes	1		
		No	2		
318	If yes, what was the subject of the reading material? (circle all mentioned) (Ask for the reading material and record the subject)				
	Family Planning	Yes	1		
		No	2		
	Condom	Yes	1		
		No	2		
	Pills	Yes	1		
		No	2		
	Depo	Yes	1		
		No	2		
	IUD	Yes	1		
		No	2		
	Norplant	Yes	1		
		No	2		
	Vasectomy	Yes	1		
		No	2		
	Female sterilization	Yes	1		
		No	2		
319	Were you told when to return for a follow up visit?	Yes	1		
		No	2		
		Don't know	98		
320	What is the major reason you chose to come to this facility and not another one?	Nearest for me	1		
		Provides good service	2		
		I like/know the staff	3		
		Better facilities	4		
		Good reputation	5		
		Always come here	6		
		Friends /relative recommended	7		
		Other (specify)	96		
321	Overall, how would you rate the services you received at this facility today?	Very satisfactory	1		
		Satisfactory	2		
		Dissatisfactory	3		
		Very dissatisfactory	4		
		Don't know	8		

322	Give one major suggestion that you think will improve the services at this facility.				
	Environmental	Increase space	11		
		Improve hygiene/cleanliness	12		
	Equipment/supplies	Improve supply of drugs	13		
		Buy necessary equipment	14		
	Manpower	Regularly avail a doctor	15		
		Increase number of providers	16		
		Motivation of providers	17		
		Train providers	18		
	Administrative/management	Supervise providers	19		
		Discipline providers	20		
		Increase number of hour open	21		
	Community participation	Community be involved in supervising	22		
		Other (specify)	23		
		Don't know	98		
323	The next time you need family planning services; will you come back to this service facility?	Return to this facility	1		
		Go elsewhere	2	Go to 325	
		Undecided	3		
		Will not need FP again	4		
		Don't know	8		
324	Would you recommend others to come for the FP services to this health facility?	Yes	1	End	
		No	2		
325	What is the major reason for your choice of the other place to go to for family planning?	Nearest for me	11		
		Provides good service	12		
		I like/know the staff	13		
		Better facilities	14		
		Good reputation	15		
		Always come here	16		
		Friends /relative recommended	17		
		Others	96		

END

HEALTH FACILITY OBSERVATION CHECKLIST

District Code			A1
Municipality / VDC Code			A2
Health Facility Code			A3

Observation ID

A1		A2		A3	

Type of Health facility		
District Hospital		01
PHC		02
HP		03
SHP		04

Date

I certify that I have visited the health facility for observation of health facility on the date mentioned above.

Interviewer's Code				

Discuss with the In-Charge of the facility to determine the number of health workers who usually have family planning counseling responsibilities.

Category	No. of HW assigned to the facility	No. of HW assigned to the facility who usually manage family planning counselling but not CoFP/C trained	No. of HW usually managing family planning counselling who are CoFP/C trained	No. trained in CoFP /C present today
ANM				
Staff Nurse/PHN				
AHW/CMA				
HA/SHW				
Total				

Ask a health worker to show you around the facility.

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
1	Does the facility have a separate space for counselling?	Yes	1		
		No	2		
2	If Yes, see if the space is adequate	Adequate	1		
		Inadequate	2		
3	See if the space provides enough privacy for counseling? (Clients are not able to be seen or heard while meeting health provider in exam room)	Yes	1		
		No	2		
4	See if there is any waiting area for the clients?	Yes	1		
		No	2		
5	What time does this facility open and close?	Open time			
		Open time			
6	How many days per week are family planning services available?	Days/week			
7	Does the facility have the following supplies in stock? (Check to verify)	Condom			
		Pills			
		Depo			
		IUD			
		Norplant			

Q	Questions, Instructions	Responses	Code	Skip to	Office Use
8	Does the counselling room have IEC display materials?	Yes	1		
		No	2		
9	Were there IEC materials (Flip charts/Cue cards) on family planning on the provider's table?	Yes	1		
		No	2		
10	Were the IEC materials displayed in the health facility	Yes	1		
		No	2		
11	If Yes, where were they displayed?	Stuck on the walls inside the facility			
		Stuck on the walls outside the facility			
12	Were the displayed IEC materials easily visible and readable by the clients?	Yes	1		
		No	2		
13	Are there any IEC materials for distribution?	Yes	1		
		No	2		
14	What is the total no. of visits to the health facility for family planning counseling during the previous month? Check Register				
15	How is the overall cleanliness of the health facility	Very Satisfactory	1		
		Satisfactory	2		
		OK	3		
		Poor	4		

TRAINERS- KEY INFORMANT INTERVIEW

Training Centre Name of the
Trainer No. of years as trainer
Date

Start Time: __________/_________ AM/PM

End Time: __________/_________ AM/PM

1. 1. How long have you been working as a COFP/C training?
2. 2. How useful COFP/C training has been in relation to imparting knowledge and skills of FP and counseling in service providers and developing their competency?
3. 3. What do you think about the contents covered by the COFP/C training? Is it adequate and relevant?
4. 4. What is your assessment about the methods used in the training? How effective are these methods to build the capacity of the service providers?
5. 5. What do you think of the duration of COFP/C training? Is it enough? Do you think that the sessions and the time allotted to the sessions are adequate enough to help learn COFP knowledge and skills?
6. 6. How do you assess the institutional and logistic support to the COFP/C TRAINING?
7. 7. How was the performance of trainees during the training? (Level of participation, learning enthusiasm, acquiring knowledge and skills, etc.)
8. 8. Have you done any post training follow up programme regarding the performance of the service providers, getting their feed back, problems faced by the service providers, etc? How to you support the service providers improve on the job performance after the training?
9. 9. What are your suggestions to improve the quality of COFP/C training?
10. 10. Do you have any personal needs as a COFP/C trainer, which will further enhance your training capacity?

FOCUS GROUP DISCUSSION GUIDE

District:

Name of VDC/MNC:
Ward Number:

Name of the facilitator: ……………………….

Name of note taker:……………………..

Date:…………………..

Descriptions of the participants

S.N.	Name	Age	Gender	Designation:- CMA/AHW, HA, ANM, Staff Nurse, PHN	Education	Remarks

Instructions to facilitators for conducting FGDs

Step 1	Inform the participants about venue and time of the meeting one day in advance. (approximately 90 mins)
Step 2	Include 7 to 8 participants
Step 3	Identify a room or other spot suitable for interaction among the participants and begin interaction.
Step 4	Let the sitting arrangement of participants be in a circle or semi circle so that each can interact face-to-face
Step 5	Welcome the participants and explain the purpose of the meeting
Step 6	The facilitator also should introduce himself/herself
Step 7	Let the participants introduce among themselves.
Step 8	Assure the group about the confidentiality of the information to be generated from it.
Step 9	Let the group members discuss on the following points and record the information.
Step 10	Ensure that a single/vocal participant is not dominating the whole discussions
Step 11	Encourage and probe the silent/shy participants to share their feelings
Step 12	Serve the snacks and tea to the participants upon completion of discussion
Step 13	Thank the participants for contributing their time and views and close the session.

Assessment of Providers' Performance: COFP/Counseling

1. General introduction

1. When did you all receive COFP/C training? (Note down the years each participant received COFP/C training)
   - Explore, if the participant/s received other FP/counseling training prior to COFP training.

2. How long was the COFP/C training?

3. 3. Do you still remember how many participants were there when you received the COFP/C training?

4. How useful did you find the training in relation to acquiring knowledge and skills of FP and counseling?

   - Probe and list the areas of knowledge and skills mentioned by the participants.

5. Is it possible to name the most useful area covered in the training?
   - Which are not useful?

6. Were the contents of the training useful?

   - Probe, if the contents were new to the participants, relevant to their job, enough, adequate.

   - Any topic they think is unnecessary and should be deleted. If yes, which ones and why?

   - Any topic they wanted to be added in the training content. If yes, which ones and why?

   - Were the sessions well organized?

7. Would you like to recall the methodologies used in the training?

   - Help the participants to recall the methods

   - Did you like them?
     - Probe, which training methods they liked the most?

   - Would you suggest any other method, which would make the training more effective?

   - Was there any training methodology that you think was not good?

   - How participatory was the training approach?

8. How did you find the trainers?
   - Were they able to communicate the training content clearly and effectively?
   - Probe, if the participants were able to learn all that what taught by the trainers.
   - Also, probe if the trainers used the audio-visual materials effectively.
   - Would you say that the trainers were competent in running the course?
   - What were the best things that you liked in the trainers?
   - Would you like to make any suggestions that would help improve trainers' skills?

9. Would you like to say something about the duration of the training?
   - Probe, if it was too long, too short and just right.
   - Ask whether "practice sessions – (classrooms and practicum)" were adequate?

10. 10. What do you think of the logistics of the training?
   - Probe, how was the venue like; how was the training support: stationary, training materials?
   - Were the logistic arrangements conducive to learning?
   - Explore, if anything specifically supported learning.
   - Is there anything that you think need to be improved in logistics?
   - Probe, how specifically could be improved.

11. Would you like to say something about the inputs received from the training towards delivering your services?
   - Was the training able to increase your competency and improve your skills?
   - Probe, what kind of competency and skills.
   - Explore, if the participants feel confident in counseling the clients

12. Are there any hindering factors towards efficient delivery of family planning services? Probe, if the participants can name factors such as the environment, equipment, facilities, trainings, people etc.

13. Any suggestions to make the training more effective??

THANK THE PARTICIPANT