

# **JHPIEGO**

## **IUD Training Site Assessment for Key Social Marketing Project, Pakistan**

The development and use of objective and measurable performance standards are essential factors in improving job performance. JHPIEGO has incorporated the use of performance standards as a part of several Performance Improvement (PI) interventions that have been very successful in Latin America and Africa, including the PROQUALI project in Brazil and the CaliRed project to improve performance in maternal and neonatal health in Guatemala. In Malawi, the distribution of Infection Prevention performance standards to hospitals increased compliance without any training interventions.

This IUD assessment tool provides performance standards for IUD provision based on type of visit-new client or revisit. It may be used as part of a programmatic performance improvement initiative, by the site or individual providers to self-assess or by external evaluators to assess achievement of the standards. Often, performance standards are used to affect change at multiple sites.

- Chapters:
- I. Physical, Material, and Human Resources
  - II. New Client
  - III. Follow Up Client Visits
  - IV. Training Capacity Service Statistics

## IUD Training Site Assessment for Key Social Marketing Project, Pakistan

### I. Assessment Tool/Pakistan: Physical, Material, and Human Resources

*Clinic Name:* .....

*Date of Visit:* .....

*Providers Contacted:* .....

*Name of the Assessment Team Member:* .....

<b>AREA: Physical, Material, and Human Resources</b>			
<b>PERFORMANCE STANDARD</b>	<b>VERIFICATION CRITERIA</b>	<b><sup>1</sup>Y, N OR N/A</b>	<b>COMMENTS</b>
1. The administration and staff welcome the opportunity to become a training site	Discuss if: <input type="checkbox"/> Administration is willing to support the event <input type="checkbox"/> Staff is willing to support the event	_____ _____	
2. There is a conference room for training and/or meetings	Observe if: <input type="checkbox"/> It is accessible <input type="checkbox"/> It is readily available for training <input type="checkbox"/> It is large enough to accommodate the training event	_____ _____ _____	
3. The service provision area is large enough	Observe if: <input type="checkbox"/> It can accommodate learners <input type="checkbox"/> It can accommodate instructors	_____ _____ _____	

<sup>1</sup> Y = Yes; N = No; N/A = Not Applicable

PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>1</sup> Y, N OR N/A	COMMENTS
4. The clinic is in a good state of cleanliness and hygiene.	Observe the absence of dust, trash, and dirt in the following: <input type="checkbox"/> common areas <input type="checkbox"/> consultation/examination rooms <input type="checkbox"/> bathrooms	_____ _____ _____	
5. The clinic is well lit and ventilated.	Verify that: <input type="checkbox"/> the lights work <input type="checkbox"/> the windows have screens and can be opened and/or there are fans	_____ _____	
6. The clinic has a sufficient waiting room.	Check the clinic for availability and good repair of: <input type="checkbox"/> sufficient chairs or benches in the waiting area <input type="checkbox"/> protection from the weather (if waiting area is outdoors)	_____ _____	
7. Bathrooms are operational and available for the client.	Verify that the bathrooms have: <input type="checkbox"/> a door that closes <input type="checkbox"/> sink in bathroom or nearby for hand washing <input type="checkbox"/> functional toilet flush or water or rinsing toilet	_____ _____ _____	
8. Bathrooms are operational and available for the staff.	Verify that the bathrooms have: <input type="checkbox"/> a door that closes <input type="checkbox"/> sink in bathroom or nearby for hand washing <input type="checkbox"/> soap <input type="checkbox"/> clean individual towels <input type="checkbox"/> toilet paper <input type="checkbox"/> trash can <input type="checkbox"/> functional toilet flush or water or rinsing toilet	_____ _____ _____ _____ _____ _____ _____	

PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>1</sup> Y, N OR N/A	COMMENTS
9. Adequate space and privacy are available for counseling.	Verify the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> a space is available for counseling</li> <li><input type="checkbox"/> adequate privacy is ensured (it is a separate room with a door, screens or curtains are used to block it off, etc.)</li> <li><input type="checkbox"/> there are chairs and a table for provider and client</li> <li><input type="checkbox"/> audiovisual materials are available for use (samples of methods, flipcharts, posters, pamphlets, etc.)</li> </ul>	_____ _____ _____ _____	
10. Record keeping is adequate.	Verify the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> medical records are kept securely</li> <li><input type="checkbox"/> medical records are accessible to staff</li> <li><input type="checkbox"/> adequate supplies of record keeping forms are available</li> <li><input type="checkbox"/> providers record each client interaction in the appropriate records</li> </ul>	_____ _____ _____ _____	
11. The clinic has instruments, equipment and supplies in adequate condition and quantity	Check in the consultation/examination and storage rooms for the availability, condition, and <b>quantity</b> of the following items: <ul style="list-style-type: none"> <li><input type="checkbox"/> stethoscope</li> <li><input type="checkbox"/> sphygmomanometer (BP cuff)</li> <li><input type="checkbox"/> thermometer</li> <li><input type="checkbox"/> specula</li> <li><input type="checkbox"/> uterine sounds</li> <li><input type="checkbox"/> tenaculæ</li> </ul>	_____ _____ _____ _____ _____	

PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>1</sup> Y, N OR N/A	COMMENTS
	<input type="checkbox"/> sponge forceps <input type="checkbox"/> scissors <input type="checkbox"/> drapes <input type="checkbox"/> high-level disinfected or clean examination gloves <input type="checkbox"/> utility gloves <input type="checkbox"/> cotton or gauze <input type="checkbox"/> antiseptic solution (Betadine, Savlon, etc.)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
12. The examination rooms are adequately equipped.	Verify that the following equipment is available and in good working conditions in <b>each</b> examination room.  <input type="checkbox"/> table for gynecological examination <input type="checkbox"/> stool <input type="checkbox"/> light source <input type="checkbox"/> side table/cart for holding instruments during procedures <input type="checkbox"/> hand washing facilities including clean water, soap and clean individual towel (in the exam room or very nearby) <input type="checkbox"/> table/cart/cupboard for storing materials, supplies, medicines <input type="checkbox"/> buckets for decontamination solution <input type="checkbox"/> trash bins <input type="checkbox"/> curtains/screens/doors are used to ensure privacy	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
13. The clinic has essential contraceptives and	Verify that the following contraceptives are registered and updated (on shelf charts or		

PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>1</sup> Y, N OR N/A	COMMENTS
controls its consumption and stock, observing its monthly use.	similar):  ➤ <i>Contraceptive methods:</i> <input type="checkbox"/> IUD <input type="checkbox"/> Condoms <input type="checkbox"/> Diaphragms <input type="checkbox"/> Spermicide <input type="checkbox"/> COCs <input type="checkbox"/> POPs <input type="checkbox"/> Progestin-only injectables <input type="checkbox"/> Combined injectables	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
14. The drugs and contraceptive methods are adequately stored*.  <small>* Taken from <i>Pocket Guide to Managing Contraceptives</i>, CDC, October 1998.</small>	Observe in the storage area if:  <input type="checkbox"/> temperature < 40 degrees Celsius <input type="checkbox"/> fans or a ventilation system circulate air throughout the storage area during hot weather  <input type="checkbox"/> floors and walls are dry <input type="checkbox"/> contraceptives are protected from direct sunlight	<hr/> <hr/> <hr/> <hr/>	

PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>1</sup> Y, N OR N/A	COMMENTS
	<input type="checkbox"/> area is clean, tidy, free of dust <input type="checkbox"/> area is free from signs of rodents and insects <input type="checkbox"/> boxes are clearly marked with expiration dates <input type="checkbox"/> boxes are arranged according to the FEFO system (first to expire, first out) <input type="checkbox"/> space is sufficient for all needed commodities <input type="checkbox"/> area is large enough to allow for distributing, receiving, and checking supplies <input type="checkbox"/> security system exists that limits access to the storage area <input type="checkbox"/> any doors and windows are secure <input type="checkbox"/> authorized person with a key to the storage area is available during all service hours so that clinic staff can get supplies as needed	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
15. The clinic has an area for processing instruments.	<input type="checkbox"/> Sink for washing instruments <input type="checkbox"/> Boiler or steam processor <input type="checkbox"/> Clean and safe area for storage of processed instruments	<hr/> <hr/> <hr/>	

Total of criteria	15
Total observed	
Total achieved	



AREA: FAMILY PLANNING SERVICES/NEW CLIENT: IUD			
PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>2</sup> Y, N OR N/A	COMMENTS
	<input type="checkbox"/> Identifies purpose of the visit <input type="checkbox"/> Explains what to expect during the clinic visit <input type="checkbox"/> Uses the pregnancy checklist to determine if the woman is an appropriate client for FP methods	<hr/> <hr/> <hr/> <hr/>	
2. The provider supports the client in her choice of a contraceptive method	Observe if the provider: <input type="checkbox"/> Explains benefits and side-effects of available methods <input type="checkbox"/> Asks which method the client would like <input type="checkbox"/> Offers or emphasizes correct information about the chosen method <input type="checkbox"/> Provides educational material about contraceptive methods, if applicable	<hr/> <hr/> <hr/> <hr/>	
2. If the choice of method is IUD, the provider assesses the client for precautions for the IUD.	<input type="checkbox"/> Explains that he/she will ask some questions to see if the selected method is appropriate for her <input type="checkbox"/> Takes a basic reproductive and medical history <input type="checkbox"/> Checks if client has a medical condition that would be a problem or will require more frequent follow-up for any of the following chosen methods, specifically... <b>For the IUD, the following medical conditions pose additional risks:</b> <ul style="list-style-type: none"> <li>○ Client or partner is at increased risk of getting STIs (partner away from home for long periods of time, etc.)</li> <li>○ Current acute PID</li> <li>○ Partner has discharge or painful urination now</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	



<b>AREA: FAMILY PLANNING SERVICES/NEW CLIENT: IUD</b>			
<b>PERFORMANCE STANDARD</b>	<b>VERIFICATION CRITERIA</b>	<b><sup>2</sup>Y, N OR N/A</b>	<b>COMMENTS</b>
	menstrual bleeding and cramping, spotting in first few months of use <input type="checkbox"/> Immediate return of fertility after removal <input type="checkbox"/> IUD can be removed at client's request	_____ _____ _____	
4. The provider explains about the warning signs with the IUD.	<input type="checkbox"/> Explains to the client that she should immediately report to the clinic if she presents the following warning signs: <ul style="list-style-type: none"> <li>○ Severe lower abdominal or pelvic pain</li> <li>○ Signs of STIs or abnormal vaginal discharge</li> <li>○ Fever and chills</li> <li>○ Strings are missing</li> <li>○ Period is late with signs of pregnancy</li> <li>○ Heavy bleeding</li> </ul>	_____ _____ _____ _____ _____	
5. The provider gives specific instructions on how to use the selected method.	<input type="checkbox"/> Using a visual-aids, explains in details how to use the method: <ul style="list-style-type: none"> <li>○ The IUD is inserted into the uterus</li> <li>○ The insertion is done usually during menstruation, but can be inserted anytime if the woman is not pregnant, immediately postpartum (within 48 hours) or after 6-8 weeks postpartum, immediately postabortion if there is no infection</li> <li>○ If the insertion occurs after day 12 of cycle, use a back up method or abstain from sexual intercourse for 1 week</li> <li>○ Explains the procedure, timing and what</li> </ul>	_____ _____ _____ _____	

AREA: FAMILY PLANNING SERVICES/NEW CLIENT: IUD			
PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>2</sup> Y, N OR N/A	COMMENTS
	to expect <ul style="list-style-type: none"> <li>○ Once inserted it prevents pregnancy for 10 years (Copper T) but can be removed at anytime by a trained provider</li> </ul>	_____ _____	
<i>The provider inserts the IUD.</i>			
6. The provider prepares for the procedure.	Observe in the procedure area if the provider (same instructions for criteria 5-8): <ul style="list-style-type: none"> <li><input type="checkbox"/> Explains the procedure to the client</li> <li><input type="checkbox"/> Assures necessary privacy during the procedure:               <ul style="list-style-type: none"> <li>○ Keeps the door closed</li> <li>○ Does not allow people coming in and out of the room</li> </ul> </li> <li><input type="checkbox"/> Checks that instruments kit and supplies are available</li> <li><input type="checkbox"/> Checks that client has recently emptied her bladder</li> <li><input type="checkbox"/> Helps position client on table</li> <li><input type="checkbox"/> Palpates abdomen and checks for lower abdominal tenderness and masses or other abnormalities</li> </ul>	_____ _____ _____ _____ _____ _____ _____	
7. The provider performs pre-insertion tasks.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Performs hand hygiene:               <ul style="list-style-type: none"> <li>○ Washes hands with running water and soap for 10–15 seconds and dries with an individual clean towel, paper towel or allows hands to air-dry, <b>or</b></li> <li>○ Rubs hands with 3–5 ml of an alcohol-based solution until the hands are dry (if</li> </ul> </li> </ul>	_____ _____	





AREA: FAMILY PLANNING SERVICES/NEW CLIENT: IUD			
PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>2</sup> Y, N OR N/A	COMMENTS
	individual clean towel, paper towel or allows hands to air-dry, <b>or</b> <ul style="list-style-type: none"> <li>○ Rubs hands with 3–5 ml of an alcohol-based solution until the hands are dry (if hands <b>are not</b> visibly soiled)</li> </ul>	_____ _____	
10. The provider gives instructions about the return and/or follow-up visits.	<input type="checkbox"/> Discusses return visits and follow-up <input type="checkbox"/> Reviews side effects and warning signs <ul style="list-style-type: none"> <li>○ may suggest to clients to check strings after menses or if menses are absent</li> </ul> <input type="checkbox"/> Encourages client to return any time she has questions or problems <input type="checkbox"/> Assures client that she can stop/remove the selected method at any time if she desires <input type="checkbox"/> Politely says goodbye to the client <input type="checkbox"/> Completes the client's record	_____ _____ _____ _____ _____ _____	

Total of criteria	10
Total observed	
Total achieved	

### III. Assessment Tool/Pakistan: Follow Up Client Visits

*Clinic Name:* .....

*Date of Visit:* .....

*Providers Contacted:* .....

*Name of the Assessment Team Member:* .....

<b>AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs</b>			
<b>PERFORMANCE STANDARD</b>	<b>VERIFICATION CRITERIA</b>	<b><sup>4</sup>Y, N OR N/A</b>	<b>COMMENTS</b>
<b>Follow-up visit (criteria 1-8 must be observed in sequence with each client in 5 follow-up visits)</b>			
1. The provider establishes a cordial relationship with the client in the follow-up visit and identifies the purpose of the visit.	Observe during 5 follow-up visits in the counseling/examination area if the provider (same instruction for criteria 1- 8): <input type="checkbox"/> Greets the client <input type="checkbox"/> Introduces her/himself to the client (if pertinent) <input type="checkbox"/> Asks/confirms the client's name and call her by her name <input type="checkbox"/> Confirms biographic information (name, address, etc) <input type="checkbox"/> Assures client of confidentiality: ○ Says that the information disclosed during the visit will only be shared with relevant clinic staff <input type="checkbox"/> Assures necessary privacy <b>during the entire visit:</b> ○ Keeps the door closed	_____ _____ _____ _____ _____ _____ _____	

<sup>4</sup> Y = Yes; N = No; N/A = Not Applicable

AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs			
PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>4</sup> Y, N OR N/A	COMMENTS
	<ul style="list-style-type: none"> <li>○ Minimizes people coming in and out of the room (staff on duty only)</li> <li><input type="checkbox"/> Identifies purpose of the visit</li> <li><input type="checkbox"/> Explains what to expect during the clinic visit</li> </ul>	<hr/> <hr/> <hr/>	
2. The provider uses adequate interpersonal communication skills during the entire visit.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Encourages the client to ask questions</li> <li><input type="checkbox"/> Addresses client's questions and concerns</li> <li><input type="checkbox"/> Uses listening and questioning techniques (e.g. open questions)</li> <li><input type="checkbox"/> Maintains eye contact</li> <li><input type="checkbox"/> Uses open and friendly non verbal communication (e.g. smiling)</li> <li><input type="checkbox"/> Uses language that client understands</li> <li><input type="checkbox"/> Uses visual-aids if necessary</li> <li><input type="checkbox"/> Summarizes client's story when necessary</li> <li><input type="checkbox"/> Allows the client to repeat the information to be sure she understands</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
3. The provider verifies client satisfaction with the IUD.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Confirms what contraceptive method she is currently using</li> <li><input type="checkbox"/> Asks if she is satisfied with the IUD or if she wants to stop the use and/or choose another method</li> </ul> <p><b>If the client is not satisfied with the method and desires to discontinue its use:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Helps her to choose another method if she wants</li> <li><input type="checkbox"/> Checks need for a temporary method until she can start the new method</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/>	

AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs			
PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>4</sup> Y, N OR N/A	COMMENTS
4. Rules out pregnancy.	<input type="checkbox"/> Explains to the client that it is important to check if she is not pregnant <input type="checkbox"/> Checks for pregnancy: <ul style="list-style-type: none"> <li>○ Asks for symptoms</li> <li>○ Performs a pelvic examination if client evokes symptoms (speculum and bimanual), or</li> <li>○ Performs or asks for a pregnancy test, if indicated and available</li> </ul> <p><b>If client is pregnant:</b></p> <input type="checkbox"/> Counsels client regarding options <input type="checkbox"/> Stops use of the contraceptive method according to the method (if using IUD, observe <b>“pregnant with IUD” in criterion 9</b> ) <input type="checkbox"/> Refers her for antenatal care if she desires	         	
5. The provider identifies side effects or problems with the IUD.	<input type="checkbox"/> Explains to the client that it is important to check her health to ensure that she can continue to use her contraceptive method safely <input type="checkbox"/> Asks if she is experiencing any side effect or problem with the contraceptive method <input type="checkbox"/> Identifies what side effects and/or problems she is having if any <input type="checkbox"/> Reviews client record and checks if there is any medical condition that may be a precaution for currently method <input type="checkbox"/> Performs a pelvic examination if necessary (speculum and bimanual)	      	
6. The provider identifies	<input type="checkbox"/> Explains the client she/he will ask few		

**AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs**

PERFORMANCE STANDARD	VERIFICATION CRITERIA	Y, N OR N/A	COMMENTS
<p>need for protection against STIs including HIV/AIDS.</p>	<p>questions to identify risk for STIs/HIV/AIDS:</p> <ul style="list-style-type: none"> <li>○ Do you or your partner have a discharge or painful urination now?</li> <li>○ Did you or your partner have any discharge or painful urination in the last three months?</li> <li>○ Did you or your partner have any discharge or painful urination in the past?</li> <li>○ Do you think you or your partners are at increased risk of getting STIs (is your husband away from home for long periods of time)?</li> </ul> <p><input type="checkbox"/> If she answers yes to one or more that the above questions, the provider:</p> <ul style="list-style-type: none"> <li>○ Informs her that she is at risk for STIs including HIV/AIDS</li> <li>○ Tell her that she and her partner should use condoms to be protected from STIs</li> </ul>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>7. The provider verifies instructions on how to use the IUD.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reminds the client that the IUD Tcu 380 A is effective for 10 years (Multiload for 5 years)</li> <li><input type="checkbox"/> Asks the client if she is checking the strings after the menstrual period</li> <li><input type="checkbox"/> Reassure that she can discontinue its use anytime if she wants</li> <li><input type="checkbox"/> Corrects or reinforces information if necessary</li> </ul>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>8. The provider gives instructions about the return and/or follow-up visits for the</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Discusses return visits and follow-up</li> <li><input type="checkbox"/> Reviews warning signs</li> <li><input type="checkbox"/> Reassures client that she can discontinue the currently method and chose another method any</li> </ul>	<p>_____</p> <p>_____</p>	

**AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs**

PERFORMANCE STANDARD	VERIFICATION CRITERIA	Y, N OR N/A	COMMENTS
contraceptive method.	time she wants <input type="checkbox"/> Encourages client to return any time she has questions or problems <input type="checkbox"/> Asks the client if she has any questions or concerns <input type="checkbox"/> Answers client questions <input type="checkbox"/> Politely says goodbye to the client <input type="checkbox"/> Completes the client's record	_____ _____ _____ _____ _____ _____	



<b>AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs</b>			
<b>PERFORMANCE STANDARD</b>	<b>VERIFICATION CRITERIA</b>	<b><sup>4</sup>Y, N OR N/A</b>	<b>COMMENTS</b>
	<p><b>If client refers amenorrhea with IUD, the provider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asks client: <ul style="list-style-type: none"> <li>○ When she had her last menstrual period</li> <li>○ When she last felt IUD strings</li> <li>○ If she has symptoms of pregnancy</li> </ul> </li> <li><input type="checkbox"/> Does not remove the IUD, unless client wants</li> <li><input type="checkbox"/> Provides counseling and reassurance</li> <li><input type="checkbox"/> If client is over 45, explains that amenorrhea could be related to menopause</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
	<p style="text-align: center;"><b>Or</b></p> <p><b>If client refers irregular bleeding with IUD, the provider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performs abdominal examination</li> <li><input type="checkbox"/> Performs pelvic examination</li> <li><input type="checkbox"/> If ectopic pregnancy is suspected, refers for complete evaluation</li> <li><input type="checkbox"/> If infection is suspected, <b>see criterion on pelvic infection</b></li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/>	
	<p style="text-align: center;"><b>Or</b></p> <p><b>If client refers prolonged or heavy bleeding with IUD, the provider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performs pelvic examination (speculum and bimanual)</li> <li><input type="checkbox"/> Asks client how much she has bled</li> <li><input type="checkbox"/> Checks for signs of marked anemia</li> <li>▶ <b>Client has had IUD for less than three months:</b></li> </ul>	<hr/> <hr/> <hr/> <hr/>	



<b>AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs</b>			
<b>PERFORMANCE STANDARD</b>	<b>VERIFICATION CRITERIA</b>	<b><sup>4</sup>Y, N OR N/A</b>	<b>COMMENTS</b>
	<ul style="list-style-type: none"> <li>○ Explains to the client that while there is no sign of a problem, but that cramping may be reduced if she stops the IUD</li> <li>○ Helps client choose another method</li> <li>○ Removes IUD</li> </ul>	<hr/> <hr/> <hr/>	
	<p style="text-align: center;"><b>Or</b></p> <p><b>If client's partner complains about the IUD strings, the provider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Checks to be sure that IUD is in place and not partially expelled</li> <li>▶ <b>If IUD is partially expelled:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explains to the client</li> <li><input type="checkbox"/> Removes the IUD</li> <li><input type="checkbox"/> Inserts a new IUD if clients wants</li> <li><input type="checkbox"/> Helps client choose another method, if she does not want to insert another IUD</li> </ul> </li> <li>▶ <b>If IUD is in place:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Counsels client that one option is to cut the IUD strings even with the cervical os and informs her that she will no longer to be able to fell strings</li> <li><input type="checkbox"/> If she accepts, writes it in her records</li> <li><input type="checkbox"/> Remove the IUD if clients wants and helps her choose another method</li> </ul> </li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
	<p style="text-align: center;"><b>Or</b></p> <p><b>If the IUD strings are missing, the provider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asks the client whether she knows if the IUD has come out</li> </ul>	<hr/>	

<b>AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs</b>			
<b>PERFORMANCE STANDARD</b>	<b>VERIFICATION CRITERIA</b>	<b><sup>4</sup>Y, N OR N/A</b>	<b>COMMENTS</b>
	<p>▶ <b>If client knows IUD was expelled:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Checks for pregnancy</li> <li><input type="checkbox"/> If not pregnant, and clients wants, inserts a new IUD or provide a backup method until the insertion</li> <li><input type="checkbox"/> If ectopic pregnancy is suspected, refers for complete evaluation</li> </ul> <p>▶ <b>If client is pregnant,</b> manages according to the section “pregnant with IUD”</p> <p>▶ <b>If client is not pregnant and strings are missing:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carefully probes the cervical canal</li> <li><input type="checkbox"/> If strings are found, reassures the client</li> <li><input type="checkbox"/> If strings are not found, gives her a non hormonal method and asks her to come back with menses or in 4 weeks</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
	<p style="text-align: center;"><b>Or</b></p> <p><b>If client has a pelvic infection with IUD, the provider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performs abdominal examination</li> <li><input type="checkbox"/> Pelvic examination (speculum and bimanual)</li> <li><input type="checkbox"/> Performs STI test if available</li> <li><input type="checkbox"/> If PID is confirmed or strongly suspected, treat client according to the guidelines</li> <li><input type="checkbox"/> If diagnosis is equivocal: <ul style="list-style-type: none"> <li>○ Treats with antibiotics without removing IUD</li> </ul> </li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/>	

<b>AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs</b>			
<b>PERFORMANCE STANDARD</b>	<b>VERIFICATION CRITERIA</b>	<b><sup>4</sup>Y, N OR N/A</b>	<b>COMMENTS</b>
		_____	
	<p style="text-align: center;"><b>Or</b></p> <p><b>If client presents vaginal discharge with IUD, the provider:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Checks history for exposure to STIs</li> <li><input type="checkbox"/> Performs pelvic examination</li> <li><input type="checkbox"/> Examines saline and KOH wet mounts of vaginal discharge if available</li> <li><input type="checkbox"/> Prepares Gram stain of vaginal and cervical discharge if available</li> <li><input type="checkbox"/> Treats according to the results from the lab according to the guidelines</li> </ul>	_____	
<b>IUD Removal Technique: (criteria 10-12 must be observed in sequence with the same client)</b>			
10. The provider prepares for the procedure.	<p>Observe in the procedure area if the provider:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explains the procedure to the client</li> <li><input type="checkbox"/> <b>Assures necessary privacy during the procedure:</b> <ul style="list-style-type: none"> <li>○ Keeps the door closed</li> <li>○ Does not allow people coming in and out of the room</li> </ul> </li> <li><input type="checkbox"/> Checks that instruments kit, supplies and light source are available</li> <li><input type="checkbox"/> Checks that client has recently emptied her</li> </ul>	_____	

AREA: FAMILY PLANNING SERVICES/FOLLOW-UP VISIT AND MANAGEMENT OF SIDE EFFECTS/PROBLEMS FOR IUDs			
PERFORMANCE STANDARD	VERIFICATION CRITERIA	<sup>4</sup> Y, N OR N/A	COMMENTS
	bladder <input type="checkbox"/> Helps position client on table	_____ _____	
11. The provider removes the IUD.	<input type="checkbox"/> Performs hand hygiene: <ul style="list-style-type: none"> <li>○ Washes hands with running water and soap for 10–15 seconds and dries with an individual clean towel, paper towel or allows hands to air-dry, <b>or</b></li> <li>○ Rubs hands with 3–5 ml of an alcohol-based solution until the hands are dry (if hands <b>are not</b> visibly soiled)</li> </ul> <input type="checkbox"/> Puts new examination or HLD gloves on both hands <input type="checkbox"/> Arranges instruments and supplies on sterile or HLD tray <input type="checkbox"/> Performs bimanual examination <input type="checkbox"/> Inserts speculum <input type="checkbox"/> Applies antiseptic solution two times to cervix, specially the os, and vagina <input type="checkbox"/> Grasps strings close to cervix and pulls slowly but firmly to remove IUD <input type="checkbox"/> Shows IUD to the client <input type="checkbox"/> Immerses IUD in 0.5% chlorine solution for 10 minutes for decontamination	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	



#### IV. Assessment Tool/Pakistan: Training Capacity Service Statistics

Month (Write name and year of month for which data is provided)	Number of New FP Clients		Number of Returning FP Clients		Total Number of FP Clients for the Month (New + Returning)	
	All Methods	IUD only	All Methods	IUD only	All Methods	IUD only
Month 1:						
Month 2:						
Month 3:						
Month 4:						
Month 5:						
Month 6:						
<b>Total</b>						

<b># Of New FP Users in Past 6 Months</b>	
<b># of Returning FP Users in Past 6 Months</b>	
<b>% of all (new + returning) FP Clients Who are IUD Clients</b>	

Question	Response	Additional Comments
Are IUD complications referred or managed on site? If referred, to where?		
What hours are IUD services provided?		
Which days of the week are IUD services provided?		