

# Implanon NXT: On-the-Job Training Course for Current Implant Providers

---

Facilitator's Guide

March 2016

**Jhpiego is an international, nonprofit health organization affiliated with Johns Hopkins University. For more than 40 years, Jhpiego has empowered frontline health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.**

**Published by:  
Jhpiego  
Brown's Wharf  
1615 Thames Street  
Baltimore, MD 21231-3492, USA  
[www.jhpiego.org](http://www.jhpiego.org)**

**© Jhpiego Corporation, 2016. All rights reserved.**

# Table of Contents

---

Acknowledgments.....	v
Preface.....	vii
Introduction .....	1
Facilitator Responsibilities before the Course .....	5
Facilitator Responsibilities during the One-Day Activity .....	7
Facilitator Responsibilities Conducting a Follow-Up Visit.....	10
Case Studies with Responses .....	12
Appendix A: Supplies Needed for the One-Day Activity .....	21



# Acknowledgments

---

This on-the-job (OJT) training course for Implanon NXT was developed by Jhpiego, an affiliate of Johns Hopkins University, in collaboration with a number of other groups. Some of the material was adapted from prior publications by Jhpiego and a number of other organizations, including Merck & Co, Inc. Jhpiego would like to extend a special thank-you to the Ministry of Health (MOH) in Kenya, where the original version of this package was developed, field-tested and evaluated. Gratitude is also extended to colleagues at Clinton Health Access Initiative for collaboration in the effort in Kenya.

Invaluable contributions to the development and review of the original, Kenyan version of this package were provided by members of the MOH's Reproductive and Maternal Health Service Unit, including Dr. Agnes Nakato, Gladys Someren and Dr. Jonah Maina; the Jhpiego team of Paul Nyachae, Emmah Kariuki, Michael Muthamia, Sandra Odera, Dr. Ricky Lu, Elaine Charurat and Megan Christofield; and colleagues from Clinton Health Access Initiative including Dr. Anthony Ngatia, Joshua Okeyo, Lance Osiro, Julia McDowell, Caitlin Glover, and Christina Allan.

Jhpiego especially acknowledges the significant contribution of Dr. Rick Sullivan (retired, Jhpiego) for reviewing and compiling the first draft of the materials based on field and technical inputs from county and national health teams, and then adapting these materials for global use.

Finally, sincere thanks to the Jhpiego Publications staff who directed the assembly and production of this learning resource package (LRP).

Funding for this LRP was generously provided by the Bill & Melinda Gates Foundation through Global Development Grant Number OPP1088815, Accelerating Scale-up of Implants to Expand Access to Long-Acting and Permanent Methods of Family Planning Services. The views expressed herein are those of Jhpiego and do not necessarily reflect those of the Bill & Melinda Gates Foundation.



# Preface

---

Implanon was first launched in Indonesia in 1998 and is now used globally by millions of women. Over the years, thousands of health care service providers have been trained to insert and remove implants including Implanon (now referred to as “Implanon classic”). With the release of Implanon NXT, the challenge is how to prepare to transition these service providers to use Implanon NXT without requiring a multi-day training course. Prolonged group-based or face-to-face training courses are expensive and require those being trained to leave their service delivery sites for a period of time.

This Implanon NXT OJT course, consisting of a one-day group activity followed by individual self-study and practice on the job, has been designed and developed to meet this need. The course has been successfully field tested in Kenya.

Jhpiego is confident that this approach will minimize time away from the service delivery site and yet ensure that the implant provider has the new knowledge and skills required to competently insert Implanon NXT. This Facilitator’s Guide is part of the Implanon NXT OJT learning package and is designed to help develop service providers who can confidently use Implanon NXT.



# Introduction

---

Implanon classic is a one-rod implant containing the hormone etonogestrel that provides contraceptive protection for up to three years. Implanon uses a single contraceptive rod, which has led to easier insertion and removal than previous implants that required multiple rods. Implanon, first launched in Indonesia in 1998, is now used globally by millions of women.

Implanon classic is being replaced with Implanon NXT. Implanon NXT is a subdermal contraceptive implant identical in composition to Implanon classic. Both are one-rod implants that are effective for up to three years. Both contain 68 mg of etonogestrel, are prequalified by the World Health Organization (WHO), and are more than 99% effective at preventing pregnancy. The two differences between Implanon classic and Implanon NXT are:

1. The rod in Implanon NXT can be detected by x-ray, and
2. Implanon NXT uses an improved insertion device.

The ability to use x-ray detection can help providers locate the rod even if inserted so deeply into a woman's arm that it cannot be palpated. The improved insertion device controls the depth at which the implant is inserted, minimizing complications associated with deep insertions. Because of these improvements, Implanon NXT is indicated for provider training to ensure safe provision to clients, even for those providers who are previously trained in and experienced with Implanon classic.

When Implanon classic is no longer available, Implanon NXT will be the only WHO-prequalified one-rod, three-year contraceptive implant available for purchase at the global level. Rapid training on the use of Implanon NXT will be necessary to ensure that current implant providers are able to competently and safely provide the product and that clients have the choice of a one-rod, three-year implant option. Providers that do not learn to insert Implanon NXT, either from a colleague or through formally organized training, will not be able to provide the service, reducing access and choice for thousands of women each month.

The challenge is how to train these service providers to provide Implanon NXT without requiring a multi-day training course. Prolonged group-based or face-to-face training courses are expensive and require those being trained to leave their service delivery sites for a period of time.

Providers who are experienced performing insertions and removals of implants already have general knowledge of implants, family planning (FP) counseling and infection prevention strategies. As a result, this OJT approach will focus on developing their skills to use the newer Implanon NXT correctly. It may also serve as an opportunity to review skills in removing implants.

There is a need for an approach to training that minimizes time away from the service delivery site and yet ensures that the Implanon provider has the new knowledge and skills required to competently insert and remove Implanon NXT. The focus of training is on the gap between the knowledge and skills required to insert previously available

implants, and the knowledge and skills required to insert Implanon NXT. The Implanon NXT OJT learning package is designed to fill this gap.

The OJT learning resource package includes the following components:

- **Learner’s Workbook:**
  - Introduction
  - Course Syllabus
  - Activity Schedule
  - OJT Study Guide
  - Case Studies
  - Implanon NXT Reference Guide (presents information on Implanon NXT including insertion and removal)
  - Coaching for Skill Competency
  - Revised 2015 WHO Medical Eligibility Criteria (MEC) and Quick Reference Chart
  - Implanon NXT Insertion Job Aid
  - Implant Removal Job Aid
  - Checklist for One-Rod (Implanon NXT) Implants Counseling and Clinical Skills: Insertion
  - Checklist for Implant Counseling and Clinical Skills: Removal
  - Implanon NXT OJT Log
  - Equipment and Supplies Checklist
- **Facilitator’s Guide:**
  - Introduction
  - Responsibilities Before the Course
  - Responsibilities During the Course
  - Responsibilities Conducting a Follow-Up Visit
  - Responses to Case Study Exercises

## **Overview of the Implanon NXT OJT Approach**

The goal of this course is to prepare competent Implanon NXT service providers. The course is a blend of short, group training and individualized practice back at learners’ own service delivery sites. It is designed for current implant (including Implanon classic) service providers and consists of two primary components:

1. *One-day group activity focusing on how to insert and remove Implanon NXT* that includes skill practice and assessment using models and working with clients. This activity may take place in a centralized hub-site, or within the learner’s own facility.
2. *Individualized facility-based skill practice* that includes self-study as well as one or more site visits by the course facilitator or trainer to observe, coach and assess provider competency with clients.

Because the final competency assessment and qualification will typically occur at the learner's service delivery site, this learning approach is known as the Implanon NXT OJT course. (Note: In some cases, the training site and learner's service delivery site will be the same facility.)

- The learners, who are already qualified implant service providers, use the OJT course materials to self-assess, manage their skill development, complete learning activities, provide services, document their progress, and reflect on their experiences.
- The OJT facilitator, who is a proficient Implanon NXT provider, offers clinical instruction and guidance throughout the learning process at the one-day activity and follow-up visits. The facilitator will ensure client safety, demonstrate skills, observe learner skill development, provide feedback and suggestions, ask and answer questions, and evaluate the learner's progress and mastery of skills. The Implanon NXT OJT facilitator also administers the final skill assessment. The recommended ratio of learner to facilitator is no more than 5 learners for each facilitator.
- The facility in-charge or site supervisor at the training site ensures that the learner's service delivery site is appropriately equipped, orients site staff to the OJT program, and ensures documentation and client safety during the learning experience.

The focus of this OJT course is on the learner. As the learner moves through a series of activities (e.g., attending the one-day activity, reading information, observing the facilitator, completing practice exercises, practicing clinical skills using role plays and anatomic models, working with clients), there are corresponding activities for the facilitator and facility in-charge.

Key to the success of this individualized, structured OJT course is the motivation of the learner and facilitator. The learner must be willing to participate in providing Implanon NXT whenever the opportunity arises, as well as read, study, and complete assignments and work independently while staying on a schedule, in order to complete training in a reasonable period of time. The learner also must be willing to self-assess and self-reflect, observe the facilitator, and ask questions. The facilitator must be willing to take the necessary time to mentor, teach, and work closely with the learner; ensure client safety; and provide quality services throughout the learning process.

## Learning Approaches

The primary learning approaches used in this course are outlined below.

**Mastery learning:** 100% of those trained should master the desired competencies and be able to demonstrate the desired performance. Mastery learning assumes that all learners can become competent, given sufficient time and opportunity to study and practice.

**Adult learning principles:**

- Training builds on the learner's abilities and is designed or revised to recognize the learner's experience and expertise.
- Training is designed and continuously revised to ensure that it is efficient, effective, and relevant.

- Training actively involves the learners in setting their learning goals, assessing their progress, and completing self-paced tasks.

**Humanistic:** A humanistic approach means practicing and mastering clinical services in simulation before working with clients to reduce the risk of client harm or discomfort and increasing confidence by having learners practice in a safe environment. This type of approach reduces learner stress and protects the safety and dignity of the learners and clients involved in the learning process.

**Coaching:** focuses on making complex skills easy for a learner to observe and learn. In this process:

- The coach (or facilitator) demonstrates steps and models behaviors for the learner.
- The coach explains his/her decisions and thought processes while he/she works.
- The learner practices alongside the coach, getting continual mentoring and coaching.
- Over time, as the learner becomes more competent, she or he performs more and more independently.

## Facilitator Responsibilities before the Course

The development of competent Implanon NXT service providers through the OJT course is dependent upon the facilitator fulfilling specific responsibilities in collaboration with the facility in-charge and/or the county or sub-county reproductive health focal person. This section identifies the primary tasks the facilitator is responsible for completing before the one-day activity. When there are two facilitators, then each can manage specific tasks.

Prior to the one-day Implanon NXT OJT activity, the facilitator should complete each of the following. It is not necessary to complete each task in the sequence presented; the goal is to complete all of the tasks. In some cases, the facilitator will have the assistance of a coordinator to organize the course. Tasks that could be shifted to the coordinator's responsibility are shaded in light gray.

✓	Before the Course
	Ensure that you as the facilitator are competent in providing Implanon NXT yourself. Practice is essential!
	Complete a training skills course to learn how to effectively conduct the Implanon NXT OJT service provider course (if available).
	Review all components of the Implanon NXT OJT LRP.
	Identify a clinical training site with sufficient Implanon NXT caseload for the one-day activity.
	In collaboration with the facility in-charge, make arrangements for conducting the Implanon NXT course at the clinical training site: <ul style="list-style-type: none"> <li>• Room for instruction and skill practice</li> <li>• Plans for morning and afternoon breaks as well as lunch</li> <li>• Tables and chairs for the number of expected learners</li> <li>• Arrange for mobilization of FP clients based on number of learners (each learner will need to work with 1-2 clients to insert Implanon NXT)</li> </ul>
	Identify current implant service providers at clinical sites within a reasonable distance from the training site.
	Contact the facility in-charges (or site supervisors) from the identified service delivery sites within a reasonable distance from the training site to: <ul style="list-style-type: none"> <li>• Share information about the Implanon NXT OJT course</li> <li>• Ask for the names of one or more providers who should be invited to attend the one-day activity</li> <li>• Ask for support before and after one or more of their service providers is trained</li> <li>• Discuss the follow-up site visit when the facilitator will be observing and evaluating the provider(s)</li> </ul>
	Develop a roster of the learners expected to attend the course: <ul style="list-style-type: none"> <li>• Discuss the best options for communicating with those nominated to attend the course (e.g., email, phone, orally during a meeting) and if appropriate, request email and phone contact information</li> <li>• Confirm that the facility in-charge will be copied on all communications with the provider(s)</li> </ul>

✓	Before the Course
	<p>Determine whether the activity will be conducted in one day as shown in the model activity schedule in the Learner's Workbook or over two days—starting the activity during the afternoon of Day 1 and concluding by noon on Day 2.</p> <ul style="list-style-type: none"> <li>• A one-day schedule may be best when the providers need to travel to a central training site. Conducting a one-day Implanon NXT OJT activity means that FP clients who come early in the morning have to be requested to wait till mid-morning to be seen after the providers have been trained. A two-day schedule may be best when all providers work at the site (or are very close by). In this instance, the activity may begin in the afternoon of the first day and conclude by noon the second day.</li> <li>• Conducting a two-day Implanon NXT OJT activity will require the providers to return to the training site on two consecutive days, although it will allow clients to be seen first thing in the morning.</li> <li>• Considerations if using a two-day schedule: <ul style="list-style-type: none"> <li>– Learner transport</li> <li>– Facilitator costs (if applicable)</li> <li>– Disruption of service delivery at the training site</li> <li>– Disruption of services at learner sites (service providers being away for part of two days)</li> </ul> </li> </ul>
	<p>Contact the nominated service providers (copying their facility in-charges):</p> <ul style="list-style-type: none"> <li>• Invite them to attend the Implanon NXT one-day activity</li> <li>• Provide information about the course and expectations following the course</li> <li>• Provide information regarding the location and schedule for the one-day activity</li> <li>• Provide logistical information (e.g., directions, what to bring, financial and housing details if applicable)</li> <li>• Email (if possible) each a copy of the Learner's Workbook (if available) and ask that they read the course syllabus and the Implanon NXT Reference Guide before attending the course</li> <li>• For those without access to email, ask if the facility in-charge or someone else can receive the email and make the document available to the service provider</li> </ul>
	<p>Arrange to have copies of the Implanon NXT OJT LRP materials for the number of expected learners.</p> <ul style="list-style-type: none"> <li>• Have extra copies of the Implanon NXT performance checklists (Appendixes B and C in the Learner's Workbook) for use during skill practice and in the clinic.</li> <li>• If there are no extra copies of the checklist, have paper that can be used to record checklist ratings and comments during skill practice and assessment.</li> </ul>
	<p>Determine the number of course facilitators required to conduct the course.</p> <ul style="list-style-type: none"> <li>• It is recommended that there be no more than 5 learners for every 1 facilitator.</li> <li>• The maximum for 2 facilitators is 10 learners. Note that 10 learners may require 20 clients or more.</li> <li>• Try to keep the number of learners an even number, as they work in pairs when practicing skills.</li> </ul>
	<p>Ensure the clinical training site has the required supplies for Implanon NXT service provision.</p> <ul style="list-style-type: none"> <li>• Refer to the equipment and supply list in the <b>Learner's Workbook</b> and in <b>Appendix A</b> of this guide.</li> <li>• In addition, ensure that the equipment and supplies for skill practice in the classroom are available (including model training arms).</li> </ul>

# Facilitator Responsibilities during the One-Day Activity

The development of competent Implanon NXT service providers through the OJT course is dependent upon the facilitator fulfilling specific responsibilities in collaboration with the facility in-charge and/or local sub-national FP leadership. This section identifies the primary tasks the facilitator is responsible for completing during the one-day activity. When there are two facilitators, then each can manage specific tasks.

During the Implanon NXT OJT course the facilitator should complete each of the following. It is not necessary to complete each task in the sequence presented; the goal is to complete all of the tasks.

✓	During the One-Day Activity
	<p>Arrive at the clinical training site the day before the activity:</p> <ul style="list-style-type: none"> <li>• Meet with the facility in-charge (or site supervisor) and clinical staff</li> <li>• Set up the room</li> <li>• Prepare the computer (if available) for viewing Implanon NXT videos</li> <li>• Check all supplies and equipment for skill practice and service provision</li> <li>• Confirm plans for breaks and lunch</li> <li>• Confirm availability of clients for Implanon NXT services</li> <li>• Confirm process for integrating learners into the service delivery process</li> <li>• Confirm the course schedule with a partner facilitator, if applicable, to divide tasks and responsibilities</li> </ul>
<p>The following recommendations are given within each of the sessions listed in the activity schedule in the Learner's Workbook.</p>	
	<p>Register learners as they arrive and distribute the materials to be used during the OJT on-site practice.</p>
	<p>Welcome the learners and ask each one to introduce themselves and to briefly describe their experience inserting and removing implants.</p>
	<p>Review the table of contents in the Learner's Workbook. The purpose is to let the learners know what is in each section. Do not take the time to go through each page.</p>
	<p>Review the course syllabus. Read the objectives and then ask that they look over the other information in the syllabus. Highlight and briefly discuss the "Qualification of Learners" section.</p>
	<p>Review the Implanon NXT performance checklist (Appendix B in the Learner's Workbook):</p> <ul style="list-style-type: none"> <li>• Briefly review and discuss each step.</li> <li>• Describe the rating scale and what is required to be evaluated as competent</li> <li>• Point out how inserting and removing Implanon NXT differs from Implanon classic</li> </ul>
	<p>Demonstrate insertion of Implanon NXT:</p> <ul style="list-style-type: none"> <li>• Use an arm model with someone acting as the client to simulate insertion</li> <li>• Ask learners to follow along using their checklist</li> <li>• Ensure all learners can clearly see each step</li> <li>• Narrate each step as it is performed (e.g., I am now going to . . .)</li> <li>• Perform <b>each</b> step in the checklist</li> <li>• Do not skip any steps or take any shortcuts</li> <li>• Ask questions regarding key steps</li> <li>• Encourage the learners to ask questions</li> <li>• Use appropriate infection prevention practices</li> </ul>

✓	During the One-Day Activity
	<ul style="list-style-type: none"> <li>• Project your voice so that all learners can hear</li> </ul>
	<p>Conduct the skill practice session on humanistic models. Depending on the number of learners and facilitators, there are several options:</p> <ul style="list-style-type: none"> <li>• Divide the learners into pairs. As one learner performs the steps in the performance checklist, the other observes and provides feedback. The facilitators move among the pairs to observe, coach and provide feedback.</li> <li>• The facilitators may also work one-on-one (depending on the number) with the learners to observe, coach and provide feedback.</li> </ul>
	<p>Conduct performance assessments:</p> <ul style="list-style-type: none"> <li>• When a learner feels confident and ready, ask them to insert Implanon NXT on an arm model as the facilitator uses the checklist to evaluate performance.</li> <li>• Following the procedure, ask the learner what they thought they did well.</li> <li>• If other learners are observing the performance assessment, ask them to identify steps that were performed well.</li> <li>• Ask the learner what she or he would do differently next time.</li> <li>• If other learners are observing the performance assessment, ask them to offer suggestions for improvement.</li> <li>• The facilitator will then offer any final comments on steps performed well along with suggestions for improvement.</li> <li>• The facilitator will then determine whether the learner is competent at inserting Implanon NXT in simulation and is ready to work with clients or if additional practice and another competency evaluation will be required.</li> </ul>
	<p>Conduct clinical practice sessions:</p> <ul style="list-style-type: none"> <li>• Only those who demonstrated competency inserting Implanon NXT on the model may perform an insertion on a client. Those who are not yet competent on the model can continue to practice on the model.</li> <li>• The facility in-charge or one of the clinical site service providers should introduce the learner and the facilitator to the client, explain that the learner will be performing the procedure, and obtain consent for the facilitator to observe the procedure.</li> <li>• The facilitator will use the performance checklist and observe each step as it is performed by the learner.</li> <li>• The facilitator should offer positive feedback when appropriate.</li> <li>• The facilitator may need to guide provider performance through the use of questions in the event the provider forgets a step or is about to make a mistake (e.g., Should you wash your hands before beginning the procedure?).</li> <li>• Once the client leaves, the facilitator will provide feedback (what the learner thought they did well, what they would do differently next time) and offer suggestions for improvement.</li> </ul>
	<p>Facilitate small-group exercises and discussions:</p> <ul style="list-style-type: none"> <li>• Ask the learners to briefly share their comments on what went well during service delivery and where they felt they could improve. Discuss these as a group.</li> <li>• Ask the learners to read Case Study 1 in their workbooks. Then divide them into pairs or threes ask them to work together to respond to the case study questions. Give them about 10 minutes. Then facilitate a discussion with the large group focusing on their responses.</li> <li>• Repeat this process with Case Study 2 and Case Study 7. If time permits, ask the learners to react to additional case studies.</li> <li>• Remind the learners that they are to complete the other case studies (3, 4, 5, 6, 8) after the course, before the facilitator travels to their site for the follow-up visit and final competency assessment (<i>learners who qualify as competent within the one-day activity may not necessarily receive a follow-up visit, but are still encouraged to continue with the self-study to improve confidence and proficiency</i>).</li> </ul>
	<p>Coaching for skill competency:</p>

✓	During the One-Day Activity
	<ul style="list-style-type: none"> <li>• Ask the learners to read the two-page overview of coaching in the Learner’s Workbook, “Coaching for Skill Competency.”</li> <li>• Point out that the facilitators have been coaching during skill practice and in the clinic.</li> <li>• The facilitator should demonstrate coaching by asking two of the learners to demonstrate Implanon NXT insertion one more time. Ask all of the learners to observe how the facilitator coaches—especially during the feedback session after provision of services.</li> <li>• The facilitator should: <ul style="list-style-type: none"> <li>– Observe the learners using the checklist.</li> <li>– Tick each step as it is completed.</li> <li>– Offer guidance through the use of questions (e.g., “Do you want to check the expiry date on the package before opening?”)</li> <li>– Following the procedure, after the client has gone, sit with the provider and ask what was done well and then ask what they would do differently next time.</li> <li>– Offer positive feedback on steps done well and then offer any suggestions for improvement.</li> <li>– Close with a few positive comments.</li> </ul> </li> <li>• Stress to the learners that, if requested by their facility in-charge, they will use the same coaching process with their colleagues.</li> </ul>
	<p>Discussion on next steps:</p> <ul style="list-style-type: none"> <li>• Review the “Implanon NXT OJT Study Guide” section of the Learner’s Workbook with the learners. Point out what they should mark (or tick) as completed as a result of the one-day activity. The facilitator and the learner should sign where indicated.</li> <li>• Review the remaining items to be completed once the learner returns to her or his service delivery site. These may differ among learners, depending on whether or not they were able to achieve competency during the one-day activity. <ul style="list-style-type: none"> <li>– For learners who are qualified by the end of this one-day activity, encourage them to continue to practice to increase confidence and proficiency, and complete the self-study exercises in the following weeks.</li> <li>– For learners who are not yet qualified, ensure they have clear action plans to continue learning and practice after the one-day activity. This may involve additional site visits from the facilitator.</li> </ul> </li> <li>• Stress that the learner must complete these items before the facilitator conducts the final site visit.</li> </ul>
	<p>Course closing:</p> <ul style="list-style-type: none"> <li>• Ask learners if they have any final questions.</li> <li>• Remind them that they are expected to return to their sites to: <ul style="list-style-type: none"> <li>– If qualified: Provide Implanon NXT to clients and coach other service providers (if requested by their facility in-charge and peer providers)</li> <li>– If not yet qualified: Continue self-study and learning activities (including videos, practice)</li> </ul> </li> <li>• Congratulate the learners for completing the one-day activity.</li> </ul>
	<p>Update course roster:</p> <ul style="list-style-type: none"> <li>• On the roster, indicate whether or not each learner demonstrated skill competency inserting and removing Implanon NXT during skill practice on the model.</li> <li>• On the roster indicate whether or not each learner achieved competency inserting Implanon NXT with clients.</li> <li>• File a copy of the final roster with the permanent course records.</li> <li>• Share updated roster with appropriate sub-national MOH representative, as warranted, for entry into the training database.</li> </ul>

# Facilitator Responsibilities Conducting a Follow-Up Visit

---

A successful training course means that those trained are able to perform on the job. This Implanon NXT OJT approach includes a follow-up site visit by the course facilitator. A follow-up site visit may be required for several reasons:

1. Some providers may not achieve competency during the one-day activity and the facilitator may recommend additional one-on-one support at the learner's service delivery site.
2. Learners may request additional coaching to improve confidence, or the facilitator may have doubts about continuing competency and suggest a follow-up visit.
3. The stakeholders supporting implementation of Implanon NXT OJT may request follow-up site visits for all service providers completing the one-day activity. They may also decide that follow-up site visits are optional and are conducted based on the recommendations of the course facilitators.

The development of competent Implanon NXT service providers through the OJT course is dependent upon the facilitator fulfilling specific responsibilities in collaboration with the facility in-charge and/or local MOH staff. This section identifies the primary tasks the facilitator is responsible for completing during the follow-up site visit.

To prepare for and conduct the follow-up visit to the learner's service delivery site, the facilitator should complete each of the following tasks.

✓	Conducting a Follow-up Visit
	Contact the facility in-charge (or site supervisor) and service provider to set a date for the follow-up visit.
	Communicate with the facility in-charge and service provider once the date is set: <ul style="list-style-type: none"> <li>• Confirm date and time of the follow-up visit</li> <li>• Remind them to arrange for several clients on the day of the visit</li> <li>• Suggest agenda for the follow-up visit:               <ul style="list-style-type: none"> <li>– Meet with the facility in-charge</li> <li>– Meet with the service provider to review completed self-study assignments in the Learner's Workbook</li> <li>– Observe and assess the provider's performance of an Implanon NXT insertion on a client using the performance checklist</li> <li>– Provide feedback and determine if the provider is competent based on the performance checklist</li> </ul> </li> </ul>
	Arrive at the service delivery site.
	Meet with the facility in-charge to let her or him know that you have arrived. This is a professional courtesy call.
	Meet with the service provider and review the self-study assignments in the Learner's Workbook: <ul style="list-style-type: none"> <li>Ensure all assignments have been completed</li> <li>Discuss any questions the service provider may have</li> </ul>

✓	Conducting a Follow-up Visit
	<p>If learner was qualified during the one-day activity, review the provider's Implanon NXT Client Log (provided in the Learner's Workbook) indicating services provided to clients since completion of the one-day activity. Discuss each of the cases, asking the provider what went well and what he or she will do to improve.</p>
	<p>Observe the service provider provide Implanon NXT services to one or more clients:</p> <ul style="list-style-type: none"> <li>• Use the performance checklist and observe each step as it is performed by the service provider.</li> <li>• Offer positive feedback during service delivery when appropriate.</li> <li>• Once the client leaves, the facilitator will provide feedback. <ul style="list-style-type: none"> <li>– Ask the service provider what they thought they did well.</li> <li>– Ask the service provider what she or he would do differently next time.</li> <li>– Discuss the steps performed well and offer any suggestions for improvement.</li> </ul> </li> <li>• The facilitator will determine if the service provider is competent at providing Implanon NXT services or if additional practice and another performance assessment will be required.</li> </ul>
	<p>Meet with the facility in-charge:</p> <ul style="list-style-type: none"> <li>• Discuss Implanon NXT services (availability of commodities, stocks, appropriate equipment and supplies for implants, etc.).</li> <li>• Discuss any challenges the provider is experiencing providing Implanon NXT services and how to support the provider.</li> </ul>

# Case Studies with Responses

---

## Case Study 1

Fransisca, 29 years old, received Implanon NXT four months ago and today came back to the clinic with complaints of on-and-off light bleeding. This has been disturbing to both Fransisca and her husband. They are greatly concerned as they think this will adversely affect her health. They have fears about the FP method and are requesting removal of the implant.

Question A

How will the service provider allay the fears of Fransisca and her husband?

Answer A

- Empathize with client and reassure her that bleeding pattern changes occur in many implant users and are not harmful, and usually resolve with time.
- Explore additional myths and misconceptions about implants and provide correct information.

Question B

What is the course of management of Fransisca?

Answer B

- Rule out other underlying causes of gynecological bleeding such as polyps, cervicitis, cervical cancer
- Give either:
  - Nonhormonal: ibuprofen 800mg three times daily for 5 days (ensure that the dosage is not reduced at the pharmacy) **OR** mefenamic acid 500mg three times a day **OR**
  - Hormonal (if medically eligible): combined oral contraceptives (COCs) (preferably containing 30–35 µg ethinyl estradiol), one pill daily for 21 days (note that she's likely to experience her monthly bleeding after the completion of the 21-day COC course).
- Reassure that the bleeding is not harmful and there is no need for removal at the moment.

## Case Study 2

Maria is 33 years old, a mother of three, and came to your FP clinic. She has a nine-month-old baby. She has not been using any FP method since delivery and today she wants Implanon. Her last menstrual period was seven days ago. Her husband travels a lot and has been away on a work assignment.

Question A

Will you proceed to give her the method she wants? Explain your answer.

Answer A

Yes, proceed to give the method. Since Maria is within the first seven days of her menses, she is unlikely to be pregnant. For Implanon, as she is more than 5 days after her last menstrual period, she will need a backup method for 7 days.

Question B

How will you confirm that Maria is not pregnant?

Answer B

There is no need for a pregnancy test. Use the job aid “How To Be Reasonably Sure a Client Is Not Pregnant.” As Maria is within 7 days of her last menstrual period, it is unlikely that she is pregnant.

## Case Study 3

Mary is a 26-year-old student at a local college and has come to your health facility. One week ago, she had gone to Naloka Health Centre for removal of Jadelle as she had used it for five years. After removal, as Mary still wanted to continue using a contraceptive until she finishes college, the nurse at the health center inserted Implanon NXT at Mary's request. Mary is currently complaining of swelling and pain at the insertion site. This morning she developed a fever. On examination, the gauze bandage over her arm looks stained with pus.

Question A

What course of management should the health provider take?

Answer A

Confirm whether there is an abscess. If there is no abscess, do not remove the implant. Wash the area with antiseptic and give appropriate antibiotics for seven days. Request Mary to come back after one week for review. At that time if there is no improvement, remove the implant and then insert a new implant in the other arm or help the client choose another method.

If an abscess is present, clean with antiseptic solution, incise the abscess and drain. Remove the implant, give Mary a seven-day supply of antibiotics and instruct her on how to perform daily wound care. Insert a new implant on the other arm.

Question B

What do you think could have caused the infection?

Answer B

The infection was likely caused by a break in infection prevention practices during removal of the original implant and insertion of the recent implant.

Question C

What are some of the factors that could have contributed to Mary's current situation?

Answer C

- Failure to observe aseptic technique
- Use of unsterile gauze
- Failure to decontaminate couches
- Using the wrong antiseptic
- Lack of proper instrument processing
- Failure to give client proper wound care instructions

## Case Study 4

Jane, 35 years old, is at an outreach event that is offering FP services. She has heard about implants from her friends and wants to have one inserted. She decides to visit the health worker providing services for counselling and provision of the method. When taking Jane's history, the nurse learns that Jane's mother has suffered from breast cancer and is currently being successfully treated.

Question A

Should the health worker proceed to provide Jane with contraceptive implants?

Answer A

Before providing implants, the health worker should find out if Jane currently has breast cancer or has ever been told she has breast cancer. Women with breast cancer should not be offered hormonal methods of FP.

The health worker should do a clinical breast examination on Jane. If Jane has an undiagnosed lump, she can be given an implant as the lump is being evaluated. If diagnosed with benign breast disease, she can continue to use implants (WHO MEC Category 2), and if diagnosed with breast cancer, the implant should be removed and other non-hormonal FP methods should be offered.

Question B

Which other methods of FP would be suitable for Jane?

Answer B

If diagnosed with breast cancer, Jane can use non-hormonal methods such as the copper IUD, barrier methods, cycle beads and natural FP. Otherwise she is eligible for all other FP methods.

## Case Study 5

Caren, a 35-year-old mother of three, has been using contraceptive implants for the last 2 years. She has been amenorrheic. She visits the facility with bleeding episodes of spotting and heavy bleeding, especially after sexual intercourse, for the previous 5 months. Caren had visited your facility previously and was appropriately managed for bleeding with no improvement.

Question A

How will you manage this client?

Answer A

**Manage as unexplained vaginal bleeding**

Caren has been amenorrheic and only started problems five months ago. It is important to exclude gynecological problems such as cervical cancer since the bleeding is post coital. If a gynecologic problem is identified, treat the condition or refer for care.

If sexually transmitted infection or pelvic inflammatory disease is diagnosed, she can continue using implants while receiving treatment and be counselled on condom use.

To help prevent anemia, suggest she take iron tablets and tell her it is important to eat foods containing iron, such as meat and poultry (especially beef and chicken liver), fish, green leafy vegetables, and legumes (beans, bean curd, lentils, and peas).

Question B

What alternative FP methods would you give her?

Answer B

Carol can use any FP method except progestin-only injectables, implants, or a copper-bearing or hormonal IUD.

Question C

The following medical conditions warrant stopping use or switching of contraceptive implants. (Indicate or tick True or False.)

Unexplained vaginal bleeding	<input type="checkbox"/> True	<input type="checkbox"/> False
Migraine without aura	<input type="checkbox"/> True	<input type="checkbox"/> False
Spotting within the first three months	<input type="checkbox"/> True	<input type="checkbox"/> False
Migraine with aura	<input type="checkbox"/> True	<input type="checkbox"/> False

Answer C

T, F, F, T

## Case Study 6

Fatuma is a 34-year-old mother of two children and visited your health center today. During her last pregnancy, she tested HIV positive and was put on antiretrovirals. On examination she is doing well on antiretroviral therapy of tenofovir + lamivudine + efavirenz treatment and on anti-TB medications rifampicin, isoniazid and ethambutol. She wants FP today.

Question A

Which methods can she benefit from?

Answer A

She can benefit from all methods except COCs and progestin-only pills (POPs).

Question B

What are the key messages that you give Fatuma?

Answer B

- The need for dual protection.
- The antiretrovirals are safe for her with her FP method, but since she is using a combination therapy that includes efavirenz, she should be advised that there is a slightly increased risk of contraceptive failure.
- She should always let her clinician know the FP method she is using as there are some medications that lower the effectiveness of the FP methods.

## Case Study 7

Carol, a 15-year-old client, has just delivered a bouncing baby girl at Bukoli Health Center. Carol plans to exclusively breastfeed her child for the first 6 months. She informs the midwife that she would like to use the three-year contraceptive implant and would like to know when she could start using the implant. A discussion commences among nurses in the ward regarding how soon to start FP methods after delivery. As a person who has just attended Implanon NXT training, you are called upon to give guidance on the following issues.

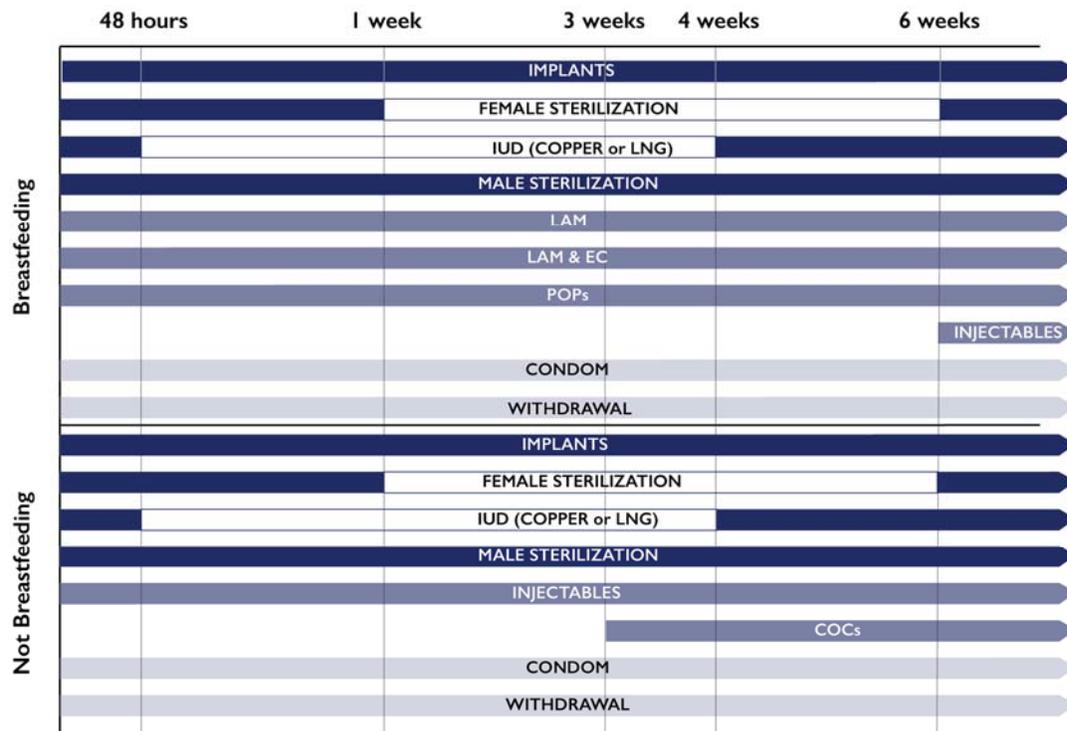
Question A

Which contraceptives can Carol use at the moment?

Answer A

As a teen mother, Carol is medically eligible for the same methods as older clients. Being postpartum and breastfeeding, she can use implants, copper IUD, levonorgestrel (LNG) IUD, POPs, and the lactational amenorrhea method (LAM). The chart below offers a timeline view of the methods available to postpartum clients starting at delivery.

### Immediate Postpartum Options



COCs should not be initiated by breastfeeding women until at least 6 months postpartum. In addition, fertility awareness methods, such as Standard Days Method (CycleBeads), require women to chart 4 regular menstrual cycles before beginning this method, so timing varies from one woman to the next.

Abbreviation: EC, emergency contraception.

The IUD should be inserted within the first 48 hours post-delivery or after 4 weeks. Post-partum IUD insertion requires a provider trained on specific techniques for placing IUDs immediately post-partum.

Question B

Explain why Carol is not eligible for combined hormonal contraceptives.

Answer B

The initial three weeks postpartum are characterized by an increased risk of clotting. Estrogen increases the risk of clotting during this time, thus the risk of giving an estrogen-containing method.

## Case Study 8

Idah, a 34-year-old woman, visited your clinic complaining of a headache. At the same time, she wanted an FP method. On examination, her blood pressure is 160/100 mmHg. Her last menstrual period was five days ago. She has a daughter aged 4 years and a son aged 2 years.

Question A

What should the FP provider do concerning her needs?

Answer A

- Screen for eligibility of FP.
- Provide her with a method of her choice and per the WHO MEC.
- Treat or refer for hypertensive management.

Question B

Which FP methods can Idah use?

Answer B

She can use all methods aside from COCs and progestin-only injectable.

# Appendix A: Supplies Needed for the One-Day Activity

✓	
<b>Training Supplies</b>	
	Appropriate room in which to conduct one-day activity, arranged with tables and chairs as appropriate.
	If available, computer and projector for viewing Implanon NXT videos
	Simulation model arms, e.g. Reproductive Implant Training Arms
	Implanon NXT placebo
<b>Consumable Supplies</b>	
	Povidone-iodine
	Surgical gloves
	Sterile Band-Aid/Elastoplast
	1% lignocaine (without epinephrine)
	Sterile, distilled water for injection (in case of 2% lignocaine)
	Sterile gauze
	5 cc syringes and 21 gauge needle
	Small gauze bandage
<b>Support Equipment</b>	
	Implant removal kits <ul style="list-style-type: none"> <li>• Kidney dish (1)</li> <li>• Surgical blade size 15 with handle (1)</li> <li>• Gallipot (1)</li> <li>• Small mosquito forceps straight (1)</li> <li>• Small mosquito forceps curved (1)</li> <li>• Fenestrated towel (1)</li> </ul>
	Implant insertion kits <ul style="list-style-type: none"> <li>• Kidney dish (1)</li> <li>• Gallipot (1)</li> <li>• Fenestrated towel (1)</li> </ul>
	Examination couch
	Sphygmomanometer (or blood pressure monitor)
<b>Infection Control Materials</b>	
	Autoclave with power source (or boiler for high-level disinfection)
	Waste disposal mechanism in place (assorted bins with liners)
	Running water
	Hand washing soap
	Heavy duty gloves
	Chlorine (for decontamination)
	Safety box

