Decision-Making Tool for Family Planning Clients and Providers

TRAINING GUIDE

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Info
Information and knowledge for optimal health
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
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Quality of Care
IPPF working for clients' rights

Acknowledgements

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The training materials contained in this guide were developed by Ilka Rondinelli of IPPF/Western Hemisphere Region, Kathryn Church and Sarah Johnson of WHO, and Ward Rinehart of JHU/CCP. Many of the materials have been adapted from the training materials of IPPF's Quality of Care Programme, and their contribution is gratefully acknowledged. Several components of this guide were also adapted from materials developed by EngenderHealth.

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About this guide

This guide is designed to support the implementation of the *Decision-Making Tool for Family Planning Clients and Providers* within national programmes. The tool was developed by the World Health Organization, Department of Reproductive Health and Research and Johns Hopkins University/Center for Communication Programs and is designed to improve the quality of family planning counselling.

Who can use this guide

This guide will support trainers at regional and national levels to train family planning and other reproductive healthcare providers on use of the Decision-Making Tool. The modules contained in this guide can also be used in a "training of trainers" programme on the Decision-Making Tool.

How to use this guide

Depending on your needs, you may use this guide for different purposes:

- To find information or training tips on particular issues
- To improve training skills
- To use as a training tool

This guide contains a core training module on use of the Decision-Making Tool, designed for a one day training, and supplementary sessions in two key areas, family planning counselling and technical information. The core module and supplementary sessions are summarized on the next page. This guide also includes some tips and suggestions for trainers to conduct the training effectively. Read and use the suggestions according to your needs as a trainer/facilitator.

You must determine the priorities for training within your programme and adapt the course accordingly. The programme will need to be tailored to the training needs of the group, and you may need to add supplementary training materials.

This guide provides training agendas and detailed class plans to implement the three different modules according to training needs in different settings. You may wish to create your own participant's manual to assist the training process.

About training on the Decision-Making Tool

The Decision-Making Tool aims to improve family planning counselling skills using a structured counselling process. As it is not just an "information-giving" job aid, providers will need to be trained to use the tool effectively and to provide the client-centred standards of care that the tool promotes.

Training on the tool can be introduced as a separate training package, or may be integrated into an existing training programme on family planning. It may also be adapted for use in pre-service training.

The training sessions

1. Core module: How to use the Decision-Making Tool (1 day)	2. Supplementary sessions: Counselling Skills (11 sessions)	3. Supplementary sessions: Family Planning Technical Update and Integrating STIs/HIV (4 sessions)
This module is designed to introduce the Decision-Making Tool to experienced and skilled counsellors who have an updated knowledge of contraceptive technology. Training sessions cover an overview of the Decision-Making Tool and its use. It gives providers the opportunity to practice counselling sessions with different types of clients.	These sessions can be combined with the core module to introduce the Decision-Making Tool to those providers who need to strengthen their counselling skills. Training sessions cover an overview of the decision-making process and interpersonal communication skills to conduct effective counselling.	These sessions can be combined with the core module and counselling skills training to introduce the Decision-Making Tool to service providers who need a technical update on contraception. Training sessions give an update on all contraceptive methods using the Decision-Making Tool. Sessions on integrating STIs/HIV are also included.

Preparing for the training

Preparation of the training is critical in order to ensure that:

a) the course is tailored to the needs of the trainees

b) the course runs smoothly

c) the training is effective and meaningful

This section offers some tips for preparing a successful training course.

Step 1: Familiarize yourself with the modules
First, read through the training guide carefully to familiarize yourself with the session contents and the suggested instructional methodologies, facilitating questions, in-class written questions, role-plays and activities.

Step 2: Confirming the training group

This training package is designed to be used with groups of **up to 25 participants** at a time. The quality of the training may suffer if the group of participants is larger.

If the training is being designed as a training of trainers, it will be important that the participants (trainers) meet certain criteria to be effective trainers. They should be experienced trainers who will be applying the training within their own institutions or to others.

If the training is to be given to service providers, the selection criteria should include those who have direct contact with clients for consultation and counselling, so they can have the opportunity to apply their knowledge and skills.

Step 3: Gather background information

When preparing to conduct training sessions, it is a good idea to investigate the situation and needs of the participants. Some key questions to answer include:

- What training have they already received, either in counselling or contraceptive technology?
- What is their current knowledge and skills - both counselling skills and technical knowledge?
- What challenges do they face in their clinics when providing services?

It may also be useful to gather additional materials that could be used to support the training, for example, any guidelines and materials that providers are using currently.

Step 4: Develop a training plan

The training plan includes the organization of resources for the training as well as follow-up activities. Ideally, the training should fit into an existing national or programme training strategy. Some of the topics that may be addressed in such a plan include:

- What is the objective of the training?
- What human and financial resources exist for training and how can they be used?
- What type of activities can serve as a follow-up to the training, including supervision or intermittent refresher training?
- How will the training programme be monitored or evaluated?

Step 5: Finalize the training programme

Based on the training needs and the plan developed, a training agenda will need to prepared. This guide contains three modules lasting three days in total. Based on the needs of the group and the objectives of the training, the agenda may need to be adapted. Supplementary modules or exercises may need to be added. Annex 1 includes a list of possible resources for further training on various sexual and reproductive health topics.

Step 6: Finalize the logistics

When planning the administrative aspects and logistics for the training, there are several key issues you can expect to encounter, including:

Budget:	Is it adequate?
	Will the funds be available ahead of time?
Participants:	Have the desired qualifications and position or role of the participants been determined?
	Are they being invited or identified according to these qualifications?
	Are participants invited with sufficient lead-time for them to arrange their schedules to attend?
Venue:	Is the venue adequate in terms of size, ventilation and temperature, lighting, noise level, seating, etc.?
Materials:	Are there sufficient materials for the number of participants expected?
Facilitator(s):	Have the desired qualifications and role of the facilitator(s) been determined?
Other:	Will certificates of participation be given to trainees?

Training tips

There are various training methodologies used in this training guide. Experience with these methodologies has provided some key tips to improve their effectiveness, and these are summarized below.

For more in depth knowledge on training and training methodologies, you can also find further resources in Annex 1. IPPF's *Training Skills Reference Manual is* also included on the *Implementation Guide CD-ROM.*

Tips for making effective presentations

- Before starting, **announce the schedule for the session** so participants will know how long it will last.
- **Speak loudly** so that all participants can hear the presentation easily.
- **Lower the lighting** in the room while using an overhead projector or LDC, but leave enough light so that participants can read their own documents and write notes. Moderate lighting also helps keep participants from becoming sleepy.
- **Avoid moving around too much or making many gestures** while you are presenting because this can distract participants.
- **Speak slower** than normal conversation speed.
- **Offer frequent opportunities for participants to ask questions** or request clarification.
- **Look at participants' faces and posture** to detect problems such as lack of understanding or boredom.
- **Use icebreaking activities** to refocus the participants' attention during the session if necessary. (A list of icebreakers and warm-up exercises is included in Annex 2.)
- While using the facilitating questions or group exercise techniques, **encourage participants to openly share their opinions** and their understanding of the material they are learning.
- **Avoid interrupting or criticizing participants** who respond to a facilitating question or who are participating in a group exercise.
- **Allow a short silent pause after presenting** a new idea or after completing an exercise to help participants to think about the information they have just learned.

Tips for facilitating group discussions

- **Establish your role** as the facilitator or discussion leader at the beginning of the training, but avoid being seen as too distanced or as the "expert", because this can limit group discussion.
- **Remain free of personal or emotional involvement** in the discussion and maintain your neutrality throughout the session.
- **Create an environment where people can express their views** without fear of a negative response from others.
- Be ready to **listen** to participants without interrupting.
- Be prepared to **wait** for participants to start expressing their ideas.
- **Encourage** participants to express different points of view.

Tips for running a role-play exercise

- Briefly **outline the purpose** of the role-play exercise, emphasizing its importance for skills building.
- **Quickly identify role-play teams** composed of a provider, a client and an observer.
- Ask participants to **read the descriptions** for all three roles.
- **Briefly outline the steps and timing** of the role-play exercise.
- Discuss the type of feedback that will be given after the role-play and confirm that participants **agree in advance** to this type of feedback.

Tips for giving feedback

- **Make the feedback specific**. "I liked it" is not as helpful as "I liked the way you talked with the client during the IUD counselling."
- **Make positive statements** before you provide suggestions for improvement. Encouragement is a powerful force for change.
- **Be descriptive and give clear suggestions** rather than being judgmental. "It made me feel confused when you...." and "I think it would be easier to understand if you..." are better than "Your presentation was disorganized."
- **Focus on behaviour** that can be changed. "You interrupted the client frequently" rather than "You were impatient with the client."
- **Be tentative** rather than absolute. "You seem unconcerned about this problem" rather than "You don't care what happens."
- **Verify feedback**. In a group, you can check with the others for the accuracy of comments and whether an impression is shared.

Module 1. Core training module: How to use the Decision-Making Tool

Time: 6 hrs 55 minutes (1 day)

Overall training objective: Improve Family Planning counselling skills through the use of the *Decision-Making Tool for Family Planning Clients and Providers.*

Enabling objectives: by the end of the core module, participants will be able to:

- Describe the structure of the Decision-Making Tool
- Explain the approach promoted by the Decision-Making Tool
- Apply appropriate decision-making processes for different types of clients

Session no.	Content	Usual time required	Materials
1.1	**Welcome and introductions** Presentation: Objectives of the training	30 mins	Flipchart
1.2 **(1.2a)** **(1.2b)**	**Thinking about counselling** Individual exercise: Counselling skills self-assessment Facilitated discussion: What makes a good client? What makes a good provider?	45 mins	Self-assessment form Flipcharts Markers
1.3	**Introduction to the Decision-Making Tool** Presentations: Introduction to the Decision-Making Tool How to use the Decision-Making Tool Questions and Discussion	1 hr	LCD Projector PowerPoint presentation
1.4	**Getting to know the tool (Exercise)** Group exercise: Finding the answers in the tool Answers and Discussion	1 hr 15 mins	Exercise for groups Answers
1.5	**Demonstration of using the tool** Demonstration of use either using video or by facilitators to the group	25 mins	Projector/laptop or video player/TV Or table and chair
1.6a	**Practice with the tool** Role Play Exercise: Practice using the tool (Groups of 3: client, provider and observer)	1 hr 30 mins	Role play scenarios Observer checklist
1.6b	Demonstration of role plays Discussion	1 hr 30 mins	Table and chairs
	Total time	**6 hrs 55 mins**	

1. Core module: session outlines

Pre-course activities

To maximize use of time during the training, providers can be given the pre-course self-assessment (session 1.2, see below) to complete in advance.

They may also be given a copy of the Decision-making Tool in advance. They can be asked to read specific sections, for example the Introductory pages, the "Choosing Method" section, the "Dual Protection" section, and one contraceptive method section, to become more familiar with the content.

Session 1.1: Welcome and introductions (30 mins)

Objectives:
- To welcome participants
- To allow the group to get to know each other
- To review the agenda
- To present the training objectives for the day.

Advance preparation:
- Write the training objectives on a flipchart.

Steps:

1) Welcome (10 minutes)

- Formally open the training workshop.
- Explain the purpose of the training meeting.

2) Introductions (10 minutes)

- Introduce yourself, and have any additional facilitators introduce themselves.
- Ask each member of the group to introduce himself or herself. Depending on the number of participants, they can either give a brief introduction, or if more time allows, they can give a long statement (e.g. what they hope to gain from the training, or why they believe they were selected etc.). You can also use some of the icebreakers in Annex 2.

3) Present the training objectives and agenda (10 minutes)

- Using the slide or flipchart prepared, present the training objectives to the participants.
- Explain how the training relates to their work.
- Ask the participants if they have any questions about the agenda.

Session 1.2: Thinking about counselling (45 mins)

Objectives:

- To ask participants to reflect on their own counselling skills.
- To prompt participants to reflect on the characteristics of both clients and providers in counselling.

Advance preparation:

- If possible, distribute the self-assessment form ahead of time (see page 14).
- Prepare 2 flipcharts: on the first, write a heading “What makes a good client?” and on the second write the heading “What makes a good provider?”.

1.2a Steps:

1) Self-assessment exercise (30 minutes)

- Ask clients to fill in the counselling self-assessment form (see page 14).
- Explain that the form is confidential and will not be shared with anybody. Tell them that the information is only for themselves and to help them reflect on the way they interact with their clients.

1.2b Steps:

1) Brainstorming in pairs: “What makes a good client? What makes a good provider?” (15 minutes)

- Ask the participants to discuss with their neighbour the characteristics that they hope for in their clients, and the characteristics that providers should have as good counsellors.
- Once they have had a few minutes to put some ideas down, ask pairs or individuals to raise their hand if they have suggestions. You can either ask the participant to come and write the idea on the flipchart, or you can write their suggestions yourself.
- Discuss the answers with the group. Group those that repeat or are related to each other. Point out characteristics that they may have missed (see box 1).
- Key points to discuss include:
    - Counselling is a two-way process
    - Counselling is an interaction between two individuals, each of whom has an important role to play.
    - Important issues relate to the physical environment (e.g. privacy) and to the client/provider relationship (e.g. confidentiality, time and attention given for counselling, punctuality).

Box 1: Some suggestions for 1.2b

What makes a good client?	**What makes a good provider?**
Expresses their opinion. Expresses their needs. Asks questions. Makes a choice. Listens carefully. Tells about their situation openly. Tells the truth. Is assertive. Is on time. Returns to the clinic for follow-up. Expresses emotions. Takes responsibility for her or his own role. Is friendly.	Finds out what the client wants and sees that it is dealt with. Listens to the client. Asks if the client has questions. Looks at the client (eye contact). Tells the correct information. Explains information in ways the client can understand. Checks if the client understands. Does not judge the client. Expresses empathy. Keeps confidentiality. Is approachable. Laughs. Is on time. Helps client to make decisions.

Session 1.3: Introduction to the Decision-Making Tool (1 hr)

Objectives:

- To give a brief background to the tool.
- To describe the structure of the tool.
- To explain how the tool is used with clients.

Advance preparation:

- Prepare presentation. WHO has prepared two presentations to introduce the Decision-Making Tool (available on the *Implementation Guide CD-ROM)*. The first gives an overview of the tool and explains why and how it was developed. The second explains how to use the tool. Both contain speaker notes.
- It may be necessary to adapt these presentations to the audience, and also to give information on how the tool has been introduced in the country.
- If any adaptations have been made to the tool, the presentation may also need to be updated.

Steps:

1) Presentation (45 minutes)

- Give presentation.
- Make sure you have a copy of the Decision-Making Tool. Hold the tool up when you are explaining how to use it, so that the group can see which page you are referring to.
- Go slowly: Let the group find the page that you are describing so they can follow in their copy.
- You may choose to make the presentation more interactive, by asking the group questions before showing the answers.

2) Allow for questions and discussion (15 minutes)

Session 1.4: Getting to know the tool (Exercise) (1 hr 15 mins)

Objectives:

- To allow participants to become more familiar with the tool.

Advance preparation:

- The exercise is included in this guide on page 16.
- If the tool has been adapted, for example if method sections have been removed, then the exercise may also need to be adapted.
- The answers are on page 19.

Steps:

1) Divide the participants into small groups (5 minutes)

- Divide the participants into groups of 3 or 4.
- It is best to split up participants who come from the same clinic or area, to allow people to get to know each other more.

2) Group work (45 minutes)

- Visit the groups to answer questions or offer help.

3) Go through the answers and discuss (25 minutes)

- If the group has not completed the questionnaire, it may be necessary to postpone this until after lunch, so they have time to finish.
- You can ask each small group to give an answer. Correct any wrong answers.
- Explain any misperceptions or problems that may arise.
- You may offer the best performing group a prize.

Session 1.5: Demonstration of using the tool (25 mins)

Objectives:
- To demonstrate how the tool can be used in a clinical interaction.

Advance preparation:
- A demonstration video is available on the *Implementation CD-ROM.* If you have access to this video, you will need to set up a projector and laptop to play the video.
- If you do not have access to this video, you should prepare a demonstration role-play in advance with a co-facilitator. For some ideas, see the role-plays on page 22.
- It is important to demonstrate the "choosing method" and "dual protection" sections, and also a "method section".

Steps:

1) Play video / Perform demonstration role-play (15 minutes)

2) Questions and discussion (10 minutes)

Session 1.6: Practice with the tool (3 hrs)

Objectives:
- To practice using the tool with different types of clients.

Advance preparation:
- The role-play scenarios are shown on page 21. If the tool has been adapted (e.g. method sections removed), then some of the role-plays may need adapting.

Steps:

1) Divide the participants into groups of three (5 minutes)
- Give the groups the role-play scenarios.
- Explain that they must take turns practicing being the provider, the client and an observer.
- Explain the observer guide (page 24) and how they can use it to evaluate the "performance" of the provider.

2) Role-play practice (1hr 25)
- Ask participants to use the scenarios to practice the role-plays.
- Tell them that they will be asked to present one demonstration per group later in the afternoon.
- Each participant should have at least 2 turns to be the provider.
- Ask the observers to give feedback after each turn.

- Circle the groups and give them feedback on their performance. Do further demonstrations if necessary.

3) Demonstration of role-plays (1hr 30)

- Ask each small group to demonstrate one role-play to the larger group.
- Once the provider and client have demonstrated, ask the observer to give her or his feedback.
- Then ask the larger group to comment on the performance.
- Give encouragement and support. Point out where the provider could improve.
- Check for any problems or misunderstandings. There may be technical questions raised during the role-plays that you should be prepared to respond to, since some of the technical content may be new to the providers.

Materials for Core Module 1 **start on the next page**

MODULE 1, SESSION 1.2
Counselling Self-Assessment Tool

Assess your own counselling and communication skills:

Provider Behaviours		I could do better	I do okay	I do very well
Listening skills				
1.	Find out reason for client visit			
2.	Maintain eye contact with the client			
3.	Concentrate fully on what the client is saying			
4.	Wait for the client to answer one question before asking another question			
5.	Let the client know you are listening by repeating what she/he said or nodding encouragement			
Being responsive to the client				
1.	Respond to the client's questions and statements			
2.	Give full attention to client's fears and anxieties			
3.	Respect the client's opinions			
4.	Reassure the client about safety of contraceptives			
5.	If client brings up a misconception, respond with accurate information			
Expressing positive emotions				
1.	Ask client about her/his feelings			
2.	Use an interested and friendly tone of voice			
3.	Respond to the client with positive words (not criticism or judgment)			
4.	Say something personal to the client (for example, how well or attractive they or baby look)			
Getting/drawing out information				
1.	Ask client if she/he has a method in mind			
2.	Ask client her/his feeling about or experience with a method			
3.	Ask client to tell you if she/he doesn't understand something			
4.	Ask open-ended questions (beginning with "how" or "what", for example "How would you feel about changing methods?" instead of "Do you want to change methods?")			
5.	Check whether the client understands and remembers technical information			
Verifying the client's decision				
1.	Ask reasons for the client's decision to adopt, continue using, or switch to a certain method			

Provider Behaviours		I could do better	I do okay	I do very well
2.	Make sure the client understands consequences of decision to use or switch methods			
3.	Describe an alternate method or course of action that the client could choose			
4.	Check whether the client is happy with her/his initial decision on method use			
Giving information				
1.	Use chart, model or method sample to help explain method			
2.	Explain technical concepts in words that the client could understand			
3.	Explain how technical information is related to the client's personal situation			
4.	Discuss dual protection with the client (protection from pregnancy *and* STIs/HIV)			
Encouraging client participation				
1.	Invite the client to speak freely and ask questions during consultation			
2.	Ask the client to tell you more about an issue that she/he brought up			
3.	Tell the client that she/he asked a good question			
4.	Encourage client to return if she/he has any questions, problems or concerns			
5.	Encourage the client to be open about sexual partners and/or sexual problems.			
Total Score				

Question:
What areas are you particularly strong in, and what areas would you like to improve?

MODULE 1, SESSION 1.4
Finding the answers in the tool

Work in small groups to find these answers. Please write down the page number(s) and tab where you found the answer.

1. When introducing the Decision-Making Tool, what can you tell your client about how the tool can help her/him?

_____

_____

2. What types of client with special family planning needs does the tool help you serve?

_____

_____

_____

_____

_____

_____

3. Which of the following are given as options for dual protection against pregnancy and STIs/HIV/AIDS?

- ☐ Use condoms and another family planning method together
- ☐ Delay having sex
- ☐ No condoms used but fewer sexual partners
- ☐ Use an effective family planning method
- ☐ Use condoms alone

4. a) A client would like to have an IUD inserted today. Which appendix could you use to help determine if she could be pregnant?

_____

b) Which of the following statements help rule out pregnancy for this situation?

- ☐ I gave birth two weeks ago.
- ☐ I gave birth four months ago but my periods returned last month.
- ☐ I have been taking injectables and have never been late for an injection.
- ☐ My period was on time last month.

5. List three situations which may increase risk for STIs/HIV/AIDS:

_____

_____

_____

6. What advice can you give a client who has forgotten to take her Pills:

a. For one day?

_____

b. For three days or more in a row?

_____

7. A client is trying to decide between using the IUD or the long-acting injectable. She would like to use a highly effective method.

a) Which appendix would you use to help you?
_____

b) What would you advise her about the effectiveness of these two methods?

_____

_____

8. A woman who is breastfeeding cannot use implants.

True _____ False _____

9. Until which day in the menstrual cycle can a woman start the following methods without using an additional method of protection?

Long-acting injectable: _____

IUD: _____

10. One of your clients returns to the family planning clinic. She is unhappy with her current method (the Pill) and wants to change to a different method. What is the **order of tabbed sections** that you might use to help her?

1. _____

2._____

3._____

4. _____

5._____

And possibly you could use _____

MODULE 1, SESSION 1.4
Finding the answers in the tool: ANWERS FOR FACILITATOR

1. When introducing the Decision-Making Tool, what can you tell your client about how the tool can help her/him?

The tool can help the client to choose and use a method; to solve any problems; and to get accurate information (page DM 1)

2. What types of client with special family planning needs does the tool help you serve?

Younger client
Older client
Pregnant / Post-partum client
Post-abortion client
Client living with HIV
Client who wants to get pregnant (Pages SN1 to SN7)

3. Which of the following are given as options for dual protection against pregnancy and STIs/HIV/AIDS?

- ✓ Use condoms and another family planning method together
- ✓ Delay having sex
- ☐ No condoms used but fewer sexual partners **(Fewer sexual partners reduces risk, but is not an option on its own)**
- ☐ Use an effective family planning method **(Must use an effective method, but ALSO be sure to have an uninfected partner)**
- ✓ Use condoms alone

Page DM 6 (Dual protection section)

4. a) A client would like to have an IUD inserted today. Which appendix could you use to help determine if she could be pregnant?

Appendix 1 (Questions to rule out pregnancy)

b) Which of the following statements help rule out pregnancy for this situation?

- ✓ I gave birth two weeks ago.
- ☐ I gave birth four months ago but my periods returned last month. (**breastfeeding women must be amenorrhoeic)**
- ✓ I have been taking injectables and have never been late for an injection. **(using reliable method correctly)**
- ☐ My period was on time last month. **(period must be within last 7 days)**

5. List three situations which may increase risk for STIs/HIV/AIDS:

Possibilities:

- **Sex with more than one partner without always using condoms.**
- **Sex with a partner who may have sex with others.**
- **Sex for money, food, or other payment.**
- **Sex with a new partner who does not always use condoms.**
- **Having a husband who travels for work and returns now and then.**

- **Living in an area where HIV and other STIs are widespread.**
- **Adolescents may be at higher risk.**

(Page DM 7)

6. What advice can you give a client who has forgotten to take her Pills:

a. For one day?
1. Take a pill as soon as you remember.
2. Take the next pill at the usual time.
3. Continue taking pills as usual, one each day.

b. For three days or more in a row?
Follow the same instructions, and ALSO:
a) Use condoms or avoid sex for the next 7 days.
b) Skip the pill-free week.
(Pill section page P5.)

7. A client is trying to decide between using the IUD or the long-acting injectable. She would like to use a highly effective method.

a) Which appendix would you use to help you?
Appendix 3 (Comparing effectiveness).

b) What would you advise her about the effectiveness of these two methods?

The long-acting injectable and the IUD are both very effective methods of family planning. The IUD is more effective than the injectable, since it is effective even for typical users and doesn't depend on an action of the user. The injectable is only very effective if you return for injections on time, so for typical users it can be less effective.

8. A woman who is breastfeeding cannot use implants.

True _____ False __✓ _**(after 6 weeks)**
(Implants section Page IM2 or Appendix 7 "Starting a method")

9. Until which day in the menstrual cycle can a woman start the following methods without using an additional method of protection?

Long-acting injectable: __**7 days**_____
IUD: _**12 days**_____

(Appendix 7 "Starting a method", or Long-acting injectable section page LI4 and IUD section page IUD 5)

10. One of your clients returns to the family planning clinic. She is unhappy with her current method (the Pill) and wants to change to a different method. What is the **order of tabbed sections** that you might use to help her?

1. **Welcome**
2. **Returning Client**
3. **Dual Protection**
4. **Choosing Method**
5. **Method section**

And possibly you could use _**Appendices**

MODULE 1, SESSION 1.6
Role Play Exercise

In groups of 3, choose scenarios from the list on the next page to practice family planning counselling using the Decision-Making Tool.

1 person to be the provider
1 person to be the client
1 person to be an observer (to make notes on how both the provider and client behave)

Each member of the group should have a turn to be the provider.

After each scenario, discuss the role-play:

- First, ask the “provider” to discuss how they felt the role play went, what went well, what they would do differently.
- Second, ask the “client” to discuss how it went and how they felt as the client, what went well and any suggestions for the provider.
- Third, ask the “observer” to discuss what they observed about the role-play, what they thought went well, what could have been done differently.

Scenario 1: A returning client with problems

A client who has been using the long-acting injectable for 3 months comes back to the clinic. She is complaining of bleeding between her periods but would like to keep using the injectable.

Scenario 2: The younger client

An adolescent comes into the clinic looking to get family planning counselling. She has never been to a clinic before and is very nervous. She would like some information on different methods, and she also knows little about how her body works (the menstrual cycle etc.).

Scenario 3: A new client with a method in mind

A woman comes into the clinic wanting to use the IUD. She has a boyfriend but has had other sex partners over the last year.

Scenario 4: Couple wanting sterilization

A couple comes into the clinic wanting counselling on sterilization. She has 1 child and has had 2 abortions. They have not decided who should be sterilized and want to make a decision.

Scenario 5: Switching method

A woman comes into the clinic who has been using the pill. She would like to switch to the IUD because she wants an effective method but doesn't want to have to take a pill each day. She is married with 2 children and doesn't want any more children.

Scenario 6: Information on STIs and HIV

A woman comes into the clinic worried that she may have an infection. She does not understand what an STI is, and does not know about HIV.

Scenario 7: HIV positive client

An HIV positive client comes into the clinic looking to find a method of contraception. She is not married but has a boyfriend.

Scenario 8: Postpartum client

A woman is receiving family planning counselling in the hospital soon after childbirth. She used to take the pill before becoming pregnant accidentally, and would like to start using the pill again.

Scenario 9: Older client

A woman of 45 years has returned to the clinic to have her IUD removed, which she has been using for the past 10 years. She does not feel that she needs to use contraception any more.

Scenario 10: Male client

A man comes into the clinic as he has heard about vasectomy and would like some advice on this method of contraception.

Role Play Observer Checklist

A. Give the provider a mark out of 3 for the following performance indicators
1 = not done/not done well 2 = done, but needs improvement 3 = done well
N/A = Not applicable

Provider performance	**Score** (please circle) 1=not done/not done well 2=done, but needs improvement 3=done well N/A=Not applicable			
1) When initiating counselling, the provider:				
a) welcomes the client with warmth and respect.	**1**	**2**	**3**	**N/A**
b) invites the client to speak freely and ask questions during the interaction.	**1**	**2**	**3**	**N/A**
c) asks and discovers reason for the client's visit.	**1**	**2**	**3**	**N/A**
d) when necessary, refers to the “Special needs” pages.	**1**	**2**	**3**	**N/A**
2) For RETURNING CLIENTS, the provider:				
a) asks if the client is satisfied using her/his method.	**1**	**2**	**3**	**N/A**
b) asks if the client is having any problems using the method, including unhappiness with or concerns about side-effects, and any fears.	**1**	**2**	**3**	**N/A**
c) checks if the client's needs or health condition have changed.	**1**	**2**	**3**	**N/A**
d) checks the client’s dual protection needs.	**1**	**2**	**3**	**N/A**
3) For NEW CLIENTS, or returning clients switching to a new method, the provider:				
a) asks the client if she/he has a method in mind.	**1**	**2**	**3**	**N/A**
b) discusses potential methods in light of the client's needs and situation.	**1**	**2**	**3**	**N/A**
c) draws out the client's feelings (positive or negative) about using a method, such as misconceptions, concerns, and fears about potential side-effects.	**1**	**2**	**3**	**N/A**
d) invites the client to choose a method.	**1**	**2**	**3**	**N/A**
e) discusses dual protection choices with the client.	**1**	**2**	**3**	**N/A**
4) When discussing a method, the provider:				
a) discusses key attributes of chosen method.	**1**	**2**	**3**	**N/A**

Provider performance	**Score** (please circle) 1=not done/not done well 2=done, but needs improvement 3=done well N/A=Not applicable			
b) checks whether the client is medically eligible to use the method.	**1**	**2**	**3**	**N/A**
c) discusses possible side-effects.	**1**	**2**	**3**	**N/A**
d) explains clearly how to use the method, including what to expect, when to return etc.	**1**	**2**	**3**	**N/A**
e) decides with the client when to start the method.	**1**	**2**	**3**	**N/A**
f) tells the client what they need to remember when using the method, including informing her/him of warning signs.	**1**	**2**	**3**	**N/A**
g) checks that the client is confident in using the method.	**1**	**2**	**3**	**N/A**
h) offers condoms to the client to use for dual protection and/or back-up.	**1**	**2**	**3**	**N/A**
4) Throughout the interaction (for all types of clients), the provider:				
a) maintains good eye contact with the client.	**1**	**2**	**3**	**N/A**
b) responds to all the client's questions and statements.	**1**	**2**	**3**	**N/A**
c) checks that the client understands the information.	**1**	**2**	**3**	**N/A**
d) encourages the client to return if she/he has any problems, questions or concerns.	**1**	**2**	**3**	**N/A**
e) explains technical concepts in words that the client can understand.	**1**	**2**	**3**	**N/A**
f) encourages the client to make the decision(s).	**1**	**2**	**3**	**N/A**
g) when needed, asks the client to look at or points out something on the client pages.	**1**	**2**	**3**	**N/A**
h) when needed, uses a counselling aid in the appendix to help explain method.	**1**	**2**	**3**	**N/A**
i) seems comfortable using the flipchart	**1**	**2**	**3**	**N/A**
j) uses the flipchart throughout the consultation.	**1**	**2**	**3**	**N/A**

Module 2. Supplementary sessions: counselling skills in sexual and reproductive health/family planning to support use of the Decision-Making Tool

Total session time: 6 hrs

Overall training objective:
To strengthen the counselling and communication skills of service providers to support use of the *Decision-Making Tool for Family Planning Clients and Providers*.

Enabling objectives: By the end of these sessions, participants will be able to:

- Explain the importance of the integration of communication skills and counselling into sexual and reproductive health services.
- Describe the knowledge, skills and attitudes of effective counsellors.
- Explain the decision-making process.
- Apply interpersonal communication skills during counselling process.
- Discuss how to deal with sensitive issues in sexual and reproductive health.

Session no.	Content	Usual time required	Materials
2.1	**Why do sexual and reproductive health providers need good counselling skills?** Video presentation Small group discussion Facilitated plenary discussion	1 hr	LCD Projector and laptop Film Flipchart
2.2	**Knowledge, skills and attitudes of effective counsellors** Small group work. Facilitated plenary discussion	30 mins	3 Flipcharts
2.3	**Interpersonal communication skills:** Introductory presentation	15 mins	PowerPoint presentation LCD Projector and laptop
2.4	**Interpersonal communication skills: Tone of voice** Exercise in plenary	20 mins	Prepared phrases
2.5	**Interpersonal communication: Active listening** Exercise in pairs	30 mins	Prepared instructions Flipchart
2.6	**Interpersonal communication skills: Communicating a message – The telephone line** Exercise in plenary	20 mins	Prepared phrase
2.7	**Interpersonal communication skills: Using simple language** Exercise in pairs	20 mins	Prepared flipcharts
2.8	**Interpersonal communication skills: Positive reinforcement** Facilitated plenary discussion	20 mins	Flipcharts
2.9	**Interpersonal communication skills: Asking open-ended questions** Exercise in pairs	40 mins	Exercise sheets
	Decision-making process Group brainstorm Small group exercise Facilitated plenary discussion	45 mins	Prepared flipchart pages for brainstorm and for small group work
2.11	**Beliefs, values and attitudes** Part 1: Interactive plenary exercise Part 2: Case studies exercise in small groups	1 hr	Prepared papers Case studies
	Total time:	**6 hrs**	

Module 2 Session Outline

Session 2.1: Why do sexual and reproductive health providers need good counselling skills? (1 hr)

Objectives:

- To understand why counselling is important and how it affects the provision of services.

Advance preparation:

- This session involves playing a video demonstrating counseling skills and follow-up discussion. The video is available on the *Implementation CD-ROM* (entitled "Video on Counselling Skills").
- Ensure the video works beforehand. If you do not have a copy of the video, the facilitators will need to prepare two role-plays of bad and good counselling.

Steps:

1) Show the video (20 minutes)

- If no video is available, you and a co-trainer can demonstrate two role-plays of counselling: one showing “bad counselling”, and one showing “good counselling”. You can use the tool when showing the “good counselling”.
- Ask the participants to observe:
    - Areas for improvement of provider skills
    - Consequences of poor counselling on clients
    - Ideal counselling skills the provider should have
    - How to improve counselling skills

2) Divide the participants into small groups for discussion (20 mins)

- In groups of 3 to 4, ask the participants to reflect on the video, and discuss:
    - A situation in their life when the received bad counselling and how they felt and/or reacted (it doesn’t have to be family planning counselling).
    - A situation in their life when they received good counselling and how they felt/reacted.
    - The outcomes/results of bad counselling.
    - The outcomes/results of good counselling.
- If the module is being integrated with Core Module 1, you can combine this session with Session 1.2, and ask participants to list the positive behaviours they hope for in a client, and the positive behaviours that good providers should have (see page 9).

3) Feedback and discussion in plenary (20 mins)

- Ask the groups to report back on their findings.
- Discuss and reflect.

Session 2.2: Knowledge, skills and attitudes of effective counselors (30 mins)

Objectives:
- To describe the knowledge, skills and attitudes of effective counsellors

Advance preparation:
- Make 3 flipcharts available.

Steps:
1) Divide the participants into 3 groups
3 groups:
1. KNOWLEDGE of effective counsellors
2. SKILLS of effective counselors
3. ATTIDUDES of effective counsellors.

2) Group work (15 minutes)
- Ask each group to list on a flipchart the key qualities for their component.

3) Report back in plenary and discussion (15 mins)
- Ask each group to report back.
- Discuss the profile of an ideal counsellor, and emphasize how counsellors must have up-to-date knowledge, both technical and communication skills, and appropriate attitudes.

Session 2.3: Interpersonal communication skills: Introductory presentation (15 mins)

Objectives:
- To give an overview of interpersonal communication and how it affects family planning counselling.

Advance preparation:
- Review the prepared presentation on Interpersonal Communication Skills (available on CD-ROM), and see if you want to add or delete any information.

Steps:
1) Give the presentation (10 minutes)
2) Questions (5 minutes)
Ask for questions, but not too many, since many of the issues will be covered in subsequent exercises.

Session 2.4: Interpersonal communication skills: Tone of voice (20 mins)

Objectives:

- To understand how non-verbal communication (tone of voice) can influence counselling.

Advance preparation:

- Prepare small pieces of paper with the following words on them (one on each piece of paper):

Aggressive	Bored
Sad	Interested
Happy	Friendly
Indifferent	Business-like
Angry	Tired
Excited	Impatient
Judgmental	Empathetic

  There should be enough pieces of paper for each participant. If there are more participants in the group, create more adverbs/adjectives.

Steps:

1) Form a circle (5 mins)

- Bring all the participants into an open space in the room.
- Distribute the pieces of paper with the words on them (but ask them to keep them secret).

2) Play the game (10 mins)

- Start by asking one member of the group to go to the centre of the circle and ask them to say, “Give me the oranges!” in the tone of voice reflecting the feeling of her/his piece of paper.
- Ask each member to take turns to go to the centre and say it.

3) Reflection (5 mins)

- Ask the participants to reflect on the meaning of the game, i.e. how communication is not just about the meaning of the words, but also about the way the words are said.
- Ask the group:
  - What tone of voice should a family planning counsellor use?
  - How can the tone of voice enhance or interfere in the counselling process?

Session 2.5: Interpersonal communication skills: Active listening (30 mins)

Objectives:

- To understand how non-verbal communication (active listening) can influence counselling.

Advance preparation:

- Prepare pieces of paper with the following 2 phrases on them:

  "Don't show any interest in what this person is telling you."

  OR

  "Show A LOT of interest in what this person is telling you."

  The number of pieces of paper with each phrase should be about a quarter of the total group size, i.e. in a group of 24, prepare 6 sheets with the first sentence, and 6 sheets with the second.

Steps:

1) Divide the participants into pairs, A and B. (5 mins)

2) Assign roles and do the exercise (10 mins)

- Give all the A's a piece of paper (randomly assign the two different roles/instructions). Ask them not to show the B's. Ask them to listen to the B's in the manner shown on the piece of paper.
- Ask the B's to talk to the A's for 3 minutes. They can choose a topic themselves, for example "Why I became a family planning provider", "Why I came to this training", "What is my preferred family planning method and why," etc.
- After 3 minutes, stop the B's from talking any further.

3) Reflection (15 mins)

- Ask the B's to describe how they felt talking to the A's. Ask them if they felt comfortable. Ask them why?
- Ask the A's to describe how they felt listening to the B's. Ask them if they felt comfortable. Ask them why?
- Ask the group to think about the non-verbal communication behaviours involved in active listening skills.
- Ask the group to brainstorm on the communication actions that reflect no interest, and the actions that reflect interest. Write the answers on a flipchart.
- Examples of no interest include:
    - No eye contact.
    - Looking at a watch.
    - Reading papers on the desk.
    - Yawning.
    - Fidgeting.

- Examples of interest include:
    - Maintaining eye contact.
    - Nodding the head.
    - Smiling.
    - Leaning forward.
    - Frowning.
    - Expressing surprise by moving eyebrows.

Session 2.6: Interpersonal communication skills: Communicating a message – The telephone line (20 mins)

Objectives:
- To understand how the content of a message, and the way it is explained, can influence the client's understanding.
- To understand that messages get altered as they are given from person to person over time.

Advance preparation:
- Prepare a piece of paper with a complex medical message typed/written clearly on it. You can choose any kind of complex message that is adapted to your national context. An example is shown at the end of this module on page 40.
- Photocopy the text so you have the explanation twice.

Steps:
1) Divide the participants into 2 groups.

2) Ask the groups to form 2 parallel lines (5 mins)
- Ask everybody to stand up, and bring the 2 groups to an open area of the training room.
- Ask each group to form a line, so that you have 2 lines next to each other, with some space in between.

3) Play the game (10 mins)
- Give the first person in each line the piece of paper with the medical message. Give each line the same message, but don't tell them that the messages are the same.
- Ask the first person to read the explanation to the next person in the line. They should WHISPER the text so others cannot hear it.
- The 2nd person in line must remember what the first person said, and then whisper the message to the next person.
- Ask each person in line to repeat this until they get to the last person.
- When both lines have finished, ask the last person in each line to tell the group the message that they have heard.
- Then, ask one of the 1st messengers to read the original text to the rest of the group.

4) Reflection (5 mins)

- Ask the group how they felt about the game.
- You can record their ideas about verbal communication on a flipchart.
- Emphasize the importance of clear communication and of checking that the receiver of information understands the message.

Session 2.7: Interpersonal communication skills: Using simple language (20 mins)

Objectives:

- To learn how to explain complex medical terms.

Advance preparation:

- Write the following two sets of words on 2 pages of a flipchart (keep them hidden until later):

Set 1:	***Set 2***
Menstruation	Ovulation
Sexually transmitted infection	Vaginal discharge
IUD	HIV/AIDS
Amenorrhoea	Emergency contraception
Sexual intercourse	Oral sex

Steps:

1) Divide the participants into pairs

- Ask one to play the role of the provider, and the other one the client.

2) Show the first set of words (5 mins)

- Ask the providers to explain each of the words in set 1 in simple language to their client.
- Give them 5 minutes to explain them.

3) Swap roles and show the second set (5 mins)

- Ask the clients and providers to swap roles.
- Ask the new providers to explain the words in set 2.

4) Discussion (10 mins)

- Ask the group:
    - What did you learn?
    - Which terms were most difficult to explain? Why?
    - Which terms were easiest to explain? Why?
    - Did you have enough time? How could you explain these terms in less time?
    - How can you apply what you have learned in your work?

Session 2.8: Interpersonal communication skills: Positive reinforcement (20 mins)

Objectives:

- To understand how clients need positive reinforcement during counselling.
- To learn ways to offer positive reinforcement.

Advance preparation:

- None required.

Steps:

1) Conduct a brainstorming exercise and discussion (20 mins)

- Discuss with the whole group (in plenary) issues around positive reinforcement.
- Use the following questions to guide you. Record the group's answers on a flipchart:
  a. What is positive reinforcement? Examples include:
     - Praising a woman when she returns for IUD follow-up.
     - Assuring a woman who forgot her pills that there is some action she can take.
     - Reassuring a woman who is experiencing side-effects with a method that she can do something about them (i.e. switching methods, taking treatments, etc.)

  b. Why is it important to provide positive reinforcement to clients? Answers include:
     - To build trust.
     - To empower the user of the method.
     - To allow them to express their fears, concerns, anxieties and other feelings.
     - To build a feeling of self-efficacy.

  c. When to provide positive reinforcement? Answer: As much as possible! Specifically:
     - When a client comes for follow-up.
     - When a clients asks questions.
     - When a client expresses concerns.
     - At the first visit to the clinic.

  d. How to provide positive reinforcement? Answers include:
     - As a response to what the client is saying or asking.
     - Related to the client's need for information.
     - Reactive.
     - Natural, not artificial.

Session 2.9: Interpersonal communication skills: Asking open-ended questions (40 mins)

Objectives:
- To know the difference between closed-ended and open-ended questions.
- To understand the importance of asking open-ended questions to clients.
- To know how to ask open-ended questions.

Advance preparation:
- Photocopy the exercise that is in the materials section of this module on page 41.

Steps:

1) Explain about open- and closed-ended questions (5 mins)
- Read the following definitions to the group:
  A *closed-ended* question can only be answered by "yes" or "no", or just a few words. They can be used to get information from clients, for example, "Do you smoke?" or "Are you using a family planning method now?". They are not appropriate for asking clients about feelings.

  An *open-ended* question allows the client to tell you about how they feel, what they think, or what they believe. They allow the client to express freely to the provider. For example, rather than asking "Have you heard of the pill?", you can ask instead "What have you heard about the pill?"

2) Divide the participants into pairs

3) Conduct the exercise (15 minutes)
- Give each group a copy of the exercise.
- Explain that in part 1, the groups must decide if the questions listed are open- or closed-ended questions. In part 2, they must take all the closed-ended questions that they have identified and transform them into open-ended questions.

4) Discussion (5 minutes)
- Ask the group how they felt about the exercise. Check their understanding.

5) Practice (10 minutes)
- In the same pairs, ask them to conduct a short role-play. If they have already been introduced to the *Decision-Making Tool,* they can do the role-plays using the tool.
- Ask one person to be the provider and one the client.
- Explain the following role-play scenario:
  A woman comes into the clinic. She has been using the pill, but keeps forgetting to take her pill. She would like to switch to injectables.
- Ask the providers to use as many open-ended questions as possible during the role-play.
- Stop the role-plays after about 5 minutes.

5) Discussion (5 minutes)

- Ask for comments from the "clients" about how the "provider" performed. Ask what kind of questions they had been asked.
- Ask the "providers" how they felt doing the exercise.

Session 2.10: The decision-making process (45 mins)

Objectives:

- To understand factors that affect decision-making.
- To understand the steps involved in decision-making for different clients and how to help clients with those steps.

Advance preparation:

For part 1:

- Prepare 3 flipchart pages with the headings "Individual factors", "Social and cultural factors" and "Service delivery factors."

For part 2:

- Prepare 4 flipchart pages, 2 with the heading "Client with a method in mind" and 2 with the heading "Client with no method in mind".

PART 1

Steps:

1) Factors affecting decision-making (15 mins)

- In the large group, ask the participants to brainstorm factors that affect a client's decision about what method to use for each of the following areas: "Individual factors", "Social and cultural factors" and "Service delivery factors".
- Record their responses on the flipchart pages.

Possible responses:

Individual factors	**Social and cultural factors**	**Service delivery factors**
• Economic and social status • Age, parity, health status • Reproductive goals • Autonomy (social, economic, decision-making) • Status and nature of the client's relationship with a partner • Prior method experience • Method attributes (what client perceives as advantages and disadvantages) • Personal attitudes, religious and other beliefs, perceptions, preferences	• Social, cultural, and gender norms (for example, if the cultural norm dictates that sterilization is wrong) • Local laws and policies • Beliefs of family, friends, field workers and influential community members • Reputation of the clinic in the community • Access to information • Local rumours, myths or misinformation	• Access to services and method options available • Provider communication skills • Provider attitudes and biases • Targets, quotas, incentives for the provider • Quality of service environment and staff

- Discuss in plenary.
  Key points for discussion:
    - How might these factors affect decision-making?
    - Would any of these factors be barriers to the client using the most appropriate method?
    - How can a service provider help to overcome any barriers?

PART 2
Steps:
1) Decision-making processes (30 mins)

- Divide participants into 4 groups: give 2 groups a flipchart entitled “Client with a method in mind” and the other 2 groups a flipchart entitled “Client with no method in mind.”
- Using the Decision-Making Tool’s “Choosing method” section, ask participants to list the decision-making steps for their type of client. The steps are listed below, in case they need help.
- Then, for each decision-making step, ask participants to list a few questions (open-ended) that they could ask a client to help them with decision-making.
- Ask one of the groups with “Client with a method in mind” to present their work. Ask the other group working on “Client with a method in mind” if they have anything to add.
- Next, ask one of the groups with “Client with no method in mind” to present their work. Ask the other group working on “Client with no method in mind” if they have any thing to add.
- Discuss in plenary. Key points for discussion:
    - How is the decision-making process different for the two types of clients?
    - Is this process different from how you would normally counsel clients?

Decision-making steps in the Decision-Making Tool

Client with a method in mind

1. Check if client understands method.
2. Ask questions to see if method suits client.
3. Check if client would like to know about other methods.
4. Check the client’s need for dual protection.

Client with no method in mind

1. Help client think about her/his situation and life and what seems most important about a method.
2. Help client compare methods and narrow down choices.
3. Check the client’s need for dual protection.

Session 2.11: Beliefs, values and attitudes (1 hour)

Objectives:

- To understand how one's own beliefs, values and attitudes can affect interactions with clients, both positively and negatively.
- To be aware of one's own beliefs, values and attitudes in order to avoid imposing them on clients or having them become barriers to communication.

Advance preparation:

For part 1:

- Prepare a set of 10 belief statements to read out. The course materials on page 43 give 15 examples you could use. You can select 10 of these, and/or choose some other beliefs or attitudes that are common in your country or community.
- Prepare 2 large pieces of paper with the following words on them: AGREE and DISAGREE. Stick them to the wall in an open space, where people can walk around freely, with AGREE and DISAGREE at opposite ends of the room.

For part 2:

- Prepare in advance some situations that a provider could face at a clinic. You can use the examples from page 44, or adapt these as needed.

PART 1:

Steps:

1) Bring the group to the middle (5 mins)

- Bring all the participants into the open space in the room, in between the AGREE and DISAGREE posters.
- Explain that you will read some statements to them, and will ask them to judge the statement with their own beliefs, values and attitudes. Ask them to wander around. Explain that there are no "right answers".

2) Read the statements (10 mins)

- Read each statement, one at a time.
- Ask the participants to move to the end of the room that they feel most comfortable with.
- No discussions about the statement or choice are allowed. They should ignore what other people are doing. They must decide based on their own beliefs.

3) Discussion (15 mins)

- After reading all the statements, ask the group to return to their seats.
- Ask the group:
    - How did you feel about the exercise?
    - Was it easy or difficult to decide which side to go to?
    - Were you surprised about the decision of some of your colleagues?
    - Which statements had the most different beliefs? Why was that?
    - What happens when providers and clients hold differing beliefs about sexual and reproductive health issues?
    - Why is it important, for us as providers, to be aware of our own values, beliefs and attitudes?

- What can we do as providers, when our beliefs make it hard discussing certain topics with clients?

PART 2
Steps:

1) Divide the participants into small groups of 3-4 people.

- Give each group 1 case study.

2) Ask the groups to discuss the case studies (15 mins)

- Ask them to discuss the questions in their groups and write down their answers.

3) Plenary Discussion. (15 mins)

- In plenary, ask each group to present their answers to the other groups.
- Ask the participants:
    - How did you feel about the exercise?
    - Was it easy or difficult to discuss these issues?
    - Where you surprised about the reaction of some of your colleagues?
    - Why do we have different opinions about things?
    - What have we learned from this exercise?

Materials for Module 2 **start on the next page**

MODULE 2, SESSION 2.6

Using simple language: The Telephone line

Sample text:

Please read the following sentence to the first person in the telephone line:

In order to perform the safe and efficacious insertion of this copper T 380A intrauterine device into your uterine cavity, I will need to perform a pelvic examination using a sterile speculum to check for presence of sexually transmitted micro-organisms in your cervical canal.

MODULE 2, SESSION 2.9

Asking open-ended questions

Part 1: What kind of questions are these?

Question	Open-ended	Closed-ended
1. How many children do you have?	☐	☐
2. Are you happy using the IUD?	☐	☐
3. What do you know about dual protection?	☐	☐
4. What have you heard about this injectable?	☐	☐
5. Have your ever forgotten to take your pill?	☐	☐
6. How would you feel about these side-effects if they happened to you?	☐	☐
7. So, you would like to talk about the pill, correct?	☐	☐
8. Would you like to switch methods?	☐	☐
9. Is your partner happy to use this method, too?	☐	☐
10. What made you decide to use the same method as your sister?	☐	☐
11. When was your last menstrual period?	☐	☐
12. Are you going to protect yourself from STIs and HIV?	☐	☐

Part 2: Turning closed-ended questions into open-ended questions.

Take the closed-ended questions that you have identified above, and transform them into open-ended questions. If it is impossible to transform the question, explain why.

Question	Open-ended question

MODULE 2, SESSION 2.11

Part 1: Values, Beliefs and Attitudes

Sexual and reproductive health belief statements (usually pick 10):

- It is the man's responsibility to buy or get a condom.
- Women should be virgins when they marry.
- Young, unmarried women should not use the IUD.
- There is no such thing as rape within marriage.
- Family planning is a woman's responsibility.
- Breastfeeding is an effective and easy way to prevent pregnancy.
- If a client has already decided about a contraceptive method, there is no need for counselling.
- People with HIV should not have sex.
- People with HIV should not have children.
- If a person gets an STI, it is his or her own fault.
- Hormonal methods of contraception can be dangerous for a woman's health.
- Young men or women should not be allowed to be sterilized.
- Abstinence is a very effective method of HIV prevention.
- A woman who has been raped should be freely able to have an abortion.
- Emergency contraception can cause an abortion.
- Sexual and reproductive health programmes should spend more money on HIV treatment than HIV prevention.
- I would never provide counselling about fertility awareness-based methods, because their failure rates are very high.
- Condoms ruin the enjoyment of sex.
- Contraceptives should be readily available to adolescents.
- Married couples are not at risk for STIs or HIV.
- Sterilization carries greater risks than other methods of contraception.
- I think it is normal when 2 men or 2 women fall in love.
- Men have more sexual desire than women do.
- IUDs can cause serious infections.

Part 2: case studies

SITUATION 1:

- An adolescent, 16 years old, arrives at the clinic. She is pregnant (6 weeks), very depressed and desperate about her situation. She does not have a boyfriend. She had sexual intercourse with a guy she met during carnival and got pregnant.
    - List the negative attitudes that a provider could have in this situation.
    - List the positive attitudes a provider could have in this situation.
    - Explain the counselling messages you might give in this situation.

SITUATION 2:

- A commercial sex worker (CSW), female, 28 years old, arrives at the clinic and is extremely nervous. She tells you that she has had some fever for the last 4 days accompanied by diarrhoea and vomiting. She has been a CSW for the last 10 years and doesn't use condoms with every client, because some of them won't accept them.
    - Explain the counselling steps you would follow to deal with this situation.
    - List the skills and attitudes that should be applied to deal with this situation.

SITUATION 3:

- A homosexual couple arrives at the clinic to get some medicine. One of the partners is HIV positive, and is under treatment. The other partner is a married man who lives with his wife and two children. The one that is HIV positive is very depressed and extremely weak.
    - Explain the counselling steps you would follow to deal with this situation.
    - List the skills and attitudes that should be applied to deal with this situation.

SITUATION 4:

- A woman, 35 years old, married with 3 children arrives at the clinic. She relies on her husband's income from factory work to support the family. During the consultation, she said that she has sex only with her husband. She responds to your questions by saying that her husband often works late at the factory, and that he goes for a drink with friends occasionally. She can sometimes smell alcohol on his breath. She came to the clinic with no idea of the cause of her abdominal pain; you have diagnosed pelvic inflammatory disease.

    - Explain the counselling steps you would follow to deal with this situation.

    - List the skills and attitudes that should be applied to deal with this situation.

Module 3. Supplementary Sessions: Family Planning Technical Update and Integrating STIs/HIV

Total session time: 7 hrs 35 mins

Overall training objective:
Update the knowledge of providers on technical aspects of provision of contraceptive methods as well as strengthen providers' ability to communicate about STIs and HIV.

Enabling objectives:
By the end of these sessions, participants will be able to:

- Know and understand new guidance on contraception contained in the *Decision-Making Tool.*
- Feel more comfortable discussing STIs and HIV with family planning clients.
- Understand the effectiveness of methods in preventing pregnancy and STIs/HIV.

NOTE:
This module is designed for providers who have already been trained in family planning in their pre-service education. If this training is being given to medical, nursing or midwifery students, then a more complete training on contraception will be needed.

The module may also need to be adapted to the training needs of the providers. If they have not been given refresher training on contraception in many years, then a more detailed training may be necessary.

Session no.	Content	Usual time required	Materials
3.1	**Contraceptive update exercise** Group work exercise	5 hrs (total)	Flipcharts and/or overhead projectors
	Part 1a: Group work on hormonal methods	1hr 30 mins	
	Part 1b: Presentations on hormonal methods	1 hr	
	Part 2a: Group work on other methods	1hr 30 mins	
	Part 2b: Presentations on other methods	1 hr	
3.2	**Snake Game**	1 hr 30 mins	Snake board game. Question cards.
3.3	**Integrating STIs/HIV into family planning counselling** Contraceptive effectiveness for pregnancy and STI/HIV	20 min	Prepared flipcharts and method cards
3.4	**Integrating STIs/HIV into family planning counselling** Communicating about STI/HIV	45 min	Prepared cards with questions
	Total time:	**7 hrs 35 mins**	

Session 3.1: Contraceptive update group work exercise (5 hrs total)

Objectives:

- To update participants' knowledge on new guidance on the provision of contraceptive methods.

Advance preparation:

- Make sure participants have materials to prepare presentations (either flipcharts, overheads, chalkboards or similar).

Steps:

1) Divide the participants into groups of 4 to 6 people

2) Group work, part 1: Hormonal methods (1hr 30 mins)

- In this module, group work on the technical content of the method chapters is divided into 2 sections: "Hormonal methods" and "Other methods". However the group work can be reorganized, depending on the size of the group, and the number of method sections in the national version of the Decision-Making Tool.
- Assign each group one or two hormonal contraceptive method sections to work on. Groups could be divided as follows:
  1. The pill (COCs)
  2. Monthly injectables
  3. The mini-pill (POPs)
  4. Long-acting injectables (DMPA and NET-EN)
  5. Implants
  6. Emergency contraception

2) Explain the group exercise

- Each group must review their assigned method section in the Decision-Making Tool. They must prepare a presentation for the rest of the group on their method section(s).
- They should also review the "Returning Client" pages for their method section. And, if the text in their section refers to an appendix, they should also review the guidance contained in the appendix.
- They should prepare to talk about the following issues:
  - Any guidance contained in the section that is new to them.
  - Any guidance in the section which is in conflict with their national standards and protocols or their normal practice.
  - Any guidance in the section with which they do not agree.
  - Any guidance in the tool that they feel is missing.
- Ask them to prepare a presentation lasting 10-20 minutes (depending on the number of methods they are working on). Explain that each member of the group should play a role in the presentation. Explain that everybody will vote on the best presentation, so they should prepare a good presentation!

3) Monitor their progress

- Circle among the groups to see how they are doing and to answer any questions.

4) Group presentations and discussions (1 hr)

- Ask each group to present their findings to the larger group. Each presentation should last 10-20 minutes, depending on the topics being presented.
- Ask the audience to listen carefully, and take notes on the following:
    - Points on which they agree with the presenters.
    - Points on which they disagree with the presenters.
- After each presentation, ask for any questions or clarifications.
- You will need to lead a careful discussion after each presentation. You can ask participants to take notes if they wish.
- In particular:
    - You must clarify when the participants do not understand the guidance in the Decision-Making Tool. You may need to explain the rationale for the guidance, or why the guidance has changed, etc.
    - You should highlight any points of difference that the group has missed.
    - You should correct any mistakes.
- At the end of all the presentations, ask the group to vote on the best presentation. Give a prize to the winning team!

5) Group work, part 2: Other methods (1 hr 30 mins + 1 hr)

- Repeat the exercise and presentations for the other methods in the tool:
    1. IUDs
    2. Vasectomy and female sterilization
    3. Male condoms and female condoms
    4. Vaginal methods
    5. LAM
    6. Fertility awareness-based methods

Session 3.2: Snake game (1 hrs 30 mins)

Objectives:

- To update participants' knowledge on new guidance on the provision of contraceptive methods.

Advance preparation:

- Prepare the question cards. A set of suggested questions is given on page 55. You can prepare a set of cards/small sheets of paper, and write one question on each card, with the answer on the back. If the tool has been adapted, you may need to review and adapt the questions.
- Alternatively, you can play the game in a different way, by asking participant teams to come up with questions (see below).
- Prepare the board game. Draw a large snake divided up into segments of different colours (alternate segments of the snake's body into green, red,

yellow, and blue). The more segments there are, and the longer the snake is, and the more opportunity for questions.

Steps:
1) Divide the participants into 2 teams. (5 mins)

2) Give instructions on how to play the game. (1 hr 25 mins))
- Give each team a set of question cards. Shuffle all the questions.
- The teams must take turns rolling the dice, moving along the snake, and answering the questions as follows:

    - **Green:** Whenever one group rolls a dice and get into a green spot- they will be answering 2 questions (and can win 2 points!!)

    - **Red:** Whenever one group rolls a dice and get into a red spot- they will be answering 1 question (and can win 1 point!!)

    - **Yellow:** Whenever one group rolls a dice and get into a yellow spot- they will not answer any question (and will not win any point...!)

    - **Blue:** Whenever one group rolls a dice and get into a blue spot- they will have to give back all their points and will not answer any question.

- Each team will keep a pile of questions and will nominate someone each time to ask the question(s) to the other team.

    The winning team is the one that makes the most points by the time they get to the end of the snake.

Alternative approach:

Rather than preparing questions for the teams, you can ask each team to prepare 20 questions based on the technical content of the tool. They can then ask their questions to the other team. You should give them some examples to help them with their questions. You may need to allow more time for the game.

Session 3.3: Integrating STIs/HIV into family planning counselling: Contraceptive effectiveness for pregnancy and STIs/HIV (20 mins)

Objectives:
- To understand the relative effectiveness of each family planning method for pregnancy prevention and STI/HIV prevention.

Advance preparation:

- Prepare 2 identical sets of cards on different coloured paper with all locally available contraceptive methods written on them.

Male condom	Spermicides
Female condom	Diaphragm
The Pill	Fertility-awareness based methods
Mini-Pills	Lactational Amenorrhea Method (LAM)
Injectables	Withdrawal
Implants	Abstinence
IUD	No Method
Female Sterilization	Emergency contraception
Vasectomy	

- Prepare four large flipchart papers with the headings “High”, “Medium”, “Low” and “None”. Tape them to the wall leaving space between them.

Steps:

1) Give instructions on the exercise (10 mins)

- Distribute the first set of contraceptive method cards to the participants, one card per person. Ask them to think about how much protection the method on their card provides against pregnancy. Ask them to tape their card to the appropriate category High, Medium, Low or None. If there are not enough cards for each participant, split into pairs or groups of three and have them discuss and decide where to tape the card.
- Once they have finished, ask the group whether they agree with everything that is up on the board. Ask anyone who sees anything they feel is inaccurate to come up and move the card to another category.
- Then distribute the second set of contraceptive methods and ask them this time to think about how much protection the methods provide against HIV/STIs and to post their cards accordingly.

2) Lead a group discussion (10 mins)

- Once they have finished, ask the group whether they agree with everything that is up on the board. Ask anyone who sees anything they feel is inaccurate to come up and move the card to another category.
- Move any sheets that are placed incorrectly to the correct category, to make sure they have an understanding of each method’s level of protection against pregnancy and HIV/STIs. Correct categories are shown in the tables below.

Effectiveness of methods for pregnancy prevention			
High	**Medium**	**Low**	**None**
Implants Vasectomy Female sterilization IUD Abstinence (no sex)	Injectables The Pill Mini-Pills LAM Male condom Emergency contraception	Diaphragm Female condom Fertility awareness-based methods Spermicides Withdrawal	No Method

Effectiveness of methods for prevention of STIs/HIV			
High	**Medium**	**Low**	**None**
Abstinence (no sex) Male condom Female condom		Diaphragm	No Method Implants Vasectomy Female sterilization IUD Injectables The Pill Mini-Pills LAM Fertility awareness-based methods Spermicides Emergency contraception Withdrawal

- Discuss further, asking the following questions:
  - What do you notice when you look at the charts? Which methods are most effective at preventing pregnancy only? HIV/STIs only? Pregnancy and HIV/STIs?
  - Highlight dual protection (using male or female condoms to prevent *both* pregnancy *and* HIV/STIs) and dual method use (using two methods to prevent both). Are there other options for dual protection? (Refer to dual protection page in the tool.)
  - How do you talk to clients about dual protection?
  - Discuss the likelihood of clients using two methods. Why might some clients wish to use two methods rather than condoms alone?

Session 3.4: Integrating STIs/HIV into family planning counselling: communicating about STIs/HIV (45 mins)

Objectives: A

- To practice discussing issues and answering questions related to STI/HIV.
- To identify which communication skills are most effective when discussing issues related to STI/HIV.
- To identify any gaps in knowledge among participants and to reinforce their existing knowledge about STI/HIV.

Advance preparation:

- Prepare cards with questions related to STI/HIV that clients might ask. Sample questions are shown on page 63. Prepare enough cards for 1 question per participant.

Steps:

1) Set up chairs and divide participants into groups (5 mins)

- Arrange chairs in 2 circles, one inside the other, with the chairs of the two circles facing each other. Alternatively arrange the chairs to have 2 lines facing each other, or have pairs work together at tables.
- Divide the participants into 2 groups, and ask one group to sit in the inner circle and the other group in the outer circle. Explain that those sitting in the inner circle will be playing the part of "clients" and those in the outer circle will be the "providers".

2) Give instructions on the role-plays (25 mins)

- Give each "client" a card with a question related to STI/HIV. Instruct the "clients" to ask their question to the "provider" seated directly in front of them. Tell the "clients" that after asking their question, they should observe the "provider's" technique in responding, and to remember which communication styles they find helpful or confusing. They can take notes if they wish.
- Instruct those playing the role of "provider" to answer the question as clearly and briefly as possible. Tell participants that this exercise is more about communication skills and responding effectively to clients' concerns and questions, rather than responding with the correct information. Tell them that if they are unsure of an answer, they can still respond effectively by reassuring the client and indicating that they will find out the correct information.
- After allowing the "providers" 2-3 minutes to respond, stop the role-plays.
- Then ask all of the "providers" to move one chair to the left around the circle. Instruct the "clients" to ask the same question to the next "provider".
- Repeat this process several times in order to allow the "clients" to observe the way different "providers" give the same information, and to allow "providers" the chance to respond to a variety of questions.
- If time permits, instruct the two groups to swap roles: "providers" become "clients" and vice-versa.

3) Lead a group discussion (15 mins)

- Instruct the group to return to their seats and lead a group discussion based on the discussion points below:
  - When you played the role of "provider", how did you feel responding to the "client's" questions? What did you find difficult about this exercise?
  - When you played the role of "client", what did you observe about the differences in the ways that the various "providers" responded to your question? What types of responses and communication styles did you find helpful or less helpful?
  - Do these questions seem realistic in terms of the questions that clients might ask providers? What other types of concerns might clients have?
  - What gaps in your knowledge has this exercise identified? What additional training might you need?

***Materials for Module 3* start on the next page**

MODULE 3, SESSION 3.2

Sample questions for "Snake"
Questions and answers are given below, together with the page number in the tool that the answer can be found on.

The Pill (COCs)

Q: What is the main mechanism of action of the pill (COCs)?
A: Works mainly by stopping ovulation (P1)

Q: When can a client start to taking pills (COCs), without needing to use additional contraceptive protection?
A: Within the 5 first days of the start of her menstrual period. (P6)

Q: Can a woman who is 4 months postpartum and breastfeeding start to use the pill (COCs)?
A: No, she must wait until 6 months postpartum. (P2)

Q: When can a woman start to take COCs after an abortion?
A: She can start immediately. (P6)

Q: What would you advise a client who missed one pill (COC)?
A: She should take the missed pill as soon as she remembers, and continue taking pills as usual, one each day. (P5)

Q: In what circumstance does a woman who missed pills have to skip the pill-free week and go straight to the next pack?
A: If she missed 3 or more pills in week 3. (P5)

Q: List 3 return signs for COCs.
A: 3 from the following:

- Severe, constant pain in belly, chest, or legs
- Very bad headaches
- Migraine aura (a bright spot in vision before bad headaches).
- Yellow skin or eyes

(P7)

Q: Mention 3 common side-effects of pill use (COCs).
A: 3 from the following:

- Nausea/upset stomach
- Spotting or bleeding between periods

- Mild headache
- Breast tenderness
- Dizziness
- Slight weight gain or loss

(P3)

Q: Can a woman with varicose veins use the pill (COCs)?
A: Yes. (P2).

Q: What type of pills would be recommended for a woman who is breastfeeding?
A: The mini-pill (progestogen-only pills). (P2 and MP2)

Mini-pill (POPs)

Q: Describe the 2 mechanisms of action of the mini-pill (POPs)
A: 1) Thickens cervical mucus.
2) Can stop ovulation. (MP1)

Q: True or false: common side-effects of the mini-pill include headaches, tender breasts and dizziness?
A: False: These side-effects are not common. (MP3)

Q: If a woman is switching from injectables to the mini-pill, when should she start taking the pills?
A: At the time she would have had the repeat injection. (MP5)

Q: When can a breastfeeding woman start using the mini-pill?
A: From 6 weeks postpartum. (MP5)

Q: If a non-breastfeeding woman is late taking her mini-pill by 12 hours, what should she do?
A:

- She should take the missed pill as soon as possible.
- She should avoid sexual intercourse or use a condom for the next 2 days, after restarting the pill.

(MP4)

Long-acting Injectables

Q: What type of hormones do long-acting injectables contain?
A: Progestogen (NOT estrogen). (LI1)

Q: What are 2 the most commonly used long-acting injectables, and how often must they be given
A:

- DMPA, every 3 months.
- NET-EN, every 2 months.
  (LI1 and LI5)

Q: A 45 year old woman who smokes heavily would like to use DMPA. Can she use this method?
A: No: she has 2 or more risk factors for heart disease. (LI2)

Q: If a woman comes to the clinic on day 10 of the menstrual cycle, but has not had sex for 2 weeks, and wants to start using long-acting injectables, what should the provider do?
A:
1. Give her an injection now.
2. Ask her to avoid sex or use condoms for the next 7 days.
(LI4).

Q: When after childbirth can a breastfeeding woman start using long-acting injectables?
A: From 6 weeks postpartum (LI4).

Q: Up to how many days BEFORE her “due date” can a woman receive her DMPA injection?
A: She can come up to 2 weeks early for her injection. (LI5)

Q: A woman comes to the clinic 3 weeks after her repeat injection date for DMPA; she has not had sex for the past month. What should you do?
A:

- Give her the injection.
- Advise her to use condoms or avoid sex for the next 7 days.
- Discuss how she can remember next time.
  (RC8)

Monthly Injectables

Q: True or false: Monthly injectables contain the same hormones as the combined pill (COCs).
A: True. They contain estrogen and progestogen hormones. (MI1)

Q: Can a breastfeeding woman who is 3 months postpartum start using CICs?

A: No. She must wait until 6 months postpartum. (MI4)

Q: Can a woman who is not medically eligible to take the pill (COCs) use the monthly injectable instead?
A: No, she cannot. P2 and MI2.

Q: True or false: Before giving the injection, you must swab the skin.
A: False. If the client's skin is visibility dirty, you should wash it. But no need to swab skin. (MI5 or LI5).

Q: If a client is 10 days late for a monthly injection (CIC), does she need to use condoms/avoid sex for the next 7 days?
A: Yes. She must do so if she is more than 7 days late. (MI5).

Norplant Implants

Q: Norplant implants are made of how many plastic tubes?
A: 6 plastic tubes. (IM1)

Q: True or false: Norplant implants contain progestogen and estrogen hormones.
A: False. They contain only progestogen. (IM1)

Q: Why would a woman need to have her Norplant implants replaced after 4 years?
A: If she weighs more than 80 kg. (IM4).

Q: A woman has been using pills and wants to switch to using implants. She is in week 3 of the cycle. Can she have the implants inserted now?
A: Yes. (IM5.)

Q: A woman returns to the clinic who has been using implants for the past 5 years. She weighs 75 kg. Should you:

a) Tell her to come back in 2 years to have her implants replaced?
Or b) Advise her to have her implants replaced now.

A: (B) She should have her implants replaced now. (IM4).

Q: List 2 common side-effects of Norplant implants?
A: 2 from among:

- Light spotting or bleeding between periods
- Irregular bleeding.
- No monthly bleeding (amenorrhoea).

Emergency Contraception

Q: A woman comes into the clinic. She had unprotected intercourse 4 days ago. Can she take the emergency contraceptive pill?
A: Yes. She can take ECPs up to 5 days after unprotected sex. (EC1 and EC2)

Q: True or false: the emergency IUD is more effective than emergency contraceptive pills.
A: True. The IUD is more effective than the pills (EC1).

Q: True or false: emergency contraceptive pills work by causing an abortion.
A: False. They do not cause abortion. They work mainly by stopping ovulation. (EC2).

Copper-bearing IUD

Q: How does the copper-bearing IUD work?
A: It works mainly by stopping the sperm and egg from meeting. (IUD1).

Q: True or false: The copper IUD begins to rust in the uterus if not removed after 5 years.
A: False. The IUD does not rust in the body. (IUD1).

Q: A client comes to the clinic and wants to use the IUD. After a pelvic exam you find that she has vaginitis. Can she have the IUD inserted?
A: Yes, she can. (IUD2).

Q: An IUD user returns to the clinic after 1 year. She is pregnant. The strings are visible. What should you do?
A: Recommend IUD removal, but explain risk of miscarriage. (RC3)

Q: True or false: An IUD user can take aspirin to help reduce bleeding problems.
A: False: She can take ibuprofen or similar medication, but NOT aspirin. (RC3).

Q: Up to how many days in the menstrual cycle can a woman have the IUD inserted, without the need for extra protection?
A: Up to 12 days (IUD5).

Q: A woman gave birth 24 hours ago. Can she have an IUD inserted now?
A: Yes. She can have it inserted up to 48 hours postpartum, or after 4 weeks. (IUD2).

Q: List 3 return signs for IUD.
A: 3 from among:
1. Missed a period or thinks she might be pregnant.
2. IUD strings have changed length or are missing.
3. Might have an STI or HIV/AIDS.
4. Bad pain in lower abdomen.
(IUD6)

Vasectomy and Sterilization

Q: True or false: Vasectomy is more effective than female sterilization?
A: True. It is more effective. (AP3, S1).

Q: For how long must a man use an additional contraceptive method after getting a vasectomy before the procedure becomes effective?
A: For 3 months after the procedure. (V1, V4).

Q: For how long should a woman rest after a sterilization procedure?
A: For 2 to 3 days. (S4).

Condoms and vaginal methods

Q: Which of these lubricants should NOT be used with a male condom?
1. Clean water
2. Baby oil
3. Spermicides
A: (2) Baby oil and all other oil-based lubricants should not be used. (MC3)

Q: True or false: The male condom is less effective than the female condom.
A: False: The male condom is more effective. (FC1, AP3).

Q: Up to how many hours before intercourse can the female condom be inserted?
A: Up to 8 hours ahead. (FC2).

Q: Do spermicides help protect against STIs and HIV?
A: No. And women at high risk of HIV should not use them. (VM1 and VM2).

Q: When can a woman have a diaphragm fitted after childbirth?
A: She should wait 6 to 12 weeks after childbirth, depending on when the uterus and cervix return to normal size. (VM2).

LAM and FAB

Q: What does the “A” in LAM stand for?
A: Amenorrhoea. (L1)

Q: Which of the following is NOT a condition of LAM:
1. Less than 6 months postpartum
2. Baby feeds well
3. Fully or nearly fully breastfeeding.
4. Periods have not returned.
A: (2) Baby feeds well. (L2).

Q: A woman has been using LAM. She is 5 months postpartum. She has started to feed her baby other foods. What should you advise her to do?
A: If she wants to stay protected from pregnancy, she should start using another contraceptive method NOW. LAM is no longer effective. (L2).

Q: An HIV positive woman, living in an area with no safe water supply, wants to know if she can breastfeed the baby. What should you advise?
A: Advise her that she should breastfeed fully for 6 months, and then stop breastfeeding. (L2).

Q: List 2 advantages of fertility awareness-based methods.
A: 2 from among:
- Do not cause any side-effects.
- Can be effective if used correctly.
- Do not need to take any medication.
- Do not need to come back to the clinic regularly.
- Do not need to buy anything.
- Can be used by women who may not be able to use hormonal methods.

Q: True or false: When using the Standard Days Method, a user must abstain from sex or use condoms for 12 days in a row each cycle.
A: True. (FA2).

General on contraception

Q: List the regular hormonal methods of contraception.
A:

a. The pill (COCs)
b. The mini-pill (progestogen-only pills)
c. Monthly injectables

d. Long-acting injectables
e. Implants
(CM3)

Q: Which of these methods is the most effective at preventing pregnancy?
1. IUD
2. Pills
3. Injectables
A: IUD. (AP3).

Q: List 3 conditions that can be used to rule out pregnancy.
A: 3 from among:
1. Menstrual bleeding started in last 7 days.
2. No sex since last period.
3. Gave birth in the past 4 weeks.
4. Have been fully or nearly fully breastfeeding AND gave birth in the past 6 months AND had no menstrual period since.
5. Had a miscarriage or abortion in the past 7 days.
6. Has been using a reliable method of contraception correctly and consistently.

Q: If a woman develops migraine headaches while using the pill, what should you advise her?
A: She should switch to another method. (RC4 and RC5).

Q: What should a pill-user do if she gets bad diarrhoea?
A: She should follow the instructions for missed pills (RC5).

Q: A woman returns to the clinic who had implants inserted 5 months ago. She is worried since she has not had a menstrual period in 2 months. She has no signs or symptoms of pregnancy. Should you:
a) do a pregnancy test and advise her to have the implants removed; or
b) advise her that amenorrhoea (no monthly bleeding) is very common with implant use and reassure her that this is not a sign of illness.
A: (B). (RC13).

MODULE 3: SESSION 3.4

Sample questions for Communicating about STIs/HIV

1. What is a female condom and how do I use it?
2. I heard that I can get HIV from getting an injection at the clinic. Is this true?
3. Does having syphilis mean that I could have AIDS, too?
4. Once my STI is cured, how can I make sure this doesn't happen again?
5. I hate using condoms but I have more than one partner. What should I do?
6. My husband hates using condoms but I know he has other partners. What should I do?
7. How can I find out how I got infected with an STI?
8. If I had an STI, what types of symptoms would I have?
9. If I were infected with HIV, what types of symptoms would I have?
10. Isn't it true that once you've had an STI you can't get the same one again?
11. Why are so many people getting infected with HIV?
12. What should I do if I think I have an STI?
13. Can someone without symptoms of an STI still be contagious?
14. How could I have an STI? I only have sex with my husband!
15. Is it OK to have sex without a condom if my partner looks "clean"?
16. I had sex without a condom last week and now I'm scared I have HIV infection. Can I find out for sure this week if I have been infected?
17. Wouldn't I know if I had HIV?
18. I'm thinking about taking an HIV test. What do I need to know?
19. My friend said condoms are useless because they break anyway. Is that true?
20. I just found out that I have HIV and I'm pregnant. Should I breastfeed my baby?
21. I'm afraid to tell my husband about my infection. He can get violent. What should I do?
22. How can I protect myself from pregnancy and HIV?
23. I've been married for a long time and faithful to my husband. How can I be at risk for HIV?
24. How can I bring up the subject of HIV with my husband without him getting angry at me?
25. Is it true that you can cure HIV by having sex with a virgin?
26. Can I become infected with HIV from oral sex?
27. If my partner and I both test negative for HIV, should we practice safer sex?
28. Can I get HIV from a mosquito bite?
29. Why can't my partner and I just practice withdrawal and not use condoms?
30. Can I get HIV from kissing?
31. Is it true that everyone who is currently infected with HIV will eventually die of AIDS?
32. If people are sterilized, does that mean that they cannot transmit HIV?
33. I've heard that men who are circumcised do not get AIDS. Since I'm circumcised, does that mean I don't need to use condoms?
34. I'm pregnant and I just found out that I have HIV. Does this mean that my baby will get it, too?

Annex 1: Integrated 3-day Training Agenda

Session no.	Content	Usual time required	Materials
Day 1			
1.1	**Welcome and Introductions**	30 mins	Flipchart
1.2a	**Thinking about counselling** Individual exercise: counselling skills self-assessment	30 mins	Self-assessment form
2.1	**Why do sexual and reproductive health providers need good counselling skills?** Video presentation Small group discussion Facilitated plenary discussion	1 hr	LDC Projector and laptop
2.2	**Knowledge, skills and attitudes of effective counsellors** Small group work. Facilitated plenary discussion	30 mins	3 flipcharts
2.11	**Beliefs, values and attitudes** Interactive exercise Case studies in small groups	1 hr	Prepared papers Case studies
1.3	**Introduction to the *Decision-making Tool*** Presentations: - Introduction to the Decision-Making Tool - How to use the Decision-Making Tool Questions and Discussion	1 hr	LCD Projector PowerPoint presentation
1.4	**Getting to know the tool (Exercise)** Group exercise: Finding the answers in the tool Answers and Discussion	1 hr 15 mins	Exercise for groups Answers
See annex 4A	**Reflection on the day**	15 min	Prepared form
Total time day 1		6 hrs	
Day 2			
	Day 2 objectives Report on Reflections on Day 1 and presentation of objective for Day 2	15 min	Flipchart
2.3	**Interpersonal communication skills: *Introductory presentation***	15 mins	PowerPoint presentation LCD Projector and laptop

2.4	**Tone of Voice** Exercise in plenary	20 mins	Prepared phrases
2.5	**Active Listening** Exercise in pairs	30 mins	Prepared instructions Flipchart
2.6	**Communicating a message: The telephone line** Exercise in plenary	20 mins	Prepared phrase
2.7	**Using simple language** Exercise in pairs	20 mins	Prepared flipcharts
2.8	**Positive reinforcement** Facilitated plenary discussion	20 mins	Exercise sheets
2.9	**Asking open-ended questions** Exercise in pairs	40 mins	Flipcharts
2.10	**Decision-making process** Group brainstorm Small group exercise Facilitated plenary discussion	45 mins	Prepared flipchart pages for brainstorm and for small group work
3.3	**Integrating STIs/HIV into family planning counselling** Contraceptive effectiveness for pregnancy and HIV/STI	20 min	Prepared flipcharts and method cards
3.4	**Integrating STIs/HIV into family planning counselling** Communicating about STI/HIV	45 min	Prepared cards with questions
1.5	**Demonstration of using the tool** Demonstration of use either by video or by facilitators to the group	25 mins	Projector/laptop or video player/TV Or table and chair
1.6a	**Practice with the tool** Role Play Exercise: Practice using the tool (Groups of 3: client, provider and observer)	1 hr	Role play scenarios Observer checklist
See annex 4A	**Reflection on the day**	15 min	Prepared form
Total time day 2		6 hrs 30	
Day 3			
	Day 3 objectives Report on Reflections on Day 2 and presentation of objective for Day 3	15 min	Flipchart
	Reflection on using the tool Facilitated discussion: Ask how participants felt using the tool during role-plays. How did they feel in the role of	30 min	

	provider? How did they feel in the role of client? What did the observers observe? Did they have any problems or questions?		
1.6a	**Practice with the tool, con't** preparation of Demonstration role play (Groups of 3: client, provider and observer)	1 hr	Role play scenarios Observer checklist
1.6b	**Demonstration of role plays in plenary** Feedback and discussion	1 hr 30 mins	Table and chairs
3.1	**Contraceptive update group work exercise** Group work exercise **Note:** In this agenda, parts 1 and 2 of Session 3.1 are combined so that all methods are worked on at the same time.		Flipcharts and/or Overhead projectors
	Part 1a: Group work on all methods	1hr 30 mins	
	Part 1b: Presentations	1 hr	
3.2	**Snake Game**	1 hr	Snake board game. Question cards.
See annex 4B	**Final evaluation form**	15 mins	
	Closing		
Total time day 3		7 hrs	

Annex 2: Additional Training Resources in Sexual and Reproductive Health

Reproductive and Sexual Health Counselling

- Comprehensive Counseling for Reproductive Health: An Integrated Curriculum. EngenderHealth, 2003. http://www.engenderhealth.org/res/offc/counsel/ccrh/index.html

  The course offers counseling and communications training that prepares service providers to perceive the client as a whole person with a range of interrelated SRH needs (including information, decision-making assistance, and emotional support), to address sensitive issues of sexuality with greater comfort, to support and protect the client's sexual and reproductive rights, and to access more easily resources covering a variety of SRH services.

- Trainer's Guide in Sexual Health. International Planned Parenthood/Western Hemisphere Region, 1998. *http://www.ippfwhr.org/publications/download/monographs/trainers_guide_e.asp*

  This manual is designed to train educators, counselors and other health care providers in sexual health. The nine sections of the guide cover the following topics: counseling; the social construction of gender identity; sexuality and adolescence; sexuality; negotiation and safer sex; sexuality and family planning; sexually transmitted infections; work plan and personal commitment; and training and learning.

STIs and HIV/AIDS

- Training Modules for the Syndromic Management of Sexually Transmitted Infections - 2nd edition. World Health Organization, 2005. http://www.who.int/reproductive-health/rtis/training.htm

  This training course is intended for in-service training for people responsible for STI management at any first-level health facility, such as a health centre, district hospital, mission hospital or STI clinic. The programme aims to equip all relevant clinicians and service providers with the skills to manage STIs using syndromic management.

- STI/HIV Counselling in Pacific Island Countries: a training manual. World Health Organization/Regional Office for the Western Pacific, 2003. http://www.wpro.who.int/NR/rdonlyres/43DF8078-3262-405C-9D3B-9DCFCA9E65E4/0/STI_HIV_Counselling_in_PIC.pdf

  This guide focuses on development of counselling skills for STI and HIV services, including communication skills, counselling young people, gender and sexual health, STI prevention counselling, HIV pre- and post-test counselling.

- Contraception for Women and Couples with HIV. Family Health International, 2005. http://www.fhi.org/en/RH/Training/trainmat/ARVmodule.htm

  The materials contain guidance for providers who offer contraception to clients with HIV, including those on ARV therapy. The information can be used in a variety of health care settings by providers who regularly offer family planning services and by those who want to begin integrating contraceptive services with HIV treatment and care services.

- Reproductive Choices and Family Planning for People Living with HIV: a Two-Day IMAI Training Course. World Health Organization, Forthcoming.

  This training course forms part of WHO's "Integrated Management of Adult and Adolescent Illness" (IMAI) modules, which are being used to support the scale-up of ARV Therapy. Please contact imaimail@who.int for more information.

Contraceptive Technology

Note: The curricula listed here are excellent training materials. However, they have not been updated with the latest WHO guidance on contraception. Countries planning to use these curricula will need to update the technical content to ensure it is consistent with WHO guidance.

- Contraceptive Technology & Reproductive Health Series. Family Health International, 1994-2004. http://www.fhi.org/en/RH/Training/trainmat/cturhmodules.htm

  These modules are designed to meet the continuing educational needs of family planning practitioners, program managers, and policymakers in resource-constrained settings by providing information on contraceptive technology and reproductive health. These modules may be used individually for a self-study program or as training presentations for physicians, nurses, pharmacists, or other trained health care personnel.

- Comprehensive Reproductive Health & Family Planning Training Curriculum. Pathfinder International, 1997-2000. http://www.pathfind.org/site/PageServer?pagename=Publications_Training_and_Capacity_Building_CRHFP

  Pathfinder International's comprehensive training modules cover such core topics as family planning methods, infection prevention, reproductive tract infections, counseling and training of trainers. The curricula have been uniquely designed for the training of physicians, nurses, and midwives by clinical trainers who do not have an extensive training background.

- Reproductive Health "*ReproLine",* JHPIEGO http://www.reproline.jhu.edu/english/1fp/1methods/1methods.htm

  ReproLine contains up-to-date information and training tools on topics such as reproductive health, family planning, maternal and neonatal health, HIV/AIDS, infection prevention and cervical cancer. Training tools include presentation graphics, checklists and model course schedules.

Training on the Standard Days Method (SDM)

Listed below are links to SDM-related training resources and job aids.

- SDM Online Training
  http://64.226.18.126/SDM_Training/index.php
- SDM Screening Checklist
  http://64.226.18.126/SDM_Training/Resources/screening_checklist_initial_visit.pdf
- SDM Provider Calendar
  http://64.226.18.126/SDM_Training/Resources/calendar_2005.pdf
- CycleBeads Cue Card
  http://64.226.18.126/SDM_Training/Resources/cue_card.pdf
- CycleBeads Instructional Insert
  http://64.226.18.126/SDM_Training/Resources/CycleBeads.pdf
- All SDM job aids
  http://64.226.18.126/SDM_Training/Resources/all_in_one.pdf

Training Skills

- Training Works! What you need to know about managing, designing, delivering, and evaluating group-based training. JHPIEGO, 2003.
  http://www.reproline.jhu.edu/english/6read/6training/Tngworks/index.htm

  This handbook summarizes the tasks that should be completed at each stage of training to ensure an effective training course. This handbook will be useful to anyone who has a role in the management, design, delivery, or evaluation of group-based training for healthcare professionals who are currently providing services such as inservice training.

- Clinical Training Skills for Reproductive Health Professionals, JHPIEGO, 1998.
  http://www.jhpiego.net/scripts/pubs/product_detail.asp?product_id=22

  This reference manual is designed for the expert service provider who wishes to become a clinical trainer. It focuses on the essential areas of clinical skills training including planning for a training course, creating a positive learning climate, using audiovisual aids, delivering interactive presentations, using competency-based assessment instruments, developing clinical skills, managing clinical practice and conducting the clinical training course.

- Advanced Training Skills for Reproductive Health Professionals. JHPIEGO, 2000. http://www.jhpiego.net/scripts/pubs/product_detail.asp?product_id=7

  This reference manual is a companion piece to the Clinical Training Skills and Instructional Design Skills reference manuals, and is designed for: 1) all trainers, preservice faculty and clinical preceptors who wish to improve their

training skills; and 2) proficient clinical trainers who will be trained as advanced trainers. It focuses on the group process, problem-solving and decision-making skills that all trainers need, and also describes the process of becoming an advanced trainer and coaching new trainers.

- Delivering Effective Lectures, JHPIEGO, 1996. *http://www.reproline.jhu.edu/english/6read/6training/lecture/delivering_lecture.htm*
- ReproLine®: Tools for Trainers, JHPIEGO http://www.reproline.jhu.edu/english/5tools/5tools.htm

Annex 3: Icebreakers and Warm-up Exercises

Icebreakers

The first day of a training course is essential to its success. It is important to start the course on a positive note by making sure all of the participants feel comfortable and get to know each other as soon as possible. The activities the trainer or facilitator uses at the beginning of a course to help the participants get to know each other are known as icebreakers or introductions. This section lists a number of icebreakers and introductions you can use (adapted from JHPIEGO's ReproLine® training resources).

1) Unique characteristics
Even if the participants already know each other, the clinical trainer must get to know them. Instead of asking participants to say their names, the trainer can divide the group into pairs and give participants a few minutes to interview each other. Then, each participant should introduce their partners by name and to share at least two unique characteristics about them.

2) Your favorite things
The trainer divides the group into pairs and ask participants to tell each other their favorite food or name the animal they feel best describes them and why. This information is shared with the group when participants introduce their partners.

3) Ball toss
Participants and the clinical trainer form a circle and toss a soft ball around the circle. Participants state their names as they catch the ball. After a few minutes, when they catch the ball, they call out the name of the person who tossed it to them. This activity can also be used throughout the course by substituting a quick information exchange for people's names. For example, the trainer may ask, "What is dual protection?" The ball is tossed around the circle and participants call out a different indication as they catch the ball.

4) Three questions
Participants write down three questions and find someone in the room they do not know well. Each participant then asks questions of the other. The participants then introduce their partners to the group by sharing both the questions and the answers.

5) Nametags
The trainer prepares a nametag for each participant and places the nametags in a box. Each participant picks a nametag from the box. Participants locate the person whose nametag they drew and introduce themselves. (This is especially useful for larger groups—20 or more.)

6) Find the missing piece
The facilitator prepares pieces of paper, enough for everybody in the group. The papers include words that are split into two, for example:

COCOA	BUTTER
MILE	STONE
ICE	CREAM

Each person picks one piece of paper and then begins to look for the person who has the matching word. When the participant has found her/his match, s/he should to know the other person. Then, they will be asked to introduce one another to the rest of the group.

An alternative is to use words that are opposites. For example:

BLACK	WHITE
UP	DOWN
LEFT	RIGHT
HOT	COLD

7) Fact or fiction
Each person writes down four facts about themselves, one of which is not true. Each person takes turns reading their list aloud and the rest of the group writes down the one they think is not true. When all are done reading the lists aloud, the first person reads their list again and identifies the fact, which is not true. The group should compare their written responses with the correct answers.

8) The magic wand
Ask the participants what they would do if they just found a magic wand that allows them to change three work-related activities. They can change anything they want. How would they change themselves, their job, their supervisor, those they work with, an important project, etc.? Have the participants discuss why it is important to make the change. Another variation is to have them discuss what they would change if they become the supervisor for a month. This activity helps them to learn about others' desires and frustrations.

9) Finish the sentence
Ask each person to complete one of these sentences (or something similar):

- The best job I ever had was...
- The worst project I ever worked on was...
- The riskiest thing I ever did was...

When starting a course and you want everyone to introduce themselves, you can have them complete "I am in this course because..." You can also move on to a new subject by asking a leading question. For example, if you are training trainers, "The one time I felt most stressed because I did not plan was..."

10) What do we have in common?
Split the participants into pairs. Each pair will have 30 seconds to think of five things they have in common. At the end of the 30 seconds, put two pairs together and give the group a minute to find something all four participants have in common. Finally, each group can present the list of things they have in common.

Warm-ups and energizers

Warm-ups or energizers are activities the trainer uses throughout the course to encourage participant involvement and interaction. These activities may be used at the beginning of each day to bring the group together and begin work on a positive note. They may also be used during the day to recharge the group (e.g., after lunch, after a long presentation). This section lists a number of warm-ups and energizers you can use (adapted from JHPIEGO's ReproLine® training resources).

1) Expectations: The trainer gives the participants slips of paper, and asks them to write down at least three things they would like to learn during that day's activities. The participants attach their slips to a poster board or piece of flipchart paper, which is posted in the classroom. The trainer can then review these expectations with the group and tell them which topics will and will not be covered. This activity can also help the clinical trainer focus the course on individual or group learning needs and interests.

2) Supermodel exercise

1. Arrange participants in a circle.
2. Instruct participants that they have to act out a role model. Explain the characters listed below to them in advance.
3. Point at random in the circle and choose a random character:

"Super Model" - Participant should immediately pose as a fashion model. The two participants alongside the participant acting as a super model (the one on the left and the right) take the role of photographers and mimic gestures of taking a photo.
"Elephant"- Participant poses as an elephant by immediately thrusting two hands held together in front to represent the elephant's trunk. The two participants alongside form a circle with their hands and place them on the side of the participant pointed to serve as "ears" of the elephant.
"Jelly/Jello" - Participant shakes his or her body like jelly continuously. The two participants alongside hold each other's hands and form a circle around the target participant. The idea is to form a "glass" around the jelly.
"Queen Bee" - Participant turns around and puts his or her hands together behind the back (just above the buttocks) and flutters them back and forth to mimic a bee's tail. The two participants alongside thrust their arms away from the bee and flutter them like wings.
"Donkey" - participant and those alongside him or her should freeze and not move at all.

Expect that people will be confused and make mistakes. Such mistakes generate laughter and fun. To make the exercise competitive, participants who make a mistake (both the one pointed to and the two participants alongside him or her) can be eliminated from the game. The exercise can be used several times in a meeting or seminar.

3) National anthem
This warm-up works best when you have participants from a number of countries. To conduct this warm-up, you will need a source of music (tape player or radio) and a ball. The participants should stand in a circle. The trainer puts on the source of music and participants dance and pass the ball around in the circle. Whenever the music stops, whoever has the ball in his/her hand must step into the circle and sing the first verse of his/her national anthem. If he/she cannot remember the national anthem (which happens sometimes) he/she must sing a love song to pass. After this has been done satisfactorily, the trainer turns on the music again and participants again pass the ball in the circle. The game continues until many participants have had the opportunity to sing or the trainer feels that everyone has been energized.

4) Tell a story - The participants should stand in a circle. The purpose of this activity is to build a story with each participant contributing one sentence that must:

- Make sense and at the same time add some fun to the activity,
- Build on to the last sentence, and
- Be grammatically correct.

For example:
#1: “I was walking to breakfast this morning.”
#2: “A dog came up to me.”
#3: “I said good morning to the dog.”
#4: “The dog asked me what I was going to have for breakfast.”

The activity continues until all of the participants have contributed or until the facilitator feels that the group has been energized.

5) The last word
The participants should stand in a circle. One participant moves and stands randomly in front of another. He/she makes a statement (e.g., “It is such a lovely day”). The person spoken to will move to another person and make a statement starting with the last word in the statement he/she received (e.g., “Day one of the course was very tiring”). Each participant takes turns to ensure that everybody gets a chance to participate.

6) The telephone line/Whisper down the alley
Participants should sit or stand in a circle. The facilitator quickly whispers a message to one participant. This participant passes the message in a whisper to the next person and so on. The last person shouts out the message. Chances are the final message will be different from the original. Here is an example of an initial message (note how two different activities are blended into the initial statement, a sure cause for confusion when whispered quickly): “I had rice for dinner and then dressed in blue to go dancing.”
(Note: a variation on this exercise is included as part of module 2 in this training course, see page 32).

7) Ball toss brainstorming
Announce a topic (things associated with a topic, a holiday, the course content, etc.). Then, toss around a ball. When someone catches the ball, they shout out something related to the topic and then toss the ball to someone else. Continue the exercise until everyone has had a chance to speak.
Variations
When they catch the ball, each person tells what they thought was the most important learning concept was in the session just finished. Continue the exercise until everyone has caught the ball at least once and explained an important concept of the material just covered. If the previous session had taught a process, each person can tell one step of that process or concept when the ball is tossed to him or her. The trainer or participant, in turn, writes it on a flipchart. For example, after covering "decision-making", the trainer would start the ball toss by having everyone give one step in the decision-making process.

8) Calm down!
Sometimes the participants need to calm down or "come down" to reality after some intensive material is presented. Also, to get the full benefit of new material, some "introspective time" is needed.

Ask the participants to lay their heads on the table, lay on the floor, or get in a comfortable position. Then, ask them reflect on what they have just learned. After about 5 minutes, say a key word or short phase and have them reflect on it for a couple of minutes. Repeat one or two more times then gather the group into a circle and have them share what they believe are the most important points of the concept and how they can best use it at their place of work.
Note: This may seem like a waste of time to many, but reflection is one of the most powerful learning techniques available! Use it!

9) Boom!
All participants should sit in a circle. They are instructed to count out loud around the circle. Each person whose number is a multiple of 3 (3-6-9-12, etc.) or a number that ends with 3 (13-23-33, etc.) must say BOOM! instead of the number. The next person continues the normal sequence of numbers.

Example: The first person starts with **1**, the next one says **2**, and the person who should say **3** says **BOOM!** instead, and the next person says **4**.

Anyone who fails to say **BOOM!** or who makes a mistake with the number that follows **BOOM!** is disqualified. The numbers must be said rapidly (5 seconds maximum); if a participant takes too long to say her/his number, s/he is disqualified. The last two participants left are the winners.

Note: To make this energizer more interesting, when a specific number is reached (e.g., 30) have the participants count backwards towards zero.

10) Words
Divide the participants into three or four small groups. Write the word **INTERACTIVE** on the flipchart. The groups have 5 minutes to create as many words as possible from the word **INTERACTIVE**.

For example, some of the words could be:

- It
- Rat
- Retain

After the their time is gone, the group with the most words wins.

Lifeboats
The participants should come to an open space in the room and start walking around. Tell them that they are on the Titanic Ship, and the boat is beginning to sink. They must get to the lifeboats as soon as possible! The lifeboats can only hold a certain number of people. As the participants are walking round, shout out the maximum lifeboat capacity each time: e.g., “Lifeboats for three!” The participants then must form groups of three to get into the boats. Anyone who cannot find a “boat” drowns, and must leave the game. For each round, choose a different sized boat. At a certain point, shout out that this is the last boat, and anyone who makes the last boat will survive. End the game there.

Annex 4: Evaluation Forms

A. Daily evaluation form: Reflection on the day

1. **The one thing that I learned today that I do not want to forget is:**

2. **The information or activity that I found most interesting and useful to my practice was:**

3. **The one suggestion that I have for improving today's session is:**

4. **Additional Comments:**

B. Final Evaluation form

Please circle the answer you feel is most appropriate for each of the following aspects of the training course, using the following ratings:

5 – Excellent 4 – Good 3 – Satisfactory 2 – Poor 1 – Insufficient

Statements	**Rating scale**
1. Achievement of course objectives	1 2 3 4 5
2. Achievement of personal expectations	1 2 3 4 5
3. Relevance of training to your work.	1 2 3 4 5
4. Usefulness of training materials.	1 2 3 4 5
5. Training methodologies.	1 2 3 4 5
6. Organization of the course.	1 2 3 4 5
7. Training facilities.	1 2 3 4 5
8. Administrative support.	1 2 3 4 5
9. Travel arrangements.	1 2 3 4 5
10. Financial arrangements.	1 2 3 4 5
11. Hotel accommodation.	1 2 3 4 5

2. Course length: ____ Too long ____ Too short ____ Just right

3. What topics covered in this training do you think would be most useful to you in your work?

_____

_____

_____

_____

4. **On which topics would you have liked more information or preferred to spend more time?**

_____

_____

_____

_____

5. On which topics would you have liked less information or preferred to spend less time?

_____

_____

_____

_____