



August 2018

Initial RANM Orientation Facilitator Guide



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Fertility Awareness
for Community
Transformation

This guide was prepared by the Institute for Reproductive Health and Save the Children under the Fertility Awareness for Community Transformation (FACT) Project. This guide and the FACT Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-A-13-00083. The contents are the responsibility of the Institute for Reproductive Health and Save the Children and do not necessarily reflect the views of Georgetown University, USAID, or the United States Government.

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Community-based Family Planning Program RANM

Background

The Community-based Family Planning (CBFP) program was initiated to meet the family planning needs of marginalized groups (e.g. Muslim, Dalit, Janajati, urban poor) through a service delivery modality designed to overcome barriers to family planning use. Roving Auxiliary Nurse Midwives (RANMs) are established in order to reach these marginalized communities with high unmet family planning need and are deployed in the pre-determined marginalized areas by District Public Health Office (DPHO) in Rupandehi. They are providing quality family planning and maternal newborn care (MNC) services in addition to the promotion of maternal, newborn and child health and Pragati messages. There will be a separate refresher training on MNC hence this orientation does not cover that part.

On the basis of job description, building capacity of these RANMs is critical to provide quality of services and improve utilization of family planning services.

Purpose:

Enhance knowledge and skills of RANMs on the CBFP including their roles, fertility awareness, family planning and to provide quality family planning services at a community level.

Specific Objectives:

- Familiarize the participants with the CBFP services through RANM, SDM integration, Pragati and family planning service delivery of the DPHO
- Enhance the knowledge and skills on community mobilization
- Increase knowledge on fertility awareness
- Teach Pragati games
- Refresh skills on recording and reporting
- Orient on roles and responsibilities of RANMs and other key stakeholders

Outputs:

RANMs equipped with knowledge and skills to ready for implementation of CBFP.

Facilitator's agenda:

Day 1					
Topics	Learning objectives at the end of sessions	Contents	Method	Time	Materials
Setting the environment	Opening and welcome: Introduction and expectations. Sharing objective of the orientation program	Objectives of orientation	Slide Presentation	15 min	Agenda
Overview of the family planning program of district-DPHO	Be familiar with Pragati and the family planning program of DPHO	Brief overview of DPHO's family planning program including structure	Presentation, Q&A Presenter: DPHO Family Planning Focal person	30 min	Overview written on newsprints; Pragati- two pager
Brief overview of Pragati		Brief overview of Pragati	Slide Presentation, Q&A	30 min	
Overview of CBFP intervention - through RANMs	Describe CBFP in details - Explain what CBFP service delivery modality is, target audiences, its purpose, objectives, program modality & intervention area, and roles & responsible of different stakeholders, recording & reporting requirements.	Detail overview of CBFPS	Slide Presentation, group work, Q&A	20 min	Information sheet
Roles & Responsibilities of RANMs.	Describe their roles and responsibilities.	Roles and responsibilities of RANM	Group work Presentation	40 min	Job description sheet.
Infection prevention & waste management related Depo-Provera services.	Explain Infection prevention and waste management related to Depo-Provera services.	Infection prevention and waste management	Q&A Presentation Discussion	20 min	Section of Chapter 6: COFP/Counseling Reference Manual
Logistic management	Be clear on Logistics – supply of family planning including CycleBeads.	Logistic management	Q&A Presentation Discussion	20 min	Handout

Roles and responsibilities of other stakeholders in relation to CBFP Intervention	Describe roles and responsibilities of other key stakeholders	Roles and responsibilities of DPHO, Health facilitates, HFOMC, FCHV and other line agencies.	Q&A Presentation	30 min	Roles listed on newsprints.
Fertility Awareness	Define fertility awareness Describe what it encompasses and the events that take place in the woman's menstrual cycle and male fertility.	What is fertility awareness & what it encompasses Events that take place in the woman's menstrual cycle, especially as they relate to fertility and male fertility	Slide Presentation Q&A Game – Menstrual Cycle Game	60 min	
Misconceptions related with fertility awareness & menstruation	Be clear on misconceptions related with menstruation	Misconceptions related to the menstrual cycle & fertility	Presentation Q&A Game	45 min	List of misconception & fact sheet (based on findings from formative research).
Misconceptions around social norms	Be clear on misconceptions around social norms (son preference & first birth)	Misconception around social norms (son preference & first birth) Highlight how social norms limit FP uptake	Discussion on facts Son/daughter Game- sex determination.	45 min	List of misconceptions & facts
Community mobilization	Describe what community mobilization is including why and the steps. Be clear on who are the key stakeholder/community people with whom they need to collaborate.	What community mobilization is; why and what are the steps, what are the key stakeholders that they need to work/mobilize and collaborate and coordinate. Application of this skill.	Discussion Presentation Hot potato game? (This could be set in context of community mobilization?) Q&A	40 min	Handout
Wrap up	Evaluation of day Sharing of next day's agenda			10 min	
Day 2					

Teach on Pragati games	Conduct Pragati games	Brief overview of Pragati packages for HFS, HFOMC, FCHVs and HGM Champions - contents. 7 other games (Menstrual Cycle and Son/daughter games are covered in session 7 & 9)	Games – 7 games Practice Prioritize 1 – 2 additional games	5 hours	
Recording and reporting	Explain where and what to record and report using existing system	What is recording & reporting and its importance Interactive discussion on HMIS forms and formats focusing on what, how and where to keep complete and accurate information. Needs of recording and reporting related to Pragati Information flow from FCHVs & HMGs	Practice/demonstration on filling forms and formats	60 min	Sample of HMIS forms and formats Pragati tools & forms
Closing and next steps	Summarize about orientation Closing & next steps	Summary of orientation Any queries - clarifications		30 min	

Orientation on Community-based Family Planning Program for RANMs

Agenda for Participants

Objectives:			
<ul style="list-style-type: none"> Familiarize the participants with the CBFP services through RANM, SDM integration, Pragati and family planning service delivery of the DPHO. Enhance the knowledge and skills on community mobilization. Increase knowledge on fertility awareness. Teach Pragati games. Refresh skills on recording and reporting. Orient on roles and responsibilities of RANMs and other key stakeholders 			
S.N	Sessions	Time	Facilitator
Day 1			
1	Introduction	8:30 am to 8:45 am	
2	Overview of DPHO service delivery system-family planning & MNCH	8:45 am to 9:45 am	
3	Overview of CBFP intervention-through RANMs	9:45 am- 10:05 am	
Tea break-10min			
4	Roles & Responsibilities of RANMs	10:15 am-10:55am	
5	Infection prevention & waste management related to Depo-Provera services	10:55 am-11:15pm	
6	Logistic management	11:15 pm-11:35pm	
7	Roles and responsibilities of other stakeholders in relation to CBFP Intervention	1:35 am-12:05pm	
Lunch Break 12:05 pm-1:05pm			
8	Fertility awareness & Menstrual Cycle game	1:05 pm to 2:05pm	
9	Misconceptions related with fertility awareness & menstruation	2:05 pm to 2:50pm	
Break 10 min			
10	Misconceptions around social norms	2:50 pm to 3:35pm	
11	Community mobilization	3:35 pm to 4:35 pm	
12	Review of the day and sharing of next day	4:35 pm to 4:45pm	
Day two			
Breakfast 8:00 am to 8:30am			

1	Brief overview of Pragati packages for HFS, HFOMC, FCHVs and HGM Champions – contents	8:30am to 8:45am	
2	Hot potato	8:45am to 9:05 am	
3	Agree/disagree	9:05am to 9:40 am	
4	Hopscotch	9:40am to 10:15am	
Break 10 min			
5	Method match	10:25am to 11:00am	
6	Side Effects & Method Matching	11:00am to 11:35am	
7	Side effects puzzle	11:35am to 12:10 pm	
Lunch break 12:10 pm to 1:10 pm			
8	Role play	1:10 pm to 1:45Pm	
9	Practice	1:45pm to 2:20pm	
Tea break 10 min			
10	Recording and reporting	2:30pm to 3:30pm	
11	Orientation Evaluation	3:30pm to 4:00pm	
12	Closing and next steps	4:00pm to 4:30pm	

Session: Opening session and introduction

Time: 15 min

Resources/Materials:

- Slides/Newsprint with written purpose and specific objectives of orientation.

Objectives:

- The purpose of this activity is to have local officials/in-charges/ ward chair express their support and involvement in the CBFP program through RANMs and boost ownership as well as familiarize with the purpose of the orientation.
- Share purpose and specific objectives of the orientation.
- Introduce to each other.

Steps:**Opening:**

- Preparatory steps involve FACT staff liaising with local officials/in-charges/ward chair to determine who will be providing the speeches. It is likely that they will need a few key points about the project and the purpose and objectives of orientation that would help them shape their speech.
- Designated official will welcome participants to the event and speakers provide their vision for the project in general and the orientation specifically its relevance to the local health program.

Introduction: Icebreaker: 'Things I like to do'

- Ask the participants take a few minutes to answer this question
- What would like to do to reach marginalized communities?
- First give your introduction and your answers to above question. And ask them to introduce themselves in similar manner
- Discussion: the below questions
- What does the group think about what was shared on how to reach those communities? What are the hindering factors and what would be the possible solutions?
- List on newsprint

Key Questions to Guide Activity/Discussion: N/A**Elements Associated with Transition to Next Session: N/A**

Session 1: Overview of the Family Planning Program of the DPHO

Time: 30 min

Learning Objective:

- Be familiar with the family planning program of the district.

Materials:

- Slides with brief overview of district family planning program

Content:

Family planning program of the district including:

- situation or needs & plan
- capacity building
- accomplishments/results
- challenges

Steps/methods:

- Warm up: ask
 - Can anyone tell us about the family planning program of the DPHO?
 - What are they? How many facilities have at least five family planning services?
- Share the objective of the session
- Present the slides
- Q&A – clarify if there are confusions/questions

Handout:

- N/A

Reference material:

- District family planning plan and annual report

Key question to Guide Activity/discussion:

N/A

Elements Associated with Transition to Next Session:

We will share with you about Pragati in the next session.

Session 1.1: Overview of Pragati

Time: 30 min

Learning Objective:

- Familiarize participants with Pragati to have a common understanding.

Materials:

- Newsprint with brief overview of Pragati

Content:

- Brief overview of Pragati

Steps/methods:

1. Share the objective of the session
2. Present brief overview of Pragati using the newsprint/slides.
3. Q&A – answer any queries.

Handout:

- Pragati two pager – Nepali version.

Reference material:

- Pragati two pager

Key question to Guide Activity/discussion:

N/A

Elements Associated with Transition to Next Session:

- You will continue to talk and learn about details of the COFP program through the RANMs in the next session.

Session 1.1: Reference material

Sample of Pragati to be written on newsprint or preparing slides:

Pragati: "Fertility Awareness for Quality of Life"

What is Pragati?

Package of nine games with instructions and critical reflection questions to diffuse correct information on:

- Fertility awareness
- Side-effects and misconceptions about family planning methods
- Social and gender norms around son preference and delaying first birth.

The Approach: A Participatory Intervention

Working through existing social networks, Pragati intervention uses a series of games to diffuse information about fertility awareness and family planning to individuals thus catalyzing conversation with others. The games also facilitate discussion around social and gender norms—unspoken rules that govern behavior—in order to challenge those norms that negatively influence family planning use. Through the games, participants critically reflect on social barriers, the expectations of others that impact behaviors in their communities and their own personal values.

Works through existing community groups to facilitate easy diffusion through social networks, eventually reaching a fertility awareness "tipping point" in the community.

Where it is implemented?

Bajura, Nuwakot, Pyuthan, Rupandehi, and Siraha

Goal: Increase fertility awareness and family planning use

Focus Population:

- Married and unmarried adolescent women and men aged 15-25 years
- Marginalized communities (Janajati, Dalit, Muslim, and Chhetri in the case of Bajura)

Nine Games:



There are two fertility awareness related games:

Menstrual Cycle game: This game provides concrete information around fertility and the menstrual cycle. It challenges existing social norms that make it taboo to talk about menstruation and fertility, or to involve men in discussions. The game visualizes the menstrual cycle: 'bleeding days,' 'fertile days & ovulation,' and 'safe days.'

Son/Daughter game: Using different colored beads, seeds, or small paper balls of same size to represent male and female genes, this game demonstrates how the sex of a baby is randomly determined by the composition of men's sperm.

Family planning related games are:

Side Effects game: Recognizing that managing side effects and fear of long-term consequences are significant barriers to family planning use, this game raises awareness about what is normal, and how side effects can be managed.

Method Match Memory game: This game involves matching cards with the same family planning method name, information about use and effectiveness, and illustration, allowing women and men to learn about and understand their modern method options.

Side Effect Puzzle game: Participants assemble a picture of a Nepali family using 22 cards that include a common side effect or a myth related to family planning methods. Participants distinguish between actual side effects and myths.

Social norms related games:

Life Cycle Hopscotch game: By defining hopscotch squares as different age ranges, this game encourages discussion about when in the life course certain reproductive health decisions are made.

Hot Potato game: While social norms in Nepal dictate that women and men are not to discuss fertility, reproduction, or family planning, this game promotes open conversations about the benefits of family planning. Topics include couple communication, delaying first child, benefits of family planning and healthy timing & spacing.

Agree/Disagree game: Using two cards with the words “Agree” and “Disagree,” this game challenges participants to reflect on statements related to family planning, fertility, decision making, son preference, delaying first birth and what contributes to a happy family.

Role Play game: Understanding that friends and family often influence individuals' confidence to make decisions related to family planning, this game uses eight cards with images of people in the community to practice conversation.

Session 2: Overview of CBFP intervention through RANMs

Time: 20 min

Learning Objective:

- Familiarize with CBFP interventions.

Materials:

- Flipchart slides/newsprint with brief overview of the CBFP intervention

Content:

- Brief overview of the CBFP intervention

Steps/methods:

1. Share the objective and process of the session
2. Start the session by asking the warm up question like “Who are currently providing family planning services at the community level?”? Note the response of the participants in newsprint.
3. Appreciate the discussion of the participants and present brief about CBFP intervention.
4. Ask the participants if they have any queries and close the session with responding to them.

Handout:

N/A

Reference materials:

Key question to Guide Activity/discussion:

N/A

Elements Associated with Transition to Next Session:

You will learn about your roles and responsibilities in next session and be prepared to implement as per your roles and responsibilities.

Session 2: Reference material

Introduction:

The CBFP service modality-through RANMs will be demonstrated to increase fertility awareness and expand the family planning services. This interventions will be mainly focusing on increasing fertility awareness and expanding access to family planning, including FAM specifically SDM with CycleBeads at the community level and testing community-based service delivery modality through RANMs at the community level in the marginalized areas to overcome barriers to family planning use and to improve the use of family planning services. More specifically, RANMs will be providing community level family planning services and referral for long acting reversible methods and providing MNC services and promotion of MCNH health. The family planning services includes service provision of condoms, oral pills, Depo-Provera and SDM-CycleBeads in the marginalized areas/sites only at community level. They will be collaborating and coordinating with FCHVs who are also providing condoms, oral pills, and other family planning education.

In Nepal, in collaboration with the DPHO in Rupandehi, Family Health Division and other local partners, a number of activities including the planning, implementation, and evaluation of the CBFP intervention- through RANMs is designed to improve the use of family planning at the community level. This will be integral part of DPHO's family planning program meaning it is weaved into existing ongoing family planning programs.

Intervention site:

The same fertility awareness intervention in six VDCs currently and two municipalities will be the sites for the CBFP intervention in Rupandehi.

Purpose:

Meet the family planning needs of marginalized/underserved groups (e.g. Muslim, urban poor, Janajati etc.) through CBFP service delivery modality designed to overcome barriers to family planning use.

Objectives:

- Support development and testing of CBFP intervention -RANM service modality.

Beneficiaries:

- Marginalized communities – all ages focusing on youths and eligible couples.

Key activities:

- **Formative research** including secondary information – based on the findings the CBFP intervention prepared.

- **Preparation of plan** – done together with DPHO and his team and key district level stakeholder.
- **Hiring and deployment** of RANMs in pre-selected marginalized sites by DPHO.
- **Capacity building**
 - Training/orientation on CBFP Intervention, COFP/Counseling, etc.
 - Orientation to HFS, Health Facility Operation Management Committee (HFOMC) and FCHVs
 - FACT staff to oversee training of service providers and RANMs
 - Mentoring & coaching RANMs.
- **Commodities/Logistic:**
 - Importation, warehousing and distribution of CycleBeads. And monitor tracking of use & distribution through MIS.
 - Adaptation of existing MIS instruments and indicators
 - Supply of other family planning commodities and materials from respective health facilities.
- **BCC** -IEC/Materials adaptation:
 - RANMs to do BCC activities like educate and counsel about family planning in addition to group interaction/sessions. Interpersonal communication and counseling.
 - Design and support family planning/SDM awareness rising – particularly SDM posters and leaflets to promote use of SDM services from RANMs. Awareness on family planning is covered under Pragati.
 - Adapt service, clients, and training materials accordingly.
- **Service delivery: family planning and MNC** including behavior change communication at community level by RANMs at marginalized areas.
- **Supportive supervision** & monitoring and technical support visits.
- **Monthly reporting & recording** – collection and submission of monthly information as per the requirement of health facility and project.
- **Advocacy** – to scale up at all levels.

Session 3: Roles and responsibilities of RANMs.

Time: 40 min

Learning Objective:

- Learn roles and responsibilities and be able to carry out.

Materials:

- Newsprint with roles and responsibilities of RANMs.

Content:

- Brief overview on roles and responsibilities

Steps/methods:

1. Share the objective and process of the session
2. Start the session by asking the warm up question:
 - What family planning services are provided in your locality?
 - Tell me about the family planning services you have been providing? At what level?

Note the responses of the participants in newsprint.

3. Divide into two groups and ask them to list down what and how they would like to deliver community level family planning services for marginalized communities.

Group presentation – add missing roles & responsibilities using prepared newsprint.

Discussion

4. Ask the participants that if they have any queries and close the session with responding the queries of the participants.

Handout:

- Job description

Key question to Guide Activity/discussion:

N/A

Elements Associated with Transition to Next Session:

We will talk about infection and prevention including waste management related to Depo-Provera as part of your key responsibilities in the next session.

Reference Materials:

Major Roles and Responsibility:

The major role of RANMs will be concentrated on increasing fertility awareness, promoting, delivering and referring for family planning services, raising awareness around social norms that inhibit family planning use, and focusing on bridging the service gaps for marginalized populations in her working area. She will also reach out to influential people and groups in the wider community to address family planning and relevant social norms, with the support from local health facility/mothers group/HFOMC and FCHVs. Additionally, she will provide home level postnatal and newborn care including postnatal family planning; providing antenatal Counseling involving husbands/in-laws and make referral for health facility checkups; and nutrition education including MUAC of under-five children in their clusters.

Responsibilities:

Planning:

- Prepare and update client tracking profiles for respective areas especially on family planning, maternal & newborn health (pregnant and postnatal mothers).
- Identify individual/couples/group of marginalized population in the community with family planning need and prepare a plan to provide family planning information and services to them.
- Prepare client work plan on monthly basis.
- Prepare referral plan for other long acting and permanent methods if couple wish to use those services and keep the track of referred clients.
- Track and list the households for pregnant and postpartum mothers, newborns, under five children and migrants of the cluster. Make referral plan for the ANC visits & institutional delivery.
- Prepare monthly work plans in consultation with Health Facility In-charge.

Service delivery and promotions:

- **Promotions:**
 - Identify and mobilize influential people for promotional activities.
 - Carry out group activities as per the work plan stated the in Client Logbook including playing games or other promotional activities.

- Promote awareness regarding fertility awareness, family planning, postnatal family planning, MNCH (which includes ANC and PNC), healthy timing and spacing of pregnancy (HTSP), birth preparedness and complication readiness plan (BPP), institutional delivery, Ama program, and nutrition at the individual and community level.
- Support FCHVs/HMG and male champions in implementing Pragati games in her cluster for diffusion of fertility and family planning messages. Coach and mentor FCHVs/champions as per their need.
- Promote linkages between the health facility and community people in terms of services available at health facility.
- Tap opportunities such as immunization clinic to provide family planning Counseling.

Services delivery:

Family planning:

- Provide family planning Counseling and services at individual household levels. The family planning service includes provision of Depo-Provera, SDMCycleBeads, condoms, and oral pills in her cluster.
- Manage and maintain waste disposal/products from provision of Depo-Provera by proper disposal system agreed with the health facility.
- Make referral for long acting reversible methods and permanent methods and follow up of those clients.
- Obtain family planning commodities from the health facility.
- Do follow up of those who discontinued use of family planning and counsel them.

ANC:

- Provide ANC Counseling specifically on importance of ANC checkups; danger signs of pregnancy, labor, delivery and neonatal; essential newborn care; family planning; birth preparedness and complication readiness; institutional delivery and Ama program; nutrition and rest. Counseling should be more individualized based on the information and history taking.
- Do at least two ANC visit to provide Counseling services and provide care on the request of client.
- Facilitate to involve husbands and in-law during visits and Counseling.
- Make referral for ANC checkups as per the protocol then follow-up.
- Referral for health facility delivery and follow up for postnatal care.
- Do immediate referral in case of any danger signs.

PNC:

- Do two PNC home visits to provide postnatal care to mother and newborn as per the protocol. Provide care per the assessment findings.
- Counsel on newborn care – warmth, cleanliness, exclusive breastfeeding, cord care, eye care, immunization; post-partum family planning; danger signs of postnatal and neonatal; and nutrition.
- Refer in case of danger signs. Follow up of referral cases.
- Facilitate to involve husbands and in-law during visits and Counseling.

Other health services:

- MUAC of under-five children to figure out nutritional status and counsel.
- Counsel on exclusive breast feeding; immunization; nutrition; danger signs; and hygiene.
- Referral as per need.
- Provide first aid services and refer as per need.

Coordination and collaboration:

- Coordinate and mobilize the relevant influential people and groups in the community to promote fertility, family planning and supportive social norms around family planning use as well as for wider community awareness and service access under RANM program in order to diffuse. This will depend on the specific stakeholders and barriers identified in the community, but might include religious leaders and other influential people, and might include groups where people participate.
- Partner with other health stakeholders in the community to enhance diffusion and coverage including the FCHVs, Male and HMG champions, health mother groups and any other health service providers.
- Coordinate and collaborate with health facility staff for referrals, promotion of each other's services, coordinated work planning, mutual accountability, manage commodities, possible solution of the problems occurred at community level during work and provide family planning user follow up. Assure coordination of information and services between themselves and the health facility. Examples include promotion of each other's services, cross referrals for services and follow-up, coordinated work planning, mutual accountability, and management of commodities.
- Working closely with FCHVs: Work closely with FCHVs to render family planning services. FCHVs will be referring for Depo-Provera and SDM services to RANMs as per need to RANMs and refer for long acting and permanent methods to health facilities as appropriate and necessary. FCHVs will continue to provide second cycle of oral pills

(received service either from RANM or health facilities) and distribute condoms in addition to education & Counseling on family planning methods.

- Organize group meetings with community members, existing groups, and influential people in the community, using the Pragati materials to promote fertility awareness and address social and gender norms that impact family planning.
- Liaise with health facility in-charge, health mothers group and HFOMC for service delivery to the targeted population.

Follow up:

- Routine follow up of the individual/couples receiving RANM services in the community as per their Client Logbook.
- Evaluation of the program activities according to the plan.
- Ensure all their services are reported on monthly basis in HMIS.

Monitoring, supervision and evaluation:

- Routine monitoring and supervision of the individual/couples receiving RANM services in the community – do follow up of clients who received services. Assess correct use of CycleBeads who received those CycleBeads.
- Evaluate/ assist in evaluation of the program activities according to the plan.

Recording and Reporting:

- Maintain records of services delivery and reporting on monthly basis or as per the requirement.
- Report to health facility in charge and do technical reporting to FACT staff.

Logistics:

- Obtain family planning commodities and necessary materials e.g. puncture proof box, SDM leaflets etc. from the health facility. Maintain record and report of commodities and materials received and submit report on monthly basis.
- Ensure about no stock outs.

Management of infection prevention including waste:

- Maintain infection prevention and waste management as per the guidance from health facility.

Others:

- Familiar with the local system and language to provide the fertility awareness messages, counseling and family planning services.
- Work in the community at the ward level under the health facility and will report to the Health Facility in-charge of the respective ward/gaunpalika, the assigned ward or cluster in ward/gaunaplika.

Session 4: Infection prevention and waste management related to Depo-Provera

Time: 20 min

Learning Objective:

- Learn to maintain infection prevention and waste management from Depo-Provera services at community Level.

Materials:

- Newsprint with brief overview of infection prevention and waste management related to Depo-Provera.

Content:

- Brief introduction about infection prevention
- Waste management related to Depo-Provera

Steps/methods:

1. Warm up: ask the participants
 - Have been doing waste management? What level? Where?
 - What waste may be produced after injecting Depo-Provera at community level? How can we manage?

Note the responses of the participants in newsprint.

2. Share the brief introduction about the infection prevention using the prepared newsprint.
3. Present the waste (used syringe and single used vials) management process using the prepared newsprint.
4. End the session by clarifying the roles and responsibilities of RANMs for the proper management of syringes and vials.

Handouts:**Reference materials:**

COFP/Counseling reference manual

Key question to Guide Activity/discussion:

N/A

Elements Associated with Transition to Next Session:

We will talk about logistic you will need in relation to service provision at community level.

Resource materials:**Infection Prevention**

Infection prevention is to prevent cross-infection among clients and service providers including other people who are involved. In order to prevent one has to take precautions or apply the measures during the course of family planning service provision to ensure the protection from cross-infections who are involve in receiving and providing family planning services at community level. It's an integral part of quality of services, without it there will not be any quality of service. Hygiene and proper management of used vials and syringes is the basic principle of infection prevention.

I8=Pd=Ik=P= ;"O{ nufpFbf x'g;Sg] ;+qmd0fsf] /f]syfdfs] ljlw (Infection Prevention Procedures for Administering DMPA)

I8=Pd=Ik=P= ;"O{ Pp6f efO{ndf Ps dfqfsf] nflu /flvPsf] x'G5 . o;sf] nflu Ps k6s Ps hgfnfO{ dfq x'g] Psk6s] cyf{t\ k'gM k|of]u gul/g] (Disposable) ;"O{ / l;l/Gh k|of]uaf6 x'G5 . I8=Pd=Ik=P=];"O{ lbg] k|s[ofdf k'gM k|of]u gul/g] I8:kf]h]jn_ ;fdgxl_ rnfpFbf ;+qmd0f x'g;Sg] ;+efjgf sd x'G5 . b"lift ;"O{ / l;l/Ghaf6 x'g] ;?jf /f]uaf6 arfpg / ;g]{ ;DefjgfnfO{ 36fpg klq o:tf] ;dfgsf] k|of]u ug'{kb{5 .

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Waste Management related to Depo-Provera

Waste management is an important activity under provision of Depo-Provera to prevent spreading infection. Waste management is integral part of infection prevention procedure. It's very important in prevention of infection. Without proper waste disposal management, we cannot meet the objectives of infection prevention despite applying all infection procedures.

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s= h}ljs k|ljlw -biological procedure__

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3= OGSofK;'n];g -encapsulation__

^a= :oflg6/L Nof08lkmn -sanitary landfill__

r= Uff8]/ -burial__

5= ;]K6s sls+|6 eN6 -septic concret vault__

h= hnfpfg] -incineration__

em= lg|Zqmo jgfpfg] -inertization__

Role of RANMs: RANMs should be doing the following:

- Off-site transportation of waste from community to health facility – bring the picture proof container to health facility and ensure it's disposed as per the procedure.
- Burial – waste products etc. cotton based on discussion with In-charge. They can either bring to health facility or bury locally.

- Reporting and recording of procedure done.

RANMs will be responsible for managing the waste produced from provision of Depo-Provera such as the used needle and syringe and cotton. Waste management should not be a problem if RANMs take proper precautions about the disposal of sharps syringes and cotton.

RANMs should receive the puncture proof box from health facility and carry with her during the community visit. The RANM will return the puncture proof box of sharps syringes once it's full to the health facility and the health facility will be responsible to properly incinerate and manage the box and its contents. In addition to this, they should ask for soap for hand-washing.

Procedures to follow are:

1. Hand washing techniques to maintain simple hand hygiene, page 83 – refer Chapter 6: INFECTION PREVENTION and HEALTH CARE WASTE MANAGEMENT, from COFP/Counseling reference manual. RANMs should be able to mobilize locally for simple hand washing like they can carry their own soap and ask for water. Once hands are washed you should be doing air drying. If available you can use antiseptic solution instead of soap and water following the 6 steps (Page 85: COFP/Counseling reference manual)
2. Drop the used syringe and needles into puncture proof box. Transport to the health facility once it's full.
3. Keep the used cotton separate in a cotton bag.

Note: See the details page 96, a matrix on waste management, COFPP/Counseling reference manual (revised latest version). ORC/PHC will be more applicable for RANMs.

Session 5: Logistic management of family planning methods

Time: 20 min

Learning Objective:

- Explain logistic management process in relation to family planning methods

Materials:

- Newsprint with logistic management process, marker, newsprint, masking tape, handouts

Content:

- Logistic management
- Logistic management process

Steps/methods:

1. Distribute one meta-card for each participant and tell them to write the definition of logistic management.
2. Stick all the meta-cards on the board and describe the points in brief and clarify by adding the missing points.
3. Clarify the process of managing family planning method stock out using the handout and prepared newsprint.
4. Ask the participants if they have any queries and end the session by clarifying their queries

Handouts:

Reference materials:

Key question to Guide Activity/discussion:

N/A

Elements Associated with Transition to Next Session:

We will talk about roles of other stakeholders in implementation of CBFP program.

Resource materials:

Logistic management system of health facility

Government health facility has an established logistic system to procure and distribute contraceptive methods and related supplies. Ideally, RANMs will work within an existing system. RANMs should be familiar with this system, or they will need to develop collaboration between health facility staffs, the community, and their supervisors. Basically, health facility staff will be responsible for balancing the demand and supplies. To maintain the requirements of family planning methods in the community, the RANM should work with the following steps.

Identify the people in charge of logistics management in the health facility

- In all health facilities there is an established logistic management system which is linked with the ministry of health that provides access to family planning commodities. RANMs will need to identify focal person of their respective health facility who can coordinate the supply of family planning commodities. They must also determine how these commodities are distributed to health facilities at all levels.

Ensure timely submissions of supply orders

- Submitting supply orders at regular intervals (and requesting sufficient supplies) can help avoid stock outs. This can be challenging, because community health facilities and district health offices all need to submit their requests in a timely manner.

RANMs can:

- Order new supplies when one month of stock is left. Tracking the distribution of stocks and estimating future stock needs is an important part of project monitoring and evaluation
- Follow the MoH's guidelines for restocking
- Reorder and receive new family planning commodities when they submit their reports
- Maintain the recording and reporting of all the family planning methods.

Session 6: Roles and responsibilities of other stakeholders in implementation of the CBFP program

Time: 30 min

Learning Objective:

- Explain the role and responsibilities of different stakeholders in relation to implementation of the CBFP program.

Materials:

- Meta-card, marker, newsprint/slides with role and responsibilities of health facility staffs, district level stakeholders, HFOMC and FCHVs

Contents:

- Role and responsibilities of health facility/ health workers
- Role and responsibilities of DPHO and other district level stakeholders,
- Role and responsibilities of FCHV and HFOMC members

Step/method:

1. Ask the participants what would be the roles and responsibilities DPHO, other district stakeholders, HFOMC and FCHVs in relation to effective implementation of CBFP intervention?
2. Note the responses from the participants on newsprint and clarify their roles and responsibilities using prepared meta-cards.
3. Inform the important stakeholders who are responsible for the implementation of CBFP intervention and describe their roles and support areas.
4. Ask the participants whether they have any queries regarding this session and end the session by answering the queries of the participants.

Handouts:

- Roles and responsibilities of other stakeholders.

Reference materials:

Key question to Guide Activity/discussion:

N/A

Elements Associated with Transition to Next Session:

Handouts:

Role of FCHVs in CBFP Intervention

- Support the CBFP Intervention by introducing the work of RANMs at the community in order to develop relationship between community people and RANMs, which in turn will increase awareness and access to family planning services.
- Support RANM in awareness raising and service delivery activities for the marginalized population in the community.
- Provide family planning services as usual and refer clients to RANMs for family planning services for Depo-Provera and the first cycle of oral pills.
- Promote the CBFP Intervention thru RANMs in the community to increase its acceptability in the community level and to increase the utilization of RANM services.
- Coordinate and collaborate with RANM regarding family planning, maternal and child health activities in the community.

Roles of DHO/DPHO:

- Initiate the CBFP program by recruiting the competent and skilled RANM considering the local candidates and local language.
- Incorporate the CBFP program in their regular activities and allocate the adequate budget.
- Plan and conduct capacity building activities to the RANMs together with FACT Project team.
- Maintain the logistics of CycleBeads at all health facilities.
- Incorporate the issues related to SDM and RANM intervention from the community.
- Promote services of RANM including SDM services. Provide Counseling on SDM and provide SDM leaflets as needed.
- Provide necessary logistic such as puncture proof box, family planning commodities, cotton etc. to RANMs through their respective health facilities. Ensure stock out.
- Coach and mentor RANMs.
- Keep the record and report on services including referrals from RANMs.

Roles of Health Facility/Health Workers:

- Coordinate with RANMs in provision of community level family planning services.
- Provided Family planning methods including CycleBeads so that they can provide regularly family planning services to the community people at community level.
- Inform HFOMC member about RANMs in the respective VDCs for their necessary support.
- Encourage and support RANMs to promote family planning services.
- Identify the issues, constraints and barriers that the RANM face during working hours.
- Support RANMs in recording and reporting as per existing recording and reporting system.
- Collect the regular records and report from RANMs and provide them necessary feedbacks.
- Coach and mentor RANMs as needed.

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Session 7: What is Fertility Awareness?

Time: 60 min (Presentation 15 min and menstrual cycle game and discussion – 45 min)

Learning Objective:

- Define fertility awareness and explain what it encompasses
- Describe what the events that take place in women's menstrual cycle and male fertility.

Materials:

- Newsprint with fertility awareness definition
- A set of Menstrual Cycle game cards

Content:

- What is fertility awareness & what does it encompass?
- Events that take place in the woman's menstrual cycle, especially as they relate to fertility and male fertility.

Steps/methods:

1. Warm up - ask:
 - What are words used to refer menstruation in your locality. List on the flipchart and ask which one is most commonly used – underlined it and use the word during your talk.
 - What are the misconceptions related to fertility in your communities?
2. Present the definition of fertility awareness and what it encompasses.

Explain the meaning of “actionable information” giving an example e.g. if woman knows her fertile period and does not want a child then she can avoid intercourse during that time period, either by using a condom or abstaining.

3. Q&A

4. **Menstrual Cycle Game:** Ask everyone to come together in a circle to participate in the activity on the menstrual cycle. Follow the instructions referring to the menstrual cycle activity game – **Annex 1**.

Handout:

- Key family planning and fertility awareness messages sheet.
- Fertility awareness definition
- A set of Menstruation Cycle game cards.
- Menstrual Cycle game instruction sheet – Annex 1.

Reference materials:

- Pragati manual
- Key family planning and fertility awareness messages sheet.
- Menstrual Cycle game instruction sheet.
- COFP/Counseling reference manual.

Key Questions to Guide Activity/Discussion:

- Refer to the Menstrual Cycle game's instructions.

Elements Associated with Transition to Next Session:

- In next session we will talk about some misconceptions related with menstruation.

Reference materials:

Outline of content:

➤ **Definition of FA**

Actionable information about fertility throughout the life course

Ability to apply this knowledge to one's own circumstances and needs

Fertility Awareness includes:

- Basic information on the menstrual cycle, when/how pregnancy occurs, likelihood of pregnancy at different times in the cycle/different life stages, role of male fertility
- Information on how specific family planning methods work, how they affect fertility, how to use them
- Basic understanding and communicating about, using family planning correctly






Annex 1: The Menstrual Cycle game

Time: 30 min.

Purpose:

To understand the menstrual cycle and fertility during the typical woman's cycle and clarify misconceptions about menstruation and fertility

Materials: Menstrual Cycle set of cards

- Secretions cards (12 cards) – Purple 
- Period cards (5 cards) – Purple 
- Cycle days (1-32) – Purple 
- Sperm card (card # 41) – Light Blue 
- Ovum card (card # 42) – Light Blue 

Take Away Messages:

- All women of childbearing age experience a menstrual cycle, made up of bleeding days or menstruation, fertile days, and other, non-fertile days.
 - Different women experience different cycle lengths, but variation is normal.
 - Monthly bleeding, or menstruation, is normal, and makes it possible for women to get pregnant.
- If a woman has sexual relations during the fertile days of her cycle without using some method of family planning, she is at risk for getting pregnant.

Introduction:

We are going to play the Menstrual Cycle game. In this game, we will learn about when women are fertile or not during their cycle and how this can influence choices around having sexual relations or using family planning. We will also learn that a woman's monthly bleeding is normal and not unclean.

How to Play:

Spread out the number cards 1-32 on the ground in a large circle and have participants stand outside of the circle.



1. **Ask:** What can anyone tell me about what is menstruation, or a monthly menstrual cycle?
2. **Tell:** All of these cards represent the woman's menstrual cycle and each card is a day of the cycle. It is called a cycle because it happens over and over again. While the number of days will vary between women, for now we are using 32 days.

Next, place the red drop cards next to the cards numbered 1-5.



Tell: The red drops represent menstruation (or monthly bleeding). Women usually have monthly bleeding for 3 – 7 days. Every woman is different and that is normal.

Ask: "Why do women bleed every month?"

Tell: "Every month, a woman's womb prepares to receive a fertilized egg if she becomes pregnant. If her egg is not met by the man's sperm (fertilized egg) her body gets rid of the blood from her womb. This is menstruation and it happens to women every month, from puberty to old age."

Next, place a few clear drop cards by the cards 8 to 19.



Tell: "These cards represent secretions. Every month, women's bodies produce clear secretions as a normal part of their cycle. When they are healthy they do not smell, itch or cause any pain. Healthy secretions are a sign that a woman may be fertile, and are most often present from Day 8-19."

Next - hold up the card with the egg and place it on Day 12.

Tell: "Every woman's body releases one egg into her womb each month. It is not possible to know the exact day an egg comes out, but it is sometime mid-cycle"

Next, hold up a sperm card:

Tell: "Men are fertile every day since puberty and are able get a woman pregnant during the fertile period if their sperm meet an egg. This will not happen if they use family planning methods, or if they have sexual relations during a time when the egg is not present."

Next, place the sperm card on Day 13



Ask: What happens here when there is an egg and a man and woman have sexual relations such that there is also a sperm?

Tell: “The answer is that if the egg and sperm meet, the egg is fertilized and it means a pregnancy.”

Next, remove the egg card from Day 12 while leaving the sperm card.

Tell: “If a woman is using a hormonal method of family planning such as pills, implants, or injectable, she does not release an egg and so there is no possibility that the sperm will meet an egg.”



Explain Fertile and Unfertile Days:

Walk to participants standing behind cards 8-19 and say that during this time when a woman has secretions and her egg is released, it is possible she can get pregnant. Then walk to the participants standing behind cards 20-30 and say that because there is likely no egg in the womb during these days, the sperm will not meet an egg, therefore a woman is less likely to get pregnant.

Emphasize: Just as the length of the cycle or bleeding days can vary from one woman to the next and this is normal, the number of days which may be fertile or infertile also vary. Therefore, you cannot predict your fertile or infertile days without more information about the consistency of your own menstrual cycle.

Next, tell participants to walk in a circle around the cards while clapping or singing. While they are circling, put the sperm on different card numbers.

Put the sperm on card 22. Ask again if the woman can get pregnant on this day. The answer is **NO** because there is no egg.

Put the sperm on day 15. Ask again if the woman can get pregnant on this day. The answer is **YES** because she has secretions that tell she is fertile. Also show the egg card on day 12 say that this is around the time an egg comes out.

Ask: What are options for avoiding pregnancy on the 15th day of her cycle?

Answer: She can avoid having sexual relations or use a condom (so there is no sperm) or she can use family planning (so there is no egg)

Repeat as many times as necessary to be sure the participants understand when there are fertile days during their cycle.



Discuss:

- What information about the menstrual cycle was new to you?
- What difference might it make in your life to know this?

Next Steps:

What is one thing that you learned today that you would share with a friend or family member? (What about your husband or wife?)

Please talk with your health provider if you have questions or are interested in family planning.

Session 8: Misconceptions related with Fertility Awareness and menstruation

Time: 45 min

Learning Objective:

- Be clear on misconceptions related with fertility awareness and menstruation.

Materials:

- List of Misconceptions
- Meta-cards with “fact” and “misconception”
- Newsprint paper and masking tape

Content:

- Misconception related with menstrual cycle & fertility

Steps/methods:

1. Warm up - ask:
 - Commonly at what ages girls get married? And boys? List the answers on flip chart.
 - When girls start menstruating
 - What are the common traditional practices around menstruation – ask them to write one on meta-cards and share to large group taping on newsprint.
2. Share the objective of the session
3. Prior to the session, tape pre-prepared meta-card that says “**misconception**” and another meta-card that says “**fact.**” Post these on opposite sides of the wall in the room.
4. Define what is “fact” and “misconception”. Ask the participants to run to the sign that says “fact” and tell everyone what a fact is (something that is true or correct) and give an example like, “The sun rises every morning....This is a fact.” Then, ask another person to run to the sign that says “misconception,” and tell us what a misconception is (something that many people may believe, but it is not true/not correct),

And ask participants about any misconceptions of family planning methods they heard.

5. State definition of "fact" and "misconception". And tell participants that we will now play a similar game to find out what we have heard about FP methods and whether it is true or not.
6. Read a statement that is either a myth or a fact to the large group. (See the facilitator notes for sample statements) If you think the statement is a fact/true, ask them to hurry to the side of the room with the sign that says **fact**. If they think the statement is a myth/false they hurry instead to the side of the room with the sign that says **misconception**.
7. Pause after reading each statement and watch to see which direction the participants move to.
8. Discuss the misconceptions that emerge among the participants in the session. Ask
 - About other misconceptions or beliefs they have heard of and probe about local values and beliefs in their communities. Then, briefly and sensitively provide accurate information to help dispel commonly held misconceptions.
 - How, where and when do they dispel these misconception?
 - Tell the participants that they you will further discuss other family planning related misconceptions much more during the next sessions.
9. Q&A – clarify any queries.

Handout:

- Fact sheet.

Reference materials:

Key Questions to Guide Activity/Discussion:

Elements Associated with Transition to Next Session:

We will learn more about fact around misconceptions related to social norms in next session.

Notes for Facilitator: fact sheet

List of common misconceptions and facts sheet:

Common misconceptions*	Facts
Girls are grown up, ready for marriage and mature enough to give a child when the first menstruation starts.	A girl's body is not ready for pregnancy before she is 20. Pregnancy before that age increases complications and poor health outcomes for the young mother and her baby.
Menstrual blood is impure/polluted blood, passing of waste product from the body/discharge of impure blood.	<p>Bleeding during the menstruation cycle is normal and not unclean process/phenomena.</p> <p>If fertilization does not take place, the egg travels to the uterus and dissolves. In this case the fresh new uterine lining is not needed to nourish a baby and is shed. The uterine lining comes out of the uterus and through the vagina in the form of menstrual blood. A monthly bleeding usually lasts 3 to 5 days.</p> <p>It indicates that the woman is not pregnant.</p>
Fertility of a woman depends on gods will	<p>In the menstrual cycle there are days when the woman has a higher risk of getting pregnant (these are called "fertile days"). These days are around the middle of her cycle. On other days she is not at risk of becoming pregnant (these are called "infertile days"). A woman does not get pregnant on bleeding days.</p> <p>Women can get pregnant if they have unprotected sex during their fertile days</p>
A newly married couple not having a child is perceived as the couple is infertile	The woman is fertile because she produces an ovum in each cycle. Although the ovum only lives 1 day, the woman can become pregnant during several days. This is possible because she doesn't know in advance the exact day of ovulation (the moment when the ovum emerges) and because the sperm can live for up to 5 days.

Male fertility begins from the age of 15 until 50 years	<p>Beginning with young man's first ejaculation, he is fertile and able to cause a pregnancy to occur for the rest of his life, although their fertility may diminish somewhat with age.</p> <p>Men are fertile without interruption throughout the month.</p>
Female fertility starts after menstruation till the age of 80	<p>Starting at puberty, a woman can get pregnant a few days every cycle.</p> <p>In woman the fertility peaks around age 20 and decreases rapidly and significantly dropping after 35 years and complete infertility normally occurring around the age of 50 (menopause).</p> <p>Women's' fertility usually comes to end between the ages of 45-55.</p>

Note: * Findings from formative research conducted in five FACT districts.


Session 9: Misconceptions around social norms

Time: 45 min

Learning Objective:

- Be clear on misconceptions around social norms – on preference and first child birth.

Materials:

- Seed game cards (cards numbers 40-42) - Light Blue 
- 20 or 30 small seeds, beads, or small paper balls of the same size in two different colors (example: green and yellow)
- Fact sheet

Content:

- Misconception around social norms – son preference and first child birth.

Steps/methods:

1. Explore the community and/or participants' attitudes regarding the sex preference of children. Discuss what their preference – son or daughter is and discuss impact of son preference. With

questions try to identify with participants the consequences of those attitudes. Remember, these are general discussions with no right or wrong responses!

2. Game – Seed Game instruction in **Annex 2**.

3. Explain – a pressure on women to give birth of son

4. Ask –

- What do the family or community people think of or talk about those newly married couples who do not give birth during their first year of marriage?
 - How common is this in your locality?
 - Is it still a common or rare? How often do they hear?
 - Do they receive newly married couple with their pregnancy?
 - What is common age of women who are attending ANC?
 - How do you feel about it?
-
- Explain sex determination – X and Y chromosomes (see below note)

Handout:

- Fact sheet.

Reference materials:

Key Questions to Guide Activity/Discussion:

Elements Associated with Transition to Next Session:

We will learn to play some Pragati games in next session

Facilitator notes:

Common misconceptions: fact sheet


<p>Parents-in-law and husband pressure to bear children unless she gives birth to a son.</p> <p>There are many cases where husbands threaten by saying, ‘if you do not give birth to a son then I will marry another woman.</p>	<p>Man’s sperm determines sex of a baby. The sex of a baby is determined by two chromosomes that come from the woman’s egg and man’s sperm. Chromosomes are tiny structures that contain all biological characteristics that are passed to a baby, including the sex of the baby.</p> <p>The chromosomes that determine a baby’s sex are called the “X” and “Y” chromosomes. A baby gets one sex chromosome from the mother and one from the father. A woman’s egg carries two “X” chromosomes, which are the “girl” chromosomes. The father has one X chromosome and one Y chromosome. If the fertilized egg gets the father’s Y chromosome, the baby will be a boy; if the egg gets the father’s X chromosome, the baby will be a girl. Thus, the man’s sperm, not the woman’s egg, determines the baby’s sex.</p>
<p>Newly married couples are expected to give immediate after marriage; if not then it is perceived as couples are infertile.</p>	<p>Couples to make their own decisions and need community support before having children</p> <p>Be a couple before you start to have children – develop your own relationship first.</p> <p>Implications – poor health, discontinuation of education, etc.</p>

Annex 2: Son/daughter game

Purpose:

To show how a baby's sex is determined by the man's sperm, even though the man and woman both contribute to a pregnancy.

Materials:

- Seed game cards (cards numbers 40-42) - Light Blue 
- 20 or 30 small seeds, beads, or small paper balls of the same size in two different colors (example: green and yellow)

Take Away Message:

- The sex of the baby is determined by the sperm of the man, which can be male or female. Women's eggs are all female.

Introduction:

Today we are going to focus on an important issue in the community - having girl children and boy children, and what we expect and want related to having children. We are going to play a game that shows us that the sperm of the man or husband determines the sex of the child.

Discuss:

- What happens if a family has sons and no daughters?
- What happens if a family has daughters and no sons?
- Why do you think the reaction is different?
- What kinds of challenges do women or men face when they have no sons or no daughters?

How to Play:

- Gather participants in the center of the room. Explain that this game will show how a baby becomes male or female.
- Hold up the sperm card (card 41) and the ovum card (card 42). Tell participants that in order to make a baby; the sperm from the man has to meet the ovum, or egg, from the woman, inside the woman's womb.
- Hold up the ovum card and tell participants that the ovum from the woman can only be female. Hold up (example: yellow) and say that this represents the female egg.
- Hold up the sperm card and tell participants that the sperm from the man can be female or male. Hold up (example: green) and say that this represents the male.
- Divide participants in half and have them stand in two lines facing each other. If the group is mixed and if it is possible, it is most clear if men and women represent their own sex. Either way, one half of the participants is representing women while the other half is representing men.
- Explain that the "women" have two seeds of the same color because women only produce "female" seeds. The "men" have two different seeds because men produce sperm, which can be male or female.
- Give all the "women" two yellow seeds. Give all the "men" one yellow seed and one green seed.

- Have the “women” stand in one line and hold one seed in each hand behind their backs. Tell the “men” also to stand in another line facing the “women” and hold one seed in each hand behind their backs, so that they don’t know which seed is in which hand.
- Ask the “woman” and “man” at the front of the line to demonstrate:
 - First ask both the “woman” and the “man” what sex of baby they want, a boy or a girl.
 - Then the “man” without looking at the seed he has, should give one seed to the woman.
 - The woman should hold the seeds so that all people can see them.
 - If the two seeds match, the baby will be a girl. If they are different, it will be **a boy**.
- Go down the line and have each “couple” that is facing each other “make a baby” by asking the “man” to give one seed to the “woman” without looking at the seed color. The “woman” should now have two seeds. Once all of the couples have made their baby, ask them to come back to the center of the room.
- Using card 40, explain that while women and men both contribute to the sex of the baby, it is the man’s sperm that determines whether the baby will be a boy or a girl. Ask the “men” if they knew which seed they were contributing: explain that because each sperm can be either male or female, no one can control or know which the baby will be.

Discuss:

Earlier we discussed how some women are treated poorly when they don’t have sons.

Next Steps:

- What is one thing you learned today that you would share with a friend or family member?
- **Please talk with your health provider if you have questions or are interested in family planning.**

Application:

- Can you conduct this seed game at community level where there is no FCHV? If not, what extra technical support needed?

Session 10: Community Mobilization

Time: 60 min

Learning Objective:

- Define community mobilization
- Explain importance and process/step of community mobilization
- Know about the important key stakeholders in the community.

Materials:

- Meta cards stating the steps of community mobilization, masking tape, marker, and newsprint

Content:

- Definition of community mobilization.
- Importance and steps of community mobilization

Steps/methods:

1. Ask the participants "What is community mobilization and why it is important"?
Note the response of the participants in newsprint and tape on wall.
2. Describe the meaning and importance of community mobilization by supporting the response given by the participants and add more points if they missed to say.
3. Ask participants: "what are the steps of community mobilization?"
 - Note the response of the participants and clarify the steps by using previously prepared Meta cards.
4. End the session with some evaluation questions.

Handout:

Reference materials:

Key Questions to Guide Activity/Discussion:

- What is community mobilization? Why is it important?
- How can we mobilize the community to reach the common goal?

Elements Associated with Transition to Next Session:

Handouts:

Community mobilization

Community mobilization is the process of building community capacity and engaging communities to identify their own priorities, resources, needs, and solutions in such a way as to promote representative participation, good governance, accountability, and peaceful change. Community mobilization, a key strategy for increasing demand and use of family planning services, is a process that helps communities to identify their own needs related to family planning and address these needs. Gaining the participation of community members can help providers raise awareness both of the issues related to family planning at the community level and the social and cultural issues that may promote or inhibit use of family planning services. Specific barriers to service access and use can be addressed and service utilization increased. For this project community mobilization is important in linking health facilities and other structures to communities like FCHVs, RANMs, CBOs etc., fostering greater access to and equity in family planning service utilization.

Community mobilization promotes consideration of the family planning needs of specific populations and localities. In particular, underserved populations, such as the population of marginalized and youth and men of marginalized communities can be reached more effectively through community mobilization. Community mobilization also leads to greater sustainability, as communities will be empowered and capable of addressing their own needs related to family planning.

Why Community Mobilization?

- Giving information to the community and gathering information from a community so that the need of the community people can be fulfilled.
- Working together as a community to solve problems related to family planning which can help to achieve the goal and objective of the project.
- Involving the community means individuals receive more support; no one gets left alone with a problem and no one left from getting family planning services.
- The community learns about what are the myth and misconceptions regarding family planning and they will directly involve in minimizing those issues in the community.

- Mobilization helps people learn themselves and think themselves about family planning, so that they will be empowered and can solve the problems of the community.

What are the steps in community mobilization?

- **Meet** – Community mobilization is begin with meeting community leaders. You need to understand who are the opinion leaders, socially selected leaders and influential leaders in this community? Explain your role and why you want to talk to the people. Keeping them informed will help you get their support and help.
- **Start** - Decide on what you want to tell the community about and who will be the key speaker at the community talk. Mobilizing is about getting people to come to your meetings. This can be difficult, so you need to do plenty of advertising, for example by visiting home to home, attending other ongoing community meetings e.g. Community Action Centers, Ward Citizen forums, distributing leaflets etc. One of the potential forums are ward citizen forum and VDC meetings, so do not miss these. In addition to these, forest user groups, mothers groups, and health mother groups would other options.
- **Assess** - Collect information about the topic from several different groups of people. Have interaction with community people.
- **Plan** - Decide on the date and place for the talk, who will be involved and who will do what.
- **Act** - Carry out the talk. Remember to gather as much information as you can during the talk. Keep a record of the questions asked and who needs to be followed up or referred.
- **Evaluate** - After the talk, review what happened, lessons learned and what can be done better next time you hold a similar talk.

Session 11: Pragati games

Time: 5 hours in total

Learning objective:

- Learn Pragati games to be able to conduct them at a community level where there is need.

Materials:

- Sets of Pragati games

Content:

- Pragati games

Steps/methods:

1. Briefly talk about the Pragati Manual
2. Show the game materials.
3. Play the games **as per the Pragati Manual – follow the steps** (instructions) to play the games as given in the Pragati Manual:
 - Side effect puzzle
 - Method match
 - Side Effects & Method Matching
 - Life Cycle Hopscotch
 - Agree/Disagree
 - Hot potato
 - Role play
4. Practice: practice after each game.
5. Ask:
 - Which are easy to play?

- Which games are difficult to play?
 - Are you able to conduct games?
 - What support do you need?
6. End the session by clarifying any queries.

Handout:

- All sets of games with instructions.

Reference materials:

- Pragati Manual

Key Questions to Guide Activity/Discussion:

See above

Elements Associated with Transition to Next Session:

In next we will talk about reporting & recording.

Session 12: Recording and reporting

Time: 30 Minutes

Learning Objective:

At the end of the session, participants will be able to explain about the recording and reporting process and forms.

Materials:

- Meta card, marker, cardboard, masking tape, pencil, recording and reporting forms.

Contents:

- Recording and reporting process and its importance
- Reporting and recording forms

Steps/method:

1. Ask the participants that what is recording and reporting and its importance?

Note the responses came from the participants and clarify about the recording and reporting process with the help of handouts.

2. Describe all the forms and formats developed for the RANM interventions.

- Describe – RANM indicators
- Describe the reporting and recording requirement
- Show and describe the forma and formats related to RANM from Pragati tools/formats.

3. Distribute the forms and formats of recording and reporting to all the participants and ask them to practice for filling those forms.
4. Observe the process of filling forms by the participants correct them if they are doing wrongly.
5. Ask the participants whether they understood the session and close the session by appreciating their active participation during the session.

Handout:

- Sample of records & forms

Reference materials:

- HMIS registers and forms with instructions

Key Questions to Guide Activity/Discussion:

N/A

Elements Associated with Transition to Next Session:

In next session will be closing session.

Resource materials:

Record keeping and reporting: is one way that an organization can keep track of patterns of contraceptive use amongst its clients. Keeping records and preparing and analyzing reports are effective ways to determine clients' needs and their use patterns. Good examples of this are stock on hand (by method and brand), and consumption/distribution (by method and brand) – use of methods, both of which can be easily collected and analyzed on a routine basis. This information can be collected by using simple HMIS records, forms and reports (for details, refer to National HMIS technical guidelines).


kl/jf/ lgof]hg;Fu ;DalGwt kmf/fdx? o; k|sf/ 5g\ M (FP related HMIS forms/sheets)

- ;Dks{ sf8{ (Multipurpose Contact Card) – HMIS-1.2
- :yfgfGt/Of÷k|]if0f k"hf{ (Transfer/Referral Slip) – HMIS-1.4
- kl/jf/ lgof]hg ;jif (Family Planning Card-Face Sheet) – HMIS-3.1
- lkN;, l8kf] ;jif /lhi6/ – HMIS-3.2
- cfO{=o'=:L=8L=/ODKnfG6 ;jif /lhi6/ – HMIS-3.3
- aGWofs/Of ;jif /lhi6/ – HMIS-3.4
- ufpF3/ lSnlgs /lhi6/ – HMIS-4.2
- l8kmN6÷÷clgoldttf cg'udg k'hf{ (Defaulter/discontinuation tracing slip) – HMIS-1.5
- dlxfn :jf:Yo :jo+;]jsf dfl;s k|ltj]bg ;+sng kmf/d – HMIS-9.1
- ;d'bfo :t/ :jf:Yo sfo{qmdsf] dfl;s k|lta]bg – vf]k tyf ufpF3/ lSnlgs – HMIS-9.2

- $k|f=:jf=s|=, :jf=rf|=, pk :jf=rf\} k|lta]bg kmf/d$ – HMIS-9.3
- $lhNnf leqsf :jf:Yo ;+:yfn] k|ltj]bg ug]\{ kmf/fd -lhNnf hg÷:jf:Yo sf of\{no=====k|f=:jf=s|÷:jf=rf\}÷pk=:jf=rf\}_$
– HMIS-32

Sample of forms: See annex 1 as well.

HMIS 3.1 Face Sheet

 <p>नेपाल सरकार स्वास्थ्य तथा जनसंख्या मन्त्रालय स्वास्थ्य सेवा विभाग स्वास्थ्य व्यवस्थापन सूचना प्रणाली परिवार नियोजन सेवा कार्ड</p>									
दर्ता नम्बर:					दर्ता मिति		गते	महिना	साल
स्वास्थ्य संस्थाको नाम					जिल्ला				
सेवा लिने व्यक्तिको ठेगाना		जिल्ला			गा.वि.स./न.पा			वडा नं.	
विवरण	नाम र थर		जाती कोड	उमेर	शिक्षा		पेशा		
सेवाग्राहीको									
पति/पत्नीको									
हाल सम्मको जन्म सम्बन्धी विवरण									
जीवित जन्म संख्या	हाल जीवित बच्चाहरुको उमेर (कम देखि बढी उमेरसम्म क्रमशः उल्लेख गर्ने)				कैफियत		आखिरी रजस्वला भएको मिति		
छोरीहरु							गते	महिना	साल
छोराहरु									
विगतमा परिवार नियोजन साधनको प्रयोग (V)									
पिल्स		डिपोप्रोभेरा		आइ.यु.सी.डी		इम्प्लान्ट		अन्य	नगरेको
पहिले प्रयोग गरेको साधन छोड्नुको कारण (V)									
बच्चा जन्माउन		शारीरिक समस्या भएर		आवश्यक नभएर		अन्य (खुलाउने)			
चिकित्सा सम्बन्धी विवरण (हर्मोनल साधन लिने सेवाग्राहीका लागि) गोलो घेरा लगाउनुहोस् ।									

चिकित्सा सम्बन्धी विवरण (आई.यू.सी.डी.का लागि) गोलो घेरा लगाउनुहोस् ।									
१. तल्लो पेट दुख्ने समस्या:				छ	छैन				
२. गन्हाउने पानी बग्ने समस्या:				छ	छैन				
३. तीन महिना यता पाठेघर सम्बन्धी संक्रमणको उपचार गरेको				छ	छैन				
आकस्मिक गर्भ निरोध चक्की प्रयोग गर्ने लागेको भए निम्न विवरण भर्नुहोस्:									
१. असुरक्षित यौन सम्पर्क भएको मिति (गते/महिना/साल)				ग	म	सा			
२. अब प्रयोग गर्ने चाहेको साधन:									
हाल प्रयोग गर्ने लागेको साधन									
साधनको नाम	सुरु गरेको मिति		सेवा प्रदान गर्नेको नाम र थर		दस्तखत		कैफियत		
	ग	म	सा						
अनुगमन, परीक्षण, उपचार र सल्लाह									
सेवा लिएको मिति	शिकायत/ निदान		उपचार/ सल्लाह/ सुझाव		फर्केर आउने मिति				
ग	म	सा			ग		म	सा	

रजिष्टरको नमूना:

परिवार नियोजनको अस्थायी साधन

वाई नं.		वडा जनसंख्या:		पिल्स		डिपो		प्रजनन उमेरका महिला संख्या:	
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मूल दर्ता नं.	सेवा दर्ता नम्बर	मिति			प्रयोगकर्ता किसिम		सेवाग्राहीको		जाति कोड*	गाउँ टोल	सम्पर्क नं.	उमेर (वर्ष)		पतिको नाम थर (ऐच्छिक)
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जम्मा														नयाँ प्रयोगकर्ता
														हाल प्रयोगकर्ता
														Discontinued
														साधन खर्च (साइकल/डोज)

(पिन्स तथा डिपो) सेवा रजिष्टर

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रजिष्टरको नमूना:

परिवार नियोजनको अस्थायी साधन

वार्ड नं.	वडा जनसंख्या:	आ.यू.सी.डी	इम्प्लान्ट	प्रजनन उमेरका महिला संख्या:
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मूल दत्ता नं.	सेवा दर्ता नम्बर	मिति			क्र.सं. (नया प्रयोगकर्ता)	सेवाग्राहीको		कोड जाति	ठेगाना गाउँ/टोल	सम्पर्क नं.	उमेर (वर्ष)		पतिको नाम र थर (ऐच्छिक)
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आ.यू.सी.डी. तथा इम्प्लान्ट सेवा रजिष्टर

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प्रयोगकर्ता		साधन राख्दाको अवस्था		साधन प्रभावकारी रहने अन्तिम मिति			साधन झिकिएको विवरण (साधन झिकने भएमा)											कैफियत
नयाँ	लगातार	सुत्केरी भएको ४८ घण्टा भित्र	अन्य	ग	म	सा	राखिएको मिति			राखेको संस्थाको नाम		झिकेको मिति			झिकनुको कारण	साधन झिकने स्वास्थ्यकर्मीको		
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रजिष्टरको नमूना:

परिवार नियोजन स्थायी

जिल्ला:

क्र.सं.	दर्ता नं.	मिति			सेवा प्रदायक संस्थाको नाम (सरकारी/गैर सरकारी)	सेवा संचालन			सेवाग्राहीको		जाति कोड*	उमेर (वर्षमा)	
		ग	म	सा		संस्था	शिविर	शिविर संचालन स्थान	नाम	थर		महिला	पुरुष
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(बन्ध्याकरण) सेवा रजिष्टर

जिवित बच्चा संख्या		ठेगाना				रेफर गर्ने को नाम	बन्ध्याकरण गर्ने चिकित्सकको		कैफियत*
छोरी	छोरा	जिल्ला	गा.वि.स./न.पा.	वडा नं.	गाँउ/टोल		नाम, थर	सहि	
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Orientation Evaluation Form: RANM

Day 1 Session Feedback	How do you feel about activities used during the orientation?		Was this session useful for your work?
	Tick best option	Were the hand-outs appropriate?	
1. Overview of DPHO family planning program	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
1.1.Overview of Pragati	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
2. Overview pf CBFP Intervention	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
3. Roles and responsible of RANM	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Infection prevention	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	interaction <input type="radio"/> Too much lecture		Please Explain why:
5. Logistic management	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
6. Roles and responsibilities of other key stakeholders	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
7. What is fertility awareness?	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
8. Misconceptions related with fertility awareness & menstruation	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
9. Misconceptions around social norms	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
10. Community mobilization	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	interaction <input type="radio"/> Too much lecture		Please Explain why:
--	---	--	----------------------------

Day 2 Session Feedback	How do you feel about activities used during the orientation?	Were the hand-outs appropriate?	Was this session useful for your work?
	Tick best option		
11. Pragati games	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:
12. Recording and reporting	<input type="radio"/> Just enough interaction <input type="radio"/> Not enough interaction <input type="radio"/> Too much lecture	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No Please Explain why:

Overall feedback:

1. Which session did you find most helpful and interesting? Why? List the sessions by their numbers (found on the agenda).

2. What was not helpful? Is there an activity or session topic you would change?

3. What was the most important message or topic you learned?

4. Is there anything we should be doing differently for future orientation?



Fertility Awareness
for Community
Transformation

समुदाय रुपान्तरणका लागि प्रजनन् शिक्षा परियोजना



फोटो क्रेडिट : Nokafu Sandra Chipanta, IRIH

प्रगती : “गुणस्तरीय जीवनको लागि प्रजनन् सचेतना”

कार्य क्षेत्र

पाँच जिल्लाहरू: बाजुरा, प्यूठान, रुपन्देही, नुवाकोट, सिराहा

सामोदार संस्थाहरू

प्रजनन् स्वास्थ्य संस्था, जर्जटाउन विश्वविद्यालय र सेभ द चिल्ड्रन

दायर्सस्था

अमेरिकी अन्तर्राष्ट्रिय विकास सहयोग नियोग (युएसएड) अन्तर्गत समुदाय रुपान्तरणका लागि प्रजनन् सचेतना (फ्याक्ट) परियोजना (२०१३-२०१८ सम्म)

बर्ग/समूहहरू

- विवाहित र अविवाहित किशोर तथा किशोरीहरू
- जनजाती, दलित, मुस्लिम जस्ता पहुँच बाहिर रहेका समुदायहरू



प्रगती के हो ?

अवधारणा : एक सहभागितामूलक क्रियाकलाप

प्रगतीले समुदायमा अवस्थित संजालहरू मार्फत श्रृंखलाबद्ध खेल खेलाई व्यक्तिगत तहसम्म प्रजनन् र परिवार नियोजन सम्बन्धि शिक्षा दिई सचेतना फैलाउँदै अन्य व्यक्ति व्यक्ति बिच छलफल गर्ने वातावरण सिर्जना गर्दछ। प्रगतीका खेलहरूले परिवार नियोजनको प्रयोग र व्यवहार परिवर्तनमा सकारात्मक प्रभाव पार्ने सामाजिक तथा लैङ्गिक मुल्य र मान्यताहरू बारेमा छलफल गर्नमा सहजिकरण गर्दछन्। खेलहरूले सहभागीहरूलाई सकारात्मक सामुदायिक व्यवहारलाई अवरोध गर्ने विद्यमान सामाजिक बाधाहरू जस्तै उनीहरूको व्यक्तिगत सोचाई वा अरुको मुल्य मान्यताहरूका बारेमा गतिरिएर समिक्षा गर्न मद्दत गर्दछ। प्रगतीले सहभागीहरूलाई प्रचलित सामाजिक मान्यता र व्यवहारलाई पूर्ण रूपले बुझ्न, भविष्यको बारेमा गतिरिएर सोच्न र त्यसअनुसार व्यवहार परिवर्तन गर्न मद्दत गर्दछ।

स्थानिय सहजकर्ताहरूले परिवार र समुदायमा प्रभावकारी तरिकाले खेलहरूको माध्यमबाट जानकारी र त्यसको महत्व बुझाउन सहजीकरण गर्दछन्। प्रगती खेलको सहजिकरण गर्न खेल सामग्री सहितको सहजकर्ता निर्देशिका उपलब्ध छ। प्रगती र समुदायस्तरका संजालहरूसँगको साभोदारीले समुदायमा प्रगती अवधारणालाई लामो समयसम्म सहयोग र सेवा प्रदान गर्न मद्दत गर्दछ।



स्वास्थ्य संस्था संचालन तथा व्यवस्थापन समिति : यो समितिले पिछडिएको वर्गमा सेवा र श्रोतको पहुँच पुऱ्याउन समन्वय गर्ने।



स्वास्थ्य संस्थास्तरका सेवा प्रदायकहरू : खेल कार्यान्वयन भए नभएको हेर्ने तथा तथ्याङ्क संकलनको अनुगमन गर्ने।



महिला सामुदायिक स्वास्थ्य स्वयंसेविका : स्वास्थ्य शामा समूह साथै समुदायमा पनि प्रगती खेल खेलाउने र प्रवर्द्धन गर्ने।



स्वास्थ्य शामा समूह व्याम्पियन: समुदायमा प्रगती खेल खेलाउने र प्रवर्द्धन गर्ने।



पुरुष ध्यामियन : खेलहरूको माध्यामबाट प्रजनन् र परिवार नियोजनसँग सम्बन्धित सामाजिक तथा लैङ्गिक मूल्य र मान्यताको बारेमा विद्यमान समूहहरू जस्तै बडा नागरिक मञ्चलाई गतिरिएर कुराकानी गर्न उत्प्रेरित गर्ने ।

अनुसन्धान तथा मूल्याङ्कन:

परिवार नियोजनको प्रयोग र प्रयोग गर्ने विचारबारे कार्यक्रमको प्रभाव मूल्याङ्कन गर्ने मिश्रित विधिमा आधारित अर्ध-प्रयोगात्मक अध्ययन भइरहेको छ । यस बाहेक, यो अध्ययनले स्थानीय प्रचलन र प्रजनन् सचेतनाबीचको सम्बन्ध पत्ता लगाउने, सामाजिक तथा लैङ्गिक मान्यताबारे मापन गर्ने र प्रवासी पुरुषहरूले सामाजिक तथा परिवार नियोजनको नतिजामा के कस्तो असर पाउँछ भन्नेबारे जानकारी प्रदान गर्दछ ।

अध्ययनले प्रगती कार्यक्रममा सुधार गर्नुपर्ने पक्ष र यसको सम्भावित विस्तारको बारेमा जानकारी दिने छ साथै यसले प्रजनन् सचेतनामा अभिवृद्धि गरि परिवार नियोजनको प्रयोग गर्ने धारणामा सुधार ल्याउन र व्यवहार परिवर्तन गर्ने बारे जानकारी गराउँनेछ । तथ्याङ्क संकलनका विधिहरू :

- **बेसलाइन र इन्टरभलुइन सर्वेक्षणबाट** प्रजनन् सचेतनामा अभिवृद्धि र परिवार नियोजनको प्रयोग बारे लेखागोखा गर्ने ।
- **अवलोकनात्मक तथ्याङ्कबाट** प्रगतिको कार्यान्वयन र विस्तारको सम्भावना बारे जानकारी हासील गर्ने ।
- **क्षिति समूह छलफलबाट** समुदाय मार्फत प्रजनन् सचेतना कसरी फैलिएको छ भन्ने बारे थाहा पाउने ।
- **गहन अन्तर्बार्ताबाट** कार्यक्रम सम्बन्धि धारणा र परिवार नियोजनको प्रयोगमा कसको प्रभाव पारेको छ भनेर थाहा पाउन ।

प्रजनन् सचेतना : आफ्नो परिस्थिति र आवश्यकता अनुसार प्रजनन्शिलता बारे जीवनभर व्यवहारमा लागू गर्न सकिने जानकारी र क्षमतालाई जनाउँछ । यसमा महिनावारी चक्रको बारेमा सामान्य जानकारी, कठिने/कसरी गर्भाधान हुन्छ, चक्रको विभिन्न समयमा असुरक्षित यौन सम्पर्क राख्दा गर्भ रहने सम्भावना र पुरुष प्रजननशिलताका बारेमा जानकारी समावेश गरिएको छ ।



स्वास्थ्य तथा जनसंख्या मन्त्रालय



USAID
अमेरिकी सहायता

खेलहरू :



महिनावारी चक्र खेल

यस खेलले प्रजनन् तथा महिनावारी चक्रको बारेमा तथ्य सन्देशहरू दिई यस सम्बन्धी खुल्ला छलफल गर्न र पुरुषलाई सहभागी गराउने वातावरण तयार पार्दछ । यसखेलले महिनावारी चक्रका "रगत बग्ने दिन" "गर्भाधारण हुने र नहुने सम्भावित दिनहरू" लाई चिनाउँछ ।



छोरा वा छोरी खेल

यो खेलले छोरा र छोरीलाई प्रतिनिधित्व गर्ने गरी फरक रंगको दानाहरू प्रयोग गरेर कसरी पुरुषको शुक्राणुकोटले कसरी बच्चाको लिङ्ग निर्धारण गर्छ भनी बुझाउँछ ।



साधन र साधारण असरहरूको जोडा मिलाउने खेल

यो खेलले तात्कालिन साधारण असरहरू र दीर्घकालिन परिणामहरूको ठर नै परिवार नियोजनका साधन प्रयोगको लागि महत्वपूर्ण बाधा हुनु भनी पत्तिचान गर्छ । यो खेलले साधारण असरहरू के के हुन्, र यसको व्यवस्थापन कसरी गर्न सकिन्छ भनेर सचेतना बढाउँछ ।



जीवन चक्र खुट्टे खेल

खुट्टे खेलमा प्रयोग हुने विभिन्न कोठाहरूले फरक फरक उमेर समूहलाई जनाउँछ । यो खेलले जीवनचक्रमा प्रजनन् स्वास्थ्य सम्बन्धि निर्णय कठिने र कसले लिने भन्ने बारे छलफल गर्न प्रोत्साहन गर्छ ।



तातो भातु खेल

महिला र पुरुषले प्रजनन् वा परिवार नियोजनबारे छलफल गर्नु हुन्छ भन्ने नेपालको सामाजिक मान्यता रते पनि यो खेलले परिवार नियोजनको फाईदाबारे खुला छलफल गर्न प्रोत्साहन गर्छ । यस खेलमा प्रजनन्, पतिलो बच्चा छिलो जन्माउने बारे दम्पती बिच छलफल जस्ता विषय समावेश छन् ।



सहमत असहमत खेल

"सहमत" र "असहमत" दुई शब्द लेखिएका दुई कार्डहरूको प्रयोग गरी यो खेलले सहभागीहरूलाई परिवार नियोजन, प्रजनन्, निर्णय प्रक्रिया र सुखी परिवारको लागि के कुराहरूले योगदान गर्छन् भन्ने सम्बन्धि भनाईहरूमा सोच्न चुनौति दिन्छ ।



जोडा मिलाउने खेल

यस खेलमा परिवार नियोजनका साधनको नाम, प्रयोग, प्रभावकारिता र प्रजनन्शिलता फर्कनेबारे जानकारी र चित्रहरू समावेश गरिएका जोडी कार्डहरू छन् जुनबाट पुरुष र महिलाहरूले आधुनिक परिवार नियोजनका साधनबारे सिक्न र बुझ्न सक्नेछन् ।



साधारण असर खेल

सहभागीहरूले परिवार नियोजनका साधनहरूको साधारण असर र साधनका क्षमबारे चित्र भएका २० वटा कार्डहरू एउटै ठाउँमा मिसाउँछन् जसबाट साधारण असर भएका कार्डहरूलाई छुट्याई त्यसबाट एउटा नेपाली सुखी परिवारको पुर्ण चित्र बन्छ । यस खेलबाट सहभागीहरूले साधारण असर र क्षम छुट्याउन सक्छन् ।



भूमिका खेल

परिवार नियोजन सम्बन्धि निर्णय गर्दा प्रायजसो साथी, परिवार र अन्य मानिसहरूको व्यक्तित्व बुझाईले प्रभाव पाउँछन् । यो खेलमा यस्ता कुराकानीको अभ्यास गर्नको लागि समुदायका मुख्य मानिसहरूको ८ वटा फोटोहरू प्रयोग गरी अभ्यास गराईन्छ ।

k|hgg\ ;r]tgfsf] d'Vo ;Gb]z kq

!= k|hgg\ ;r]tgf ;DaGwL d'Vo ;Gb]zx? M

c= dlxgfjf/L rqmaf/] k|hgg\ ;Gb]zx?

s= dlxgfjf/L rqm / dlxgfjf/L Pp6} s'/f xf]Og .

v= dlxgfjf/L rqmdf ue{ /xg] jf ue{wf/0f x'g ;Sg] ;Defljt lbgx\ x'G5g\ h'g cjlwdf dlxnfx?df ue{ /xg] pRr hf]lvddf x'G5g\ . oL lbgx? k|foM dlxgfjf/L rqmsf] aLr lt/ kb{5g\ . oL afx]ssf cGo lbgx?df ue{ g/xg] x'gfn] dlxnfx? ue{ /xg] hf]lvddf x'Fb}gg\ . dlxgfjf/L rqmdf /ut alu/x]sf lbgx?df klq dlxnfd ue{ /x'Fb}g .

u= of]gLa6 /ut alu/x]sf] ;do÷cjlw rFlx dlxnfsf] dlxgfjf/L xf] . dlxgfj/L rqmn] Pp6f dlxgfjf/L b]lv csf]{ dlxgfjf/L ;Ddsf] cjlwnfO{ ;d]6\5 .

3= o;nfO{ rqm elgG5 lsg eg] of] lgoldt ?kdf bf]xf]l//xG5 . dlxnfsf] k|To]s dlxgf dlxgfjf/L x'G5 . k|To]s kN6 pgsf] dlxgfjf/L x'Fbf csf]{ gFof dlxgfjf/L rqmsf] z'?jft x'G5 .

a= k|To]s dlxnfx/mdf dlxnfcg';f/ /ut aUg] lbg / dlxgfjf/L rqm km/s x'g ;S5 . ;fdfGotof w]/} h;f] dlxnfsf] dlxgfjf/L rqm @^ b]lv #@ lbgf] x'G5 . sf]lx dlxnfsf] dlxgfjf/L rqm nfd] x'G5 eg] sf]lx dlxnfsf] 5f]6f] x'G5 t/ of] ;fdfGo xf] .

r= dlxgfjf/L rqmdf jf dlxgfjf/L x'Fbf /ut aUg' ;fdfGo xf] / o;nfO{ kmf]xf]/L k|s[of jf 36gf xf]Og .

5= ue{ /xg] jf ue{wf/0f x'g;Sg] lbgx?df c;'llft of]g;Dks{ u/]df dlxnfc ue{jtL x'g ;lS5g\ .

cf= dlxnfnfO{ ue{wf/0f u/fpg ;Sg] k'?ifs] lfdtf

s= k'?ifx?sf] klxn] k6s aLo{ :vng ePsf] lbg af6 g} dlxnfnfO{ ue{wf/0f u/fpg ;S5g\ .

O= kl/jf/ lgof]hg;DaGwL ;fdfGo ;Gb]zx? M

s= ue{sf] OR5f gx'g] gj ljjlxt bDkQLn] kl/jf/ lgof]hgsf] cfw'lgs ljlwx? k|of]u ug{ ;S5g\ .

v= uef{Gt/ jf hGdfGt/sf] nflu dlxnfc jf k'?ifn] kl/jf/ lgof]hgsf] cfw'lgs ljlw h:t} s08d, vfg] rSsL, l8kf] ;"O{, k|fs[lts ljlw -:tgkfg ljlw tyf lglZrt lbg ljlw jf -SDM_÷dfnf rqm / cGo lb3{sfing ?kdf sfd ug]{ t/ k'gMk|hgg\ Nofpg] ljlw h:t} kfv'/fdf /fVg] ODKnfG6 / k7]3/df /fVg] cfO{=o'=;L=8L= klq k|of]u ug{ ;S5g\ .

u= ue{nfO{ ;Fw}sf nflu /f]Sg :yfoL ljlwx? dlxnfc tyf k'?if b'a}sf nflu pknAw 5g\ .

3= bDkQLn] pknAw ePsf kl/jf/ lgof]hgsf ;a} ljlwx?sf] af/]df k/fdz{ lng' plrt x'G5 . ;fy} pgLx?sf] cfkm\gf] /f]hfOs] ljlwsf] af/]df cem a9L hfgfsf/L k|fKt ug{' kb{5 .

O{= k|hgg ;r]tgf÷kl/jf/ lgof]hgsf ;Gb]zx?

s= k|hgg ;r]tgfsf] d'Vo ;Gb]zx?

- k|hgg ;r]tgdf cfwfl/t ljlwx? h:t} lglZrt lbg ljlw jf -SDM_÷dfnf rqm tyf :tgkfg ljlw ue{ lg/f]wsf nflu k|efjsf/L 5g\ .
- k|hgg ;r]tgfsf] ;x ;Gb]z M
 - lglZrt lbg ljlw lt dlxfx?df ue{ lg/f]wsf nflu k|efjsf/L x'G5 h;sf] dlxfj/L rqm @^ b]lv #@ lbgf] x'G5 .

v= k|z'tL kZrftsf dlxfx?n] lgDg cj:yfdf kl/jf/ lgof]hgsf] :tgkfg ljlw (LAM) ckfpg ;S5g\ olb pgL M

- k'0f{?kdf :tgkfg u/fpF15g\
- aRrfsf] pd]/ ^ dlxfGbf sd 5 /
- ;'Ts]/L kl5 dlxfj/L z'? e};s]sf] 5}g jf dlxfj/L ;'? ePsf] x'g' x'b}g\ .

p= kl/jf/ lgof]hgsf ;Gb]zx?

s= kl/jf/ lgof]hgsf] cfw'lg ljlwx?sf] s]xL ;fw/0f c;/x? x'g ;S5g\ t/ ltgLx? s]xL ;do kl5 cfkm} x/fP/ jf sd x'Fb} hfG5 jf Joj:yfkg ug{ ;lsG5 M

- **vfg] rSsLsf] k|of]u ubf{ x'g;Sg] ;fw/0f c;/x? M** -!_ dlxfj/L gx'g' jf yf]kf yf]kf dfq b]vf kg]{ . z'?z'?df clgoldt ?kdf /ut aUb5 / To;kl5 xNsf ?kdf /ut aU5 / sd x'G5 -@_ s]xL dlxfdf xNsf 6fpsf] b'V5 .
- **tLg dlxg] ;"O{ l8kf] k|f]e]/f nufpFbf x'g;Sg] ;fw/0f c;/x? M** -!_ z'?z'?df /ut aUg] clgoldt x'G5 . To;kl5 clt sd /ut b]vf kg]{ jf dlxfj/Ldf /ut g} gaUg] kl5 x'G5 . of] ;fdfGo / ;'llft cj:yf g} xf] . -@_ z/L/sf] tf]ndf s]xL kl/jt{g x'g;S5 jf -#_ ;"O{ nufpg 5f]8]kl5 k'gM ue{wf/0f ug{ s]xL dlxf nfUg ;S5 .
- **ODKnfG6 jf kfV'/fdf /fVg] ;fwgsf] k|of]u ubf{ x'g;Sg] ;fw/0f c;/x? M** -!_ dlxfj/L x'Fbf /ut aUg] k|s[ofdf kl/jt{g clgoldt ?kdf /ut aUg] jf clnslt dfq b]vf kg]{ jf clt w]/} aUg] jf x]/s dlxf /ut b]vf gkg]{ x'G5 t/ logLx? ;fdfGo x'g\ / ;'llft g} dflgG5 .
- **Kf7]3/df /flvg] cfO{=o'=;L=8L=sf] k|of]u ubf{ x'g;Sg] ;fw/0f c;/x? M** dlxfj/L x'Fbf /ut aUg] k|s[ofdf kl/jt{g -vf;u/L klxf] # b]lv ^ dlxf_ cfpFg;S5 s'g} c;fdfGo xf]Og / dlxfj/L rqm s]xL dlxf kl5 cfkm} ;fdGo_ kdf cfpF5

h:t} M

- Dflxfj/L x'Fbf nfd] ;do / clt w]/} /ut aUg]
- dlxfj/Ldf u8a8L jf clgoldt ?kdf /ut aUg], dlxfj/Lsf] lar—lardf /utsf] yf]kf—yf]kL b]lv'g'
- tNnf] k]6 b'Vg' .

v= s08dsf] k|of]un] dfq PrcfOeL nufot cGo of}ghGo ;+qmd0f x'Fgaf6 arfpF5 .

pm= wf/0f jf e|dx?

- bDkQL jf of}ghf]8Ln] slxn] ue{wf/0f ug}{ , ;Gtfg slt hGdfpg] / hGdfGt/ slt /fVg] jf ;Gtfg pTkfbg aGb ug}{ cflbsf] 5gf]6 cfkm} ug{ ;S5g\ .

@= ;fdflhs d'No / dfGotf

s= klxnf] aRrf hGdfpg l9nfO

- bDkQL]nfO{ ;Gb]z kljfx ug'{k5{ , bDkQLn] cfkm} lg0f{o lng'k5{ , ;Gtfg hGdfpg' cl3 bDkQLnfO{ ;dfhsf] ;xof]usf] cfjZostf k5{ .
- ;Gtfg hGdfpg' cl3 klxn] cfkm' bDkQL aGg'k5{ / cfkm\gf] ;DaGwnfO{ uf9f agfpFg'k5{ .
- gjlajflxt hf]l8x?n] k|foM w|/} h;f] cfw"lgs kl/jf/ lgof]hgshf ;fwgx? Kf|of]u ug{ ;S5g .
-

v= 5f]/fsf] rfxgf

- lnĚ 5f]/f jf 5f]/L_sf] lgwf{/0f dlxnfsf] l8Dan] geO{ k'?ifdf x'g] z'qmsL6n] ub{5 .

#= bDkQLaLrsf] ;~rf/ tyf lg0f{o k|s[of

s= kl/jf/ lgof]hgshf nflu k'?ifn] klq lhDd]jf/L] axg ug'{ k5{ .

v= >Ldfg\ / >LdtLn] Ps cfk;df kl/jf/ lgof]hgshf s'g rfxLF ljlw pgLx?sf] bfDkTo hLjgsf] nflu pQd, ;'vdo / :jf:y kl/jf/sf] nflu pko'St x'G5 egL s'/f ug'{ k5{ .

u= kl/jf/ lgof]hgshf ;fwgsf] 5gf]6 tyf k|of]u ug}{ lg0f{o ug{sf nflu dlxnf / k'?if jf klt / kTgL b'j}sf] plQs} lhDd]jf/L x'G5 .

3= bDkQL b'j}n] cfk;df ;Nnfx u/L of}g;DaGw /fVg] ls g/fVg] jf slxn] /fVg] tyf ue{wf/0fsf] rfxgf 5 ls 5}g egL lg0f{o lng'k5{ .

a= kl/jf/ lgof]hgshf ;fwg k|of]u ug{sf nflu kl/jf/n] k|]/Off lbgn] ;'vL tyf :j:Yf bfDkTo hLjg ofk gug{sf nflu d2t k'¥ofpF5 .

r= ue{wf/0f, ;Gtfgsf] ;+Vof, hGdfGt/ / ;Gtfg pTkfbg aGb ug}{ sfo{ bDkQLsf] O{R5f jf lg0f{odf lge{/ /xG5 .

;fdfGo utn wf/0ff jf xNnf / jf:tljstf ;DaGwL ;To-tYox?

tYoxLg wf/0ffx?*

dlxgfjf/L z'? ePkl5 s]6Lx? x's]{sf]
a'lemG5 / pgLx? ljfx ug{ / ;Gtfg pTkfbg
ug{ ;lfd x'G5g\ .

dlxgfjf/L x'Fbf aUg] /ut cz'4 jf
kmf]xf]/o'St x'G5 . z/L/sf v/fa tTjx? aflx/
lgl:sPsf] xf] jf cz'4 /ut au]sf] xf] .

jf:tljstf -;To-tYo_

Pp6L s]6L @) jif{ gk'~h]n;Dd pgsf] z/L/ kl/kSs e};s]sf] x'Fb}g . @) jif{ pd]/
gk'uL ue{wf/0f ugf{n] hl6ntf pTkGg eO{ slnnf] pd]/sL cdfd / aRrfsf] :jf:Yodf ;d]t
v/fa c;/ k5{ .

dlxgfjf/L x'Fbf /ut aUg' ;fdfGo k[s[of xf] / of] s'g} cz'4 jf kmf]xf]/ k[s[of jf 36gf
xf]Og .

dlxgfjf/L rqmdf lg:sfl;t l8Da lgif]lrt gePdf pSt l8Da kf7]3/df cfpF5 / ue{ /xGb}g .
kf7]3/sf] lelq txn] ue{nfO{ kf]if0f k'¥ofpg' gkgj]{ ePsf] pSt aflx/ /utsf] ?kdf
cfpFg yfN5 . log} kbfx{x? kf7]3/af6 of]gLdfu{ x'Fb} /utsf] ?kdf aflx/ lg:sG5
h;nfO{ dlxgfjf/L ePsf] elgG5 . dlxgfjf/L x'Fbf o:tf] /ut # b]lv % lbg;Dd alu/xG5 .
s;}sf] c' w]/} lbg ;Dd /ut aUg] x'G5 .

dlxgfjf/L ePdf dlxnf ue{jtL 5}gg\ eGg] a'lemG5 .

dlxnfsf] k|hgg lfdtf jf pgdf ue{ /xg]-g/xg]
eujfgsf] O{R5fdf lge{/ /xG5 .

dlxgfjf/L rqmsf] ;dodf s'g} lbgx/m x'G5g\ tL lbgx/mdf dlxnf ue{jtL x'g] ;+efjgf
w]/} x'G5 . oL lbgx?nfO{ ue{jtL x'g;Sg] ;Defljt lbgx? (Fertile days) elgG5 . oL
lbgx? dlxgfjf/L rqmsf] lardf kb{5g\ . oL lbgx? afx]s c? lbgx?df ue{jtL x'g]
;Defjgf x'Fb}g . oL lbgx?nfO{ k|hgg\ gx'g] lbgx? Jff ue{ /xg] ;Defjgf gePsf
lbgx? (Infertile days) elgG5 . dlxgfjf/L ePsf] lbgx?df dlxnf ue{jtL x'Fb}gg\ .

olb dlxnfn] cfkm" ue{jtL x'g] ;Defljt lbgx?df c;'lft of]g ;Dk{s /flvg\ eg] pgL
ue{jtL x'g ;lS5g\ .

gj ljjflxt bDkQLn] Ps jif{ leq aRrf
ghGdfPdf pgLx? afFemf] x'g\ jf
pgLx?sf] ;Gtfg pTkfbg lfdtdf gePsf] jf
k|hgg\ lfdtf k|lt z+sf pTkGg x'G5 .

dlxnf Kf|hgg\lzn x'IG5g\ lsg ls pgsf] x/]s dlxgfj/L rqmdf l8Da lg:sfl;t x'G5\ .
pSt l8Da ! lbgdfq afFRg] ePtf klq dlxgfj/L rqmsf] aLrsf ljleGg lbgx?df pgL
ue{wf/Of ug{ ;lS5g\ . of] lsg ;Dej ePsf] x] eg] s'g lbg l8Da lg:sg] ;dosf]
k"jf[g'dfg ug{ sl7g x'G5 / o;sf ;fy} k'?ifaf6 pTkflbt z'qmsL6 % lbg;Dd lhljt /xG5
.

k'?ifdf k|hgg lfdtf !% jif{sf] pd]/af6 z'?
eO{ %} jif{sf] pd]/;Dd dfq /xG5 .

jLo{ :vng z'? ePsf] lbgaf6 g} s]6f jf k'?ifdf k|hgg lfdtfsf] ljfs; e};s]sf] x'G5 /
plgx?n] dlxnf?nfO{ ue{wf/Of u/fpg ;S5g\ . of] lfdtf p;sf] hLjge/ ePtf klq pd]/
9NsFb} hfFbf sd x'g ;S5 .

k'?ifx? ;Fw} k|hgg of]Uo /xG5g\ .

dlxnfsf] k|hgg lfdtf dlxgfj/L z'? ePb]lv *)
jif{sf] pd]/;Dd x'G5 .

dlxgfj/L z'? ePb]lv g} dlxnfsf] dlxgfj/L rqmsf] aLrsf s]xL lbgx?df ue{ /xg;S5 .

dlxnf?df k|hgg\ lfdtf @) k'u]kl5 pRr /xG5 eg] #% jif{sf] pd]/ kl5 To;df sdL
cfpF5 / k"Of{ ?kdf ue{ g/xg] jf dlxgfj/L ;'Sg] rfxLF sl/a %) jif{sf] pd]/df x'G5 .

k|foM h;f] \$% b]lv %% jif{leq dlxnfsf] dlxgfj/L ;'Sg] x'G5 .

Source: Formative research af6 cfPsf ;fdfGo utn wf/Of / jf:tljstfx?

tYo kq M ;fdfGo unt cjwf/0ff jf ldTYof / tYo

Pp6L dlxnfn] 5f]/f ghGdfP;Dd pgsf ;f;'—;'/f / kltn]
;Gtfg hGdfO/xg bafj lbG5g\ .

ue{df 5f]/f jf 5f]/L eGg] k'?ifsf] z'qmsL6n] lgwf{/Of u5{ .
dlxnfsf] l8Dadf / k'?ifsf] z'qmsL6df ePsf] qmfdhf]dn] lnE
lgwf{/Of u5{ . qmf]df]hf]d eg]sf] ;'ld kbfi{ x] h;df ;a} h]ljs
u'Ofx? /x]sf] x'G5 h'g aRrfd ;b{5 / o;]n] lzz'sf] lnE lgwf{/Of
klq ub{5 .

Pp6f kltn] æolb t]Fn] 5f]/f kfOg;\ eg] d csL{ >LdtL
lax] u5'{/E egL wDSofPsf w]/} 36gfx? 5g\ .

ue{df /x]sf] lzz'sf] lnE lgwf{/Of ug]{ qmf]df]hf]dnfO{ PS; / jfO{
(X and Y) qmf]df]hf]d eGb5g\ . o;/L ue{df e]'Of aGgsf] nflu
cfdfaf6 Pp6f qmf]df]hf]d / a'jfaf6 Pp6f qmf]df]hf]d k|fKt
x'g'k5{ . dlxnfsf] l8Dadf kfOg] qmf]df]hf]d eg]sf] PS;
qmfdhf]d x] h;nfO{ 5f]/L qmf]df]hf]d klq elgG5 . a'jf jf
k'?ifsf] z'qmsL6df PS; / jfO{ b'j}vfn] qmf]df]hf]dx? x'G5g\ .
olb lgif]lrt l8Dan] a'jfaf6 jfO{ (Y) qmf]df]hf]d k|fKt u/]sf] eP
;Gtfg 5f]/f x'G5 tyf olb pSt l8Dan] PS; (X) qmf]df]hf]d k|fKt

u/]sf] 5 eg] ;Gtfg 5f]/L x'G5 . o;/L 5f]/f jf 5f]/L x'g] eGg] lnĚsf]
lgwf{/0f dlnfsf] l8Dadf ePsf] qmf]df]hf]dn] geO{ k'?ifsf]
z'qmsL6df ePsf] qmf]df]hf]dn] ub{5 .

gj ljjfxt hf]8Ln] rfF8} aRrf hGdfpg eGg] rfxG5g\ /
olb pgLx? jif{lbgleq ;Gtfg pTkfbg ug{ ;s]gg\ eg]
bDkQL IgM;Gtfg jf afFemf] eGg] a'lemG5 .

;Gtfg hGdfpg' cl3 bDkQLn] cfkm} lg0f{o lng] tyf ;dfhsf] ;xof]u
klg lng] ug'{kb{5 .

;Gtfg hGdfpg z'? ug'{ cl3 klxn] cfkm} /fd|f] bDkQL aGg' k5{ –
klxn] cfkm\gf] ;DaGwsf] ljsf; ug'{k5{ .

l56f] ;Gtfg hGdfpgsf s]lx c;/x? ;DaGwL ;''fp lbg] M v/fa
;jf:Yo, lzlff k|fKt ug{af6 al~rt jf k9fOsf] lg/Gt/tf gx'g' .

