August 2018

Pragati: Fertility Awareness and Family Planning

Orientation for Health Facility Staff

Facilitator Manual

Institute for Reproductive Health, Georgetown University | Save the Children

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Brief Introduction of the Pragati Facilitator Manual

This manual is expected to help implement fertility awareness and other limited areas of family planning like the Interpersonal Communication and Counseling (IPCC) by the management of side effects related to family planning methods, myths and misconceptions, and Pragati activities by integrating them into the existing health service delivery system.

In Nepal, there has not been significant progress in the utilization of family planning services in the past few years because of reasons like fear of side effects and myths and misconceptions. Also, social norms like son preference and early childbearing are still present in the community. This intervention has been initiated to contribute to the improvement of the contraceptive prevalence rate and the total fertility rate.

This manual is prepared with the objective to increase fertility awareness in rural areas, especially among poor and marginalized population through innovative methods. These methods include providing counseling to reduce the myth and misconceptions, helping service provider manage the fear and concerns around family planning methods and providing interpersonal/couples counseling services. The methods will also provide fertility awareness messaging and help them apply it to their life cycle among the different groups and networks in the community.

Target groups of the orientation: District level health service providers

This orientation manual includes the orientation agenda and 10 lesson plans so it is expected that the facilitators should be able to facilitate the sessions easily in a participatory way. The facilitators may need training to conduct the training effectively.

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Pragati Orientation– Facilitators Agenda

Day 1						
Time	**Activity**	**Notes on Processes**	**Facilitator Resources** (Lesson plan to be with facilitator while conducting the session)	**Facilitator**	**Participant Materials**	**Orientation related product to be carried onto subsequent sessions**
9:30-10:00	Registration				- Participants Agenda - Attendance Sheet	- Nothing
10:00-10:15	1.1. Introduction - Setting an environment	• Opening and welcome Welcome participants and provide local officials/in-charges to provide their vision for the orientation specifically its relevance to the local health program • Introduction of participants • Sharing of purpose & objectives of the orientation program	-Newsprint with written purpose and specific objectives of orientation	- Local authorities	N/A	- Nothing
10:15-10:30	1.2. Introduction to the FACT Project	Brief presentation about FACT Project Question/answer (Q&A)	-Newsprint with brief overview of FACT project		- Project fact sheet	- FACT Project newsprint
10:30 -10:45	1.3. Introduction to Pragati	Presentation on Pragati Q&A	-Newsprint with brief overview of Pragati		- Pragati one pager	- Pragati for reference (newsprint)
10:45-11:00	Tea Break					
11:00-12:00	2. Defining what is fertility awareness is	• Warm up – Q&A • Presentation – definition of fertility awareness • Game 1: **Menstrual Cycle** - Summary and discussion	-Newsprint with FA definition -Menstrual Cycle cards -Menstrual Cycle game instruction.		- Key message sheet. - Instructions of the Menstrual Cycle game (handout)	- Definition of fertility awareness and what is actionable information (newsprint)
12:00-12:30	Tea and Snack Break					
12:30 – 1:45	3. Clarifying social norms and misconceptions	• Explore preferences • Game 2: **Son/Daughter game** • Game 3: **Life Cycle Hopscotch** • Game 4: **Agree/disagree**	-Small paper balls (2 colors). -Chalk or something to mark on the		- Fact sheet	- Fact sheet as a reference for counseling session.

		- Summary and discussion	ground and a small stone. -Sex determination -Cards: One with "Agree" and one with "Disagree" written on it. -Game instructions. -Fact sheet			
1:45-2:45	4. Enriching knowledge regarding how family planning methods prevent pregnancy	• Warm up – Q&A • Game 5: **Method matching** memory • Game: Quiz - Summary and discussion	- Methods Cards (Card 1-9) - Orange, two sets. -Question and answer sheet for quiz game. -Newsprint and masking tape		Hand out	- Information sheet as reference for counseling session.
2:45-3:00	Tea Break					
3:00-3:45	5. Clarifying misconceptions related to fertility awareness and menstruation	• Warm up – Q&A • Game 6: **Hot potato** - Summary and discussion	-List of misconceptions -Meta-cards with "fact" and "misconception" -Potato or ball -Game instruction. -Newsprint paper, masking tape		- Fact sheet.	
3:45-4:45	6. Enrich knowledge about the side effects of family planning methods including its management & clarify misconceptions	• Q&A • Game 7: **Side effect puzzle** • Game 8**: Side effect method match** - Summary and discussion	- Information sheet. - Fact sheet. -Side effect cards 10 - 21 – blue and myths cards 22-31 – blue. -Methods Cards 1-9 – Orange and Side Effect Cards 10-21- Blue. -Game instructions.		- Information and Fact sheets.	- Information sheet for counseling session.
4:45-5:00	Day 1 Wrap-up	• Discuss plans for Day 2- Identify areas needing clarification				

		• Review workshop agenda for Day 2 • Prepare the notes needed to present on the next day				

DAY TWO: [DATE]						
Time	**Activity**	**Notes on Processes**	**Facilitator Resources**	**Facilitator**	**Participant Materials**	**Orientation related product to be carried onto subsequent sessions**
9:30-9:50	Arrival					
10:00-10:15	Day 1 Recap	Provide clarifications from Day 1 and share agenda for day 2.	- Flipchart with learning from day 1 ***Check to see if there are any new participants**		Agenda day 2	- Nothing
10:15-11:15	7. Communication and behavior change	• Warm up – Q&A • Discussion • Exercise on communication skill • Game 9: **Role play** - Summary & discussion	- Cards with the "roles" - Case studies - Game instruction sheet.		- Communication and Behavior Change, Chapter 1 – from COFP planning/Counseling reference manual. - Case studies - Key message sheet.	List of actions activities /items they will incorporate during action plan preparation session.
11:15-11:30	Tea Break					
11:30-12:30	8. Practicing counseling skills	• Warm up: • What counseling is • Group exercise - dos & don'ts • Explain – effective counseling • Ask & explain – ABHIBADAN • Explain what balanced counseling is and its steps. • Demonstration – balanced counseling. • Role play: balanced counseling	- Newsprints with counseling and dos & don'ts on another one sheet. - Newsprint with ABHIBADAN and balanced counseling steps. - Balanced counseling cards		Handouts 1-5: 1. counseling 2. Dos & don'ts in counseling 3. qualities of good counselor 4 ABHIBADAN 5. Balanced counseling cards.	List of actions activities /items they will incorporate during action plan preparation sessions. Integration into action plan

		- Summary & discussion.	and pregnancy rule out checklist			
12:30-1:00	Tea and snacks Break					
1:00 -1:45	8. Practicing counseling skills	Continue				
1:45-3:00	9. Recording & reporting	• Warm up • Discussion • Group work	- Samples of register and forms from health facility or photo copies. - Pragati tools and forms			
3:00- 3:15	Tea Break					
3:15-3:45	Post-test	• Explain question • Test	Post-test questionnaire and answer sheet.		Post-test questionnaire	
3:45-4:30	10. Preparing action plan	• Discussion • Group work - Presentation of action plan	- Newsprint, markers, masking taper. - Action plan template		Action plan template	Action plan prepared
4:30-4:45	Evaluation of orientation	• Explain and distribute evaluation forms.	Evaluation form		Evaluation form	
4:45-5:15	Wrap up and closing session	Summary Day 1 & 2 and next steps	- Flipchart with key summaries			

Pragati Orientation - Participants Agenda

District:
Date:
Location:

Purpose:
The purpose of this orientation is to enrich the knowledge and skills of health facility staff (HFS) on fertility awareness and family planning and to apply it to their existing health facility services (e.g. immunization, antenatal care etc.) including Out-Reach Primary Health Care/Out-Reach Clinics (PHC/ORC).

The specific objective for this two-day orientation includes:

- Familiarize the participants with Pragati.
- Enhance the knowledge and skills of interpersonal communication and counseling (IPCC)
- Increase knowledge of fertility awareness
- Improve knowledge and skill on how family planning methods prevent pregnancy; its effects and the management of side effects and misconceptions.
- Learn and be able to teach Pragati games to female community health volunteers (FCHVs).
- Refresh practices on recording and reporting
- Prepare action plan for practical integration

Outputs:

- Action plan to deliver IPCC services, fertility awareness, and management of side effects and dispel misconceptions through their existing health service delivery system.

FACT Nepal Project – Pragati

Pragati Orientation for Health Facility Providers – Participants' Agenda

DAY ONE		
Time	**Session and Objectives**	**Facilitator**
9:30-10:00	**Registration**	
10:00-10:15	1. **INTRODUCTION** **1.1. Opening session and Introduction** Objective: Welcome participants and provide local officials/in-charges to provide their vision for the orientation. Specifically its relevance to the local health program. Presentations of purpose and objective Remarks	Local government staff
10:15-10:30	**1.2. Introduction of FACT project** Objective: Share brief overview of FACT Project to create an understanding of its goals and as well as the objectives of the Fertility Awareness intervention and major activities.	
10:30- 10:45	**1.3. Introduction to the Pragati** Objective: Familiarize everyone with Pragati to have a common understanding.	
10:45-11:00	**Tea Break**	
11:00-12:00	**2. What is Fertility Awareness?** Objective: Acquire basic knowledge of fertility awareness and experience an example of its application through a review of the woman's menstrual cycle.	
12:00-12:30	**Tea and snacks Break**	
12:30-1:45	**3. Misconceptions around social norms** Objective: Have clarity about misconceptions around social norms – on preference and first child birth.	
1:45 – 2:45	**4. How family planning methods prevent pregnancy** Objective: Refresh on how family planning methods prevent pregnancy, when its effect begins, and when fertility returns after discontinuation.	
2:45 – 3:00	**Tea Break**	
3:00 – 3:45	**5. Misconceptions related to fertility awareness and menstruation**	

	Objectives: have clarity on misconceptions related to fertility awareness and menstruation.
3:45 – 4:45	**6. Side effects and misconceptions/myths** Objective: Distinguish between side effects and misconceptions related to family planning and fertility awareness and refresh on the management of side effects.
4:15 – 5:00	**Day 1 Wrap-up** Objective: Evaluate Day 1 session and review assignment and plans for Day 2.

DAY TWO	
9:30 – 9:00	Arrival
10:00 – 10:15	**Day 1 Recap** Objective: Provide clarifications from Day 1 and share agenda for Day 2.
10:15 – 11:15	**7. Communication and behavior change** Objective: Demonstrate skills for effective communication
11:15 – 11:30	**Tea Break**
11:30 – 12:30	**8. Counseling** Objective: • Describe what is counseling and effective counseling • Demonstrate steps of Balance Counseling applying the"ABHIBADAN" (GATHER) approach.
12:30 – 1:00	**Tea and Snack Break**
1:00 – 1:45	**8. Counseling** …Continue…
1:45– 3:00	**9. Recording and Reporting** Objective: Explain where and what to record and report using the existing system.
3:00 – 3:15	**Tea Break**
3:15-3:45	**Post test**
3:45-4:30	**10. Practical integration** Objective: Prepare action plan based on learning from the two day orientation, particularly the integration of fertility awareness/family planning; application of IPC counseling; side effects management and misconceptions.
4:30 – 4:45	**Evaluation of orientation**
4:45 – 5:15	**Wrap Up and closing session** Objective: Summarize Day 1 & 2 and next steps.

Session 1. Introduction

Session 1.1: Opening session and introduction

Time: 15 min
Objectives:

- The purpose of this activity is to have local officials/in-charges express their support and involvement in the FACT Project activities 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.

Resources/Materials:

- Newsprint with written purpose and specific objectives of orientation.

Steps:
Opening:
Preparatory steps involve FACT staff liaising with local officials/in-charges 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 participant 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: Experience being a Woman or Man

- Ask the participants take a few minutes to answer these two questions.
    - ? What is one positive thing/aspect about being a man/woman?
    - ? What is one challenging thing/aspect about being a man/woman?
- First give your introduction and your answers to the above two questions. Ask them to introduce themselves in a similar manner.
- Discussion: the below questions:
    - ? What does the group think about what was shared?
    - ? Would anyone like to comment on what was shared?
    - ? Why do you think this is an issue for men/women?
    - ? Who enforces this norm?
    - ? Are their places where this norm is **not** the norm? Are their times when it can be different?

Session: 1.2. Overview of FACT Project

Time: 20 min
Learning Objective:

- Become familiar with FACT Project

Materials:

- Newsprint with brief overview of FACT Project

Content:

- Brief overview of FACT Project

Steps/methods:

1. Warm up – ask:
   - ? Do you know any family planning projects in your district, if yes, what are they?
   - ? Have you heard about the FACT Project?
2. Share the objective of the session
3. Present brief overview of the FACT Project using the flipchart.
4. Question/answer – answer any queries.

Reference material:

- Fact sheet.

Handout:

- Brief overview of FACT Project in Nepali version.

Elements Associated with Transition to Next Session:

- We will talk more about Pragati – an approach - to defuse the fertility awareness/family planning message in the community in the next session.

Session 1.2: Reference material

Sample outline of presentation: Brief Overview of FACT Project:
Five year project funded by USAID, started from Oct. 2013 to Oct. 2018. In Nepal, the FACT Project launched in August 2014.

It involves research, intervention, and technical assistance.
Implementing partners, working with FHD are:

- Institute for Reproductive Health (IRH), Georgetown University
- Save the Children
- International Center for Research on Women (ICRW)
- Population Media Center in Rwanda, Uganda, India, and Nepal

Goal: To increase use of family planning by improving fertility awareness and expanding access to fertility awareness-based methods (FAM).

Hypothesis:

- Improved fertility awareness increases family planning use
- Expanded access to FAM improves uptake of family planning

FACT aims to contribute by:

- Improving women and men's understanding of the risk of pregnancy at different times during the life course.
- Increasing understanding of how family planning methods work to counter concerns, myths, and misperceptions.
- Expanding access to the Standard Days Method® (SDM), which may be more acceptable to marginalized groups.

Working districts:

- Siraha, Nuwakot, Rupandehi, Pyuthan, and Bajura

Target beneficiaries:

- Youth (unmarried & married)
- Postpartum women and their husbands
- Marginalized groups (Muslim, Chetri, Janajati, and Dalit**)**

Major interventions are:

- Fertility awareness and family planning – in all five districts.
- SDM integration in Rupandehi only
- Community-based family planning services through RANM in Rupandehi only
- Social marketing of CycleBeads with CRS in Banke and Bardiya.

Session 1.3. Overview of Pragati

Time: 15 min
Learning Objective:

- Familiarize with Pragati to have common understanding.

Materials:

- Flipchart 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 flipchart.
3. Question/answer – answer any queries.

Reference material:

- Pragati one pager.

Handout:

- Pragati one pager – Nepali version.

Elements Associated with Transition to Next Session:

- We will continue to talk and learn more about fertility awareness in coming session.

Session 1.3: Reference material

Sample of Pragati to be written on newsprint:
Location:
Bajura, Nuwakot, Pyuthan, Rupandehi, and Siraha
Goal:
Increase fertility awareness and family planning use

Beneficiaries:

- Married/unmarried men/women, ages 15-25
- Postpartum women
- Newly married couples
- Women with migrating husbands
- Marginalized (Muslim, Chetri, Janajati, and Dalit)

The Approach:

'Fertility Awareness' is actionable information about fertility throughout the life cycle and the ability to apply this knowledge to one's own circumstances and needs. Pragati intervention works through existing networks to easily diffuse fertility awareness information to individuals via a multi-level package of materials that seeks to improve behaviors through:

Service Providers:

- Counseling on the myths and misconceptions about family planning methods
- Assist clients in managing side-effects and concerns related to family planning methods
- Deliver couple and interpersonal counseling
- Increase fertility awareness

Community Stakeholders:

- Increase fertility awareness
- Deliver activities and messaging targeting social norms such as delaying first birth and son preference

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

Engages individuals in learning and supports application of this information in their lives

Pragati modules will be prepared, tested, proven, and positioned for scale up:

- Through games and group/individual discussions, each interactive module will address:
  - fertility awareness,
  - family planning, side effects and misconceptions of family planning methods
  - social norms around son preference, and delaying first birth

Major activities:

- Building capacity
  - ✓ Orientations on:
    - Fertility awareness/family planning, social norms, myths and conceptions & management of side effects
    - Practical integration
    - Interpersonal communication (IPC)
    - Couple Counseling
    - Group Discussions
    - Plans of action preparation
    - Recording and reporting

- Awareness raising activities
  - ✓ Games
  - ✓ Group discussion/interaction sessions
  - ✓ IPC/Counseling (IPCC)

- Materials preparation/production/adaptations

- ✓ Games
- ✓ IPCC including discussion guides
- ✓ Job aids

Areas of key messages:

- Key fertility awareness messages
  - ✓ Menstrual Cycle – fertile/infertile days
  - ✓ Male fertility

- Family planning messages misconceptions / myths, side effects
- Social Norms
- Couples' Communication & decision making

Session 2. 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:

- Flipchart with fertility awareness definition
- Menstrual Cycle cards – See Menstrual Cycle game materials (not attached)

Content:

- 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.

Steps/methods:

1. Warm up - ask:
   - **?** What are words used to refer to menstruation in your community? List on the flipchart and ask which one is most commonly used – underline 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 (like if a woman knows her fertile period and does not want a child then she can avoid during that time period, either using condom or abstain.)

3. Questions/answers.

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 – **See Resource List on Pragati website**

Handout:

- Key family planning & fertility awareness messages sheet
- Fertility awareness definition
- A set of Menstruation Cycle game cards
- Menstrual cycle game instruction sheet – **See Resource List on Pragati website**

Reference materials:

- Key family planning & fertility awareness messages sheet
- Menstrual Cycle game instruction sheet
- COFP planning/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 the next session we will talk about some misconceptions related with social norms.

Play Menstrual Cycle game - – **See Resource List on Pragati Website for game instructions**

Application:

- Can you conduct this game for FCHVs and HFOMC members? If not, what extra technical support is needed? When can you conduct them (during meetings?)

Coaching to FCHVs:

- Invite two participants – one to play the role of the coach and one as the FCHV. Ask the rest of the participants to be an observer and to provide feedback.
- Give scenario and time to read and understand the scenario (see **Annex 1**).
- Discussion:

  Ask both coach and FCHV:

  ? How do you feel about your role? What was the easiest or most difficult part?

  Ask observers:

  ? What coaching skills they observed?

  ? Any feedback to make improvements?

  Summarize:

  - Reemphasize good points/general impressions.
  - Tell them that they will need to plan while they prepare their action plan on the last day

Annex 1:

1. Coaching Scenario

Mahili, a FCHV, approaches you and says, "When I was implementing the Menstrual Cycle Game, one woman asked me how long the sperm lived and how long the ovum lived. I was not certain about what to say to them."

2. Coaching Scenario

Sani was able to manage setting up the menstrual cycle game, but when you saw her try to manage the game, she got confused between fertile and infertile days. She is quiet and timid in the group, and isn't comfortable talking about a lot of the questions that come up.

3. Coaching Scenario

Seema does not know how to read and finds it difficult to set up and manage the games. She finds the Side Effects Puzzle particularly confusing. She also hasn't figured out how to remember the questions she is supposed to discuss at the end. However, she is thoughtful and able to encourage different opinions. She recognizes her own limitations due to being illiterate, and is very concerned that others have the chance to go to school and to make choices she never had.

Session 2: Reference Materials

2.1. Definition of fertility awareness

- 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 communication about using family planning correctly

2.2. Key Fertility Awareness Messages

a. Menstrual Cycle/Fertility Messages

i. The menstrual cycle and period are not the same thing.
ii. In the menstrual cycle there are fertile days when a woman has a higher risk of getting pregnant. These days are around the middle of her cycle. Other days are infertile days in which a woman does not have a risk of becoming pregnant. A woman does not get pregnant on her bleeding days
iii. The period is when a woman is having menstrual bleeding and the cycle covers all the days between one period and the next.
iv. It is called a cycle because it happens over and over again. Just about every month a women gets her period. Every time she starts her period that is a new cycle
v. The number of bleeding days varies from woman to woman. Also, women's cycles vary in length. Most women have menstrual cycles lasting between 26 to 32 days long. Some women have longer or shorter cycles, and this is also normal
vi. Bleeding during the menstrual cycle is normal and not an unclean process/phenomena
vii. Women can get pregnant if they have unprotected sex during their fertile days

b. Male fertility

i. Men are always fertile after first ejaculation

c. General family planning messages

i. To prevent pregnancy, newly married couples can make use of modern family planning methods
ii. To space pregnancy - men and women can use modern family planning methods like condoms, oral pills, Depo-Provera, natural family planning methods (LAM and SDM), and other long acting reversible contraceptives like implants and IUDs
iii. To limit pregnancy, permanent methods are also available for both men and women
iv. It's important for couples to receive counseling on all available family planning methods and more detailed information on their method of choice

d. Fertility awareness/family planning Messages

i. Main Fertility awareness message:
    - FAM methods – including Standard Days Method/CycleBeads and LAM – are effective at avoiding pregnancy
    - Sub Fertility Awareness Message:
        - The Standard Days Method is effective at avoiding pregnancy in women who have menstrual cycles between 26-32 days
ii. Postpartum women can use a family planning method called LAM, if they:

- Exclusively breastfeed
- Have children less than six months old
- When their period has not returned

e. Family Planning Messages

i. Modern family planning methods may have some side effects which can be managed over time:
   - What to expect when using the pill: (1) Sometimes irregular bleeding at first, then followed by lighter monthly bleeding with less cramping; or (2) Some women have stomach upset or mild headaches that go away after first few months.
   - What to expect when using the injection Depo Provera: (1) Irregular bleeding at first, then spotting or no monthly bleeding. This is common and safe; (2) possible slight weight change; and (3) after stopping injections, it can take several months to become pregnant.
   - What to expect when using the Implant: Changes in monthly bleeding including irregular bleeding, spotting, heavier bleeding or no monthly bleeding, are common and safe.
   - What to expect when using the IUD: Changes in bleeding patterns (especially in the first three to six months) including:
     – Prolonged and heavy monthly bleeding
     – Irregular bleeding
     – More cramps and pain during monthly bleeding

ii. Only condoms protect against Sexually Transmitted Infections including HIV.

f. Misconceptions/Myths

i. Couples can choose when to get pregnant, the number of children and how to space and limit children and pregnancies.

II. Social Norms

a. Delaying first birth
   i. Pair messages with images, couples making their own decisions, couples need community support before having children
   ii. Be a couple before you start to have children – develop your own relationship first
   iii. Newly married couples can make use of many family planning methods.

b. Son Preference
   i. The sex (whether male of female) of the baby is determined by the man's sperm and not the woman' egg.

III. Couples' Communication & Decision making

a. Men should share responsibility for family planning
b. Wives & husbands should talk **together** about what family planning methods work best for them as a couple, to have a happy, healthy family

c. Women and men have equal responsibilities to make choices and decide on family planning use
d. Couples should jointly decide & communicate about IF and WHEN to have sex, and whether pregnancy is desired
e. Supportive role from family in family planning use will enhance health and lead to a happy/healthy family
f. Pregnancy, # of children, spacing & limiting depends on Couple's choice

2.3. Menstrual cycle game materials - See Pragati Website for game cards

Session 3. Misconceptions around social norms

Time: 75 min
Learning Objective:

- Be clear on misconceptions around social norms particularly around son preference and first child birth and discuss about the choices people make in their lives around when to have children, when to get married, or when to have their first child and social pressure on these issues.
  In order to meet learning objectives, we will learn three games and be able to teach these games to FCHVs.

Materials:
Game 2: The Son/Daughter Game (20 min)

- Son/Daughter game cards (Cards 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)
- Sex determination games instruction.
- Fact sheet

Game 3: Life Cycle Hopscotch (20 min)

- Chalk or something to mark the ground where you are playing.
- A small pebble or stone.

Game 4: Agree/disagree (20 min)

- One with "Agree" written on it – Pink 
- One with "Disagree" written on it – Pink 
- Tape

Content:

- Misconception around social norms – son preference and first child birth.
- Making decisions about health and family planning throughout life.
- Attitude and values about fertility and family planning.
- Coaching FCHVs.

2. Play game - – **See Resource List on Pragati website for game instructions**

Application:

- Can you conduct this seed game for FCHVs and HFOMC members? If not what extra technical support needed? When can you conduct (during meeting with them)?

Coaching to FCHVs: (10 min)

Let talk about how to coach FCHV

- Share the scenario – FCHV approaches you and says, "Women did not believe me about men determining the sex of the child. Many of them thought that their husband wouldn't believe them if they shared this information."
- Ask…how do you coach her
- Discuss – emphasis on coaching skills and encourage planning for coaching FCHVs in their upcoming action plan preparation session.

Tell them that they will need to plan while they prepare their action plan on last day.

Handout:

- Fact sheet.
- Sets of game materials and games instructions.

Reference materials:

- Fact sheet
- Games materials and instruction – **See Resource List for game instructions and materials on Pragati Website**

Key Questions to Guide Activity/Discussion:

Elements Associated with Transition to Next Session:

- We will talk about family planning – how it prevents pregnancy in next session.

Session 3: Reference materials

Fact sheet:

Common misconceptions:

Parents-in-law and husband pressure to bear children unless she gives birth to a son. There are many cases where husbands threaten by saying, 'if you do not give birth to a son then I will marry another woman.	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. 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.
Newly married couples are expected to give immediate after marriage; if not then it is perceived as couples are infertile.	Couples to make their own decisions and need community support before having children Be a couple before you start to have children – develop your own relationship first. Implications – poor health, discontinuation of education etc.

Session 4. How family planning methods prevent pregnancy

Time: 60 min
Learning Objective:

- Describe how family planning methods prevent pregnancy, when its effect begins and when fertility returns after discontinuation.
- Learn the method match game and be able to teach FCHVs.

Materials:

- Question and answer (10 questions & answers) sheet for quiz game (**See Annex 1**).
- Prepare quiz cards – use small meta-cards, write questions on one side of these cards and number them on other sides – you can also use scores instead of numbers if you wish and it's ok for the participants so that all will know who score the highest number. Allocate score as per the questions like if it's easy then you can allocate 100, and depending upon questions scores may be allocated varying from 200 – 500. (**See Annex 2**). And paste all cards on newsprints.
- Newsprint and masking tape.
- Methods Cards (Cards 1-9) - Orange, two sets 

Content:

- How family planning methods prevent pregnancy
- When family planning methods take effect
- When fertility returns after discontinuation

Steps/methods:

1. Warm up: ask…

    - How many types of family planning methods you have at your facility?
    - Do the clients come back to talk about their concerns? What are they?
    - What do you tell clients about family planning method they choose?
3. Quiz: (20 min)
    - Divide into 2 or 3 groups - depending upon total number of participants. Process of diving the group:
        - Ask all the participants to stand. Then, when you say: "Mingle! Mingle!" they walk around the room.
        - Next, call out a number, like three, and ask them to get into groups with three people. Then, call out a different number, like two, and they form groups of two, next groups of three, and then finally two or three. Finally form the group of 3 (number may vary based on total numbers of participants).
        - Other option: using the method cards (card from Pragati game) -
    - Tape the quiz newsprint on the board or wall.
    - Conduct quiz – ask each group which card they would like to take. And let them read and answer the question. Do on rotation basis.
    - If they can't answer then they can pass to other group.
    - In this manner – all will have an opportunity to select and answer the question.
4. Play Game - – **See Resource List on Pragati Website for game instructions**
5. Question/answer
   Why it is important to explain the clients about fertility return? And effect takes?
   Discuss around when to explain about these to clients?
   Answer any queries.

Application:

- Can you conduct this seed game for FCHVs and HFOMC members? If not what extra technical support needed? When can you conduct (during meeting with them)?

Handout:

- Information sheet

Reference material:

- COFP planning/counseling reference manual.

Elements Associated with Transition to Next Session:

- In next session we will learn about side effects and its management of family planning methods.

Annex 1:

Samples of questions: You can prepare more than 10 questions as well.

Questions	Answers
1. What are the three conditions that are required LAM to be effective?	• When the woman's menses has not returned, • Baby fully exclusive breasting (In a day - minimum 6-10 times and demand feeding) and • Baby is less than six months.
2. How Depo-Provera prevents pregnancy?	• Thickens cervical mucous (makes sperm penetration difficult) • Stops ovulation • Causes thin endometrium
3. How male condoms prevent pregnancy?	Ejaculated semen during sexual intercourse remains at the tip of the condom, so that it prevents fertilization.
4. How long it will take IUD to return fertility?	Immediate after removal.
5. When does the Depo-Provera start working?	Contraceptive effect begins within 24 hours after injection.
6. Which family planning method has dual protection – protection from pregnancy and HIV/STIs?	Condoms
7. How do oral pills prevent pregnancy?	• Suppress ovulation • Make cervical mucus thick so sperm cannot penetrate • Bring changes in uterine endometrium
8. When the fertility returns in case of implant?	No delay - promptly returns after removal.
9. What are other family planning methods you recommend for post-partum breast feeding mothers?	Condom, SDM, IUD, Depo-Provera, Implant.
10. How SDM/CycleBeads protect against pregnancy?	Use of condoms or abstinence during fertile period.

Annex 2:

Sample of question cards:

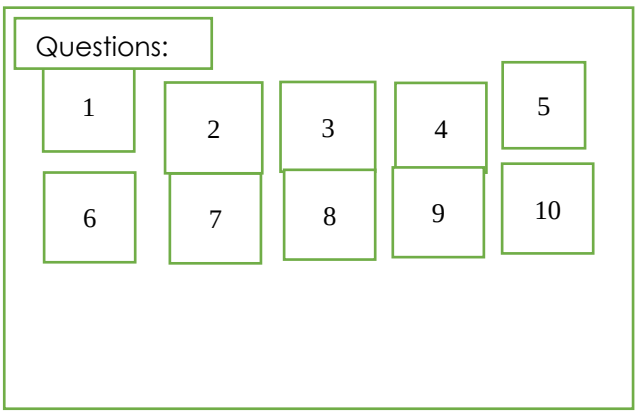
One side of card the newsprints

1
2

other side of card

How does Depo-Provera prevent against pregnancy?
What are the three conditions that are required for LAM to be effective?

Tape the question cards on



Session 4: Reference Materials

How family planning methods prevent pregnancy:

Type of family planning methods	How it prevents pregnancy	When effect takes place	When fertility returns
1. Lactational Amenorrhea Method (LAM)	Infant frequent suckling prevents the Luteinizing hormone that stimulates ovulation as result there is no hormone that means no ovulation – no baby.	LAM is effective only when the woman's menses has not returned, baby fully breasting (6-10 times a day as well as on demand feeding; and feeding intervals should be 4-6 hours in 24 hours) and baby is less than six months.	Breastfeeding can delay onset of ovulation and the return to fertility. Although difficult to predict, on average, women's fertility can return within 45 days if she is not breastfeeding. Approximately 50% of women, ovulation occurs before the first menstrual period. Woman may also first experience menstruation without ovulation. It is not easy to predict the return of fertility in post-partum women
2. Condom	It blocks the man's sperm from entering the vagina. It is made of thin synthetic rubber, cylindrical in shape, with a thick rim at the open end; while at the sealed end it is either plain or has a teat. Ejaculated semen during sexual intercourse remains at the tip of the condom, so that it prevents fertilization.	Effects each time if it's used correctly and regularly.	----------
3. Combined oral contraceptives (COCs)	It prevents pregnancy by doing following activities: • Suppress ovulation • Make cervical mucus thick so sperm cannot penetrate • Bring changes in uterine endometrium	If it is started on the first day of menstruation cycle then it is effective straight off. Can be started anytime within 5 days after the start of menstrual. Can be started anytime within 7 days after start of menstruation period then need a back-up method such as condom/	No delay. The bleeding pattern a woman had before she used COCs generally returns after she stops taking them. Some women may have to wait a few months before their usual bleeding pattern returns.

		abstinence for the first 7 days of taking pills. Can be taken anytime during the cycle as long as a woman is not pregnant then protection starts after 7 days of taking them.	
4. DMPA	DMPA contains progesterone hormone only. The progesterone hormone in DMPA causes the following changes that prevent pregnancy: • Thickens cervical mucous (makes sperm penetration difficult) • Stops ovulation • Causes thin endometrium	Its contraceptive effect begins within 24 hours after injection	When a client stops using DMPA, it may take several months for her fertility to return. This delay is usually about 7 months from the first missed injection, or 10 months from her last injection. Some cases it takes up to 12-18 months to be fertile.
5. IUD	The Copper T 380A works primarily by preventing fertilization (blocking the woman's egg and the man's sperm from joining), decreasing the number of sperm reaching the oviduct and inactivating the sperm. • It also prevents implantation of embryo.	Immediate after insertion	Return of fertility after IUD is removed: No delay
6. Implant Jadelle: 2 rods, effective for 5 year. Implanon: 1 rod, effective for 3 year	The hormone is slowly released into the body. • inhibition of ovulation • the cervical mucus thick and scanty which prevents sperm penetration. Thickening cervical mucus (this blocks sperm from meeting an egg) • thinning of endometrium	She can have implants inserted any time it is reasonably certain she is not pregnant. She will need a backup method for the first 7 days after insertion.	After removal, normal fertility promptly returns.

7. Standard days method (SDM) - CycleBeads	SDM using CycleBeads works by helping a woman know which day of her menstrual cycle she is on and whether she is likely to can get pregnant that day. On days she can get pregnant, the woman and her partner either use a condom or do not have sex. It needs partner or husband's cooperation in using it.	It lasts as long as unprotected sex is avoided during fertile days.	Return to fertility is immediate after it has been stopped.

Session 5. Misconceptions related to Fertility Awareness and menstruation

Time: 45 min
Learning Objective:

- Be clear on misconceptions related with fertility awareness and menstruation.
- Learn hot potato game and be able teach to FCHVs.

Materials:

- List of Misconceptions
- Meta-cards with "fact" and "misconception"
- Newsprint paper, masking tape
- For Game 6: Hot potato **-** Potato or small ball.

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 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 family planning 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.
10. Play Game - – **See Resource List on Pragati Website for game instructions**

Handout:

- Fact sheet.
- Games instruction

Reference materials:

- Fact sheet and games instruction

Elements Associated with Transition to Next Session:

- We will learn more about fact around misconceptions related with family planning methods in next session.

Session 5: Reference Materials

List of common misconceptions and facts sheet:

Common misconceptions*	Facts
Girls are grown up, ready for marriage and mature to give a child when 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.	Bleeding during the menstruation cycle is normal and not unclean process/phenomena. 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. It indicates that the woman is not pregnant.
Fertility of woman depends on gods will	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. Women can get pregnant if they have unprotected sex during their fertile days
Newly married couple not having a child is perceived as couples are 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	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. Men are fertile without interruption throughout the month.
Female fertility starts after menstruation till the age of 80	Starting at puberty, a woman can get pregnant a few days every cycle. 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). Women's' fertility usually comes to end between the ages of 45-55.

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

Session 6. Side effects and Misconception/Myths

Time: 60 min
Learning Objective:

- Distinguish between side effects and misconceptions related with family planning and fertility awareness.
- Explain the management of side effects.
- Learn two more games –
  - Game 7: Side effect puzzle
  - Game 8: Side effect method match

Materials:

- Game 7: Side effect puzzle

  Side Effects Cards (Cards 10-21) – Blue 
  Myths Cards (Cards 22-31) – Blue 
  A sheet of Family picture

- Game 8: Side effect method match

  Methods Cards (Cards 1-9) – Orange 
  Side Effect Cards (Cards 10-21) – Blue 

Content:

- Side effects and its management and misconceptions of family planning methods.

Steps/methods:

- Share the objective of the session – playing game to distinguish side effects and misconceptions.
- Ask:
  - ? What are the common side effects clients complain about? How do you manage those side effects?
  - ? What are the common misconceptions clients talk about? How do you dispel these misconceptions?

Play Games - See Resource List on Pragati Website for game instructions

Coaching FCHVs:

A FCHV comes to you and says "I conducted the puzzle game but I am confused with the side effect and misconception cards. I could not explain well."

How do you coach her?

Discuss in a group what sort of coaching needs may come up.

Handout:

- A sheet of common side effects and misconceptions/myths including facts
- A set of Puzzle game.

Reference material:

- COFP planning/counseling reference manual.

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

- We will talk about communication and behavior change in next session.

Session 6: Reference Materials

Management of Side Effects and Health Problems

Combined oral contraceptive (COC):		
Side effect	**Assessment**	**Management**
Amenorrhea (absence of vaginal bleeding or spotting)	Ask how she has been taking her pills. Has she missed any pills in the cycle? Has she stopped taking pills?	If she is not pregnant, no treatment is required except counseling and reassurance. Explain that if her period was irregular before beginning COCs, it will usually be irregular when COCs are stopped.
	Rule out pregnancy by history, symptoms and physical exam.	If client is not taking COCs correctly, review instructions for use. If the client is taking COCs correctly, reassure her. Explain that absent menses most likely is due to lack of build-up of uterine lining; there is no menstrual blood present. If intrauterine pregnancy is confirmed, stop COCs and assure her that the small dose of estrogen and progestin in the COCs to which she was exposed will have no harmful effect on the fetus. Advise client to return to clinic if amenorrhea continues to be a concern.

Spotting or Bleeding (common during the first three months after starting the pills). See also Reproductive Health Clinical Protocols for Bleeding and Spotting on Hormonal Methods.	Has client recently begun COCs? Ask if she has missed one or more pills, or if she takes pills at a different time every day. As appropriate: Exclude gynecological problems (e.g., uterine tumors, pregnancy, abortion, PID).	If yes, reassure. Advice that spotting and bleeding are common during the first 3 months of COCs use and decrease markedly in most women by the fourth month of use. Review and or refer in 3 months if problem persists. If she is not satisfied after counseling then provide Ibuprofen 800 mg for three times a day for 5 days. If yes, give instructions about what to do for missed pills and the importance of taking the pill at the same time every day. If she continues to miss pills, she may need to switch to another method to minimize risk of pregnancy.
High Blood Pressure	Allow 15 minutes rest, then repeat BP reading. Recheck BP on three visits, 1 week apart: Assess BP; if over 140/90 mm Hg on two more visits one week apart, stop COCs.	If blood pressure increases in a client who usually has normal blood pressure and is using COCs, follow closely. If any warnings (severe headaches, chest pain, and blurred vision) occur on two occasions or blood pressure > 140/90, COCs should be discontinued. If COCs are discontinued, help client make an informed choice of a non-hormonal method. Tell her that high BP due to COCs usually goes away within 1 to 3 months. Take BP every month, for 3 months, to be sure it returns to normal. If it does not, refer for further evaluation.
Nausea/Dizziness/ Nervousness (usually improves during first 3 months)	Find out if pills are taken in morning or on an empty stomach. As appropriate: Exclude pregnancy. Rule out other causes of nausea (gall bladder disease, hepatitis).	Take with evening meal or before bedtime. If pregnant, manage as above (see Amenorrhea). Evaluate for disease (gall bladder disease, hepatitis, gastroenteritis). Counsel that it will probably decrease with time, or switch to a lower estrogen or a progestin-only method if problem is intolerable.
Severe Vomiting	Rule out other causes of vomiting.	If vomiting within 2 hours after taking the pill repeat the pill and manage vomiting with Clopropramide--1 tab every 8 hours for three days or so.

Other Problems (May or May Not Be Method-Related) **Acne**	Ask how and how often she cleans her face. Ask if she is currently under great stress.	Acne can initially worsen with COC use, but commonly improves with long-term use. Recommend cleaning face frequently with cold water and twice a day with an astringent, like lemon, and advise to avoid heavy creams. Counsel as appropriate. If condition is not tolerable, consider another method.
Breast Fullness or Tenderness (usually improves within 3 months of starting the COCs)	Determine whether client is pregnant by history and physical exam. Determine whether the woman has breast lumps or nipple discharge suspicious for cancer. If she is breastfeeding and breasts are tender, examine for breast infection. Ask whether client notices this only at a certain time of the month.	If pregnant, treat as above for Amenorrhea. If physical exam shows lump or discharge suspicious for cancer, refer to appropriate source for diagnosis. If malignancy is discovered, help client make an informed choice of another method. If breasts are not infected, recommend appropriate clothing for support. If breast infection present, use warm compression, advise to continue breastfeeding and give antibiotics as appropriate. Switch to a lower estrogen pill if not already on lowest estrogen COCs. Advise client to avoid caffeine, chocolate, etc. If the lowest dose pill is unacceptable and symptomatic management not helpful, help client to make an informed choice of another method.
Cholasma ("mask of pregnancy")	Look for skin diseases. Determine whether she is pregnant. Ask about other causes, e.g., use of skin lightening creams containing mercury, recent pregnancy or sunburn. If no other cause is found, ask if the client sees this as a serious problem.	Treat or refer as appropriate. Counsel on stopping use of such creams and avoiding sunlight. Advise use of a sun hat. If recently pregnant, advise to wait 3 months and look for improvement. If "yes," counsel the client to choose another method.
Headaches	Are the headaches severe, frequent or associated with nausea?	If not severe, frequent or associated with nausea, reassure.

	Has she had loss of speech, numbness, weakness or tingling, or visual changes associated with the headaches? Have the headaches become worse since she began pills? Has she ever had high blood pressure?	If "yes," discontinue COCs; help client to make an informed choice of another method. Refer for evaluation If worse on COCs, switch to another contraceptive method if no other contraindications. If no worse or better, explore cause of headaches. COCs can be continued unless high blood pressure or neurologic symptom or signs develop, or headaches worsen on COCs. Regardless of history, check the blood pressure. If elevated, see High Blood Pressure above.
Significant Unwanted Weight Gain or Weight Loss	Inquire about eating habits which might promote weight gain or weight loss. If the client denies poor eating habits, but complains of increased appetite or weight gain without apparent cause, ask if the weight gain is unacceptable. Rule out weight gain due to pregnancy.	Instruct the client in proper nutrition and exercise. Explain to the client that all hormonal contraceptives might have a slight effect on weight, but the dose of hormones in COCs is very low and should have only a modest effect. If the client is pregnant, refer her according to her pregnancy. Stop COCs.
Mood Change or Depression	Discuss changes in mood	If client thinks her depression has worsened while using COCs, help her make an informed choice of another method. If COCs have not caused depression to worsen, the pills can be continued.
Depo-Provera		
Side Effect	**Assessment**	**Management**
Amenorrhea (absence of vaginal bleeding or spotting)	Rule out pregnancy by checking symptoms; perform a pelvic exam (speculum and bimanual) and a pregnancy test (if indicated and available).	Periods of amenorrhea are common with Depo-Provera users (40%). If it is confirmed the client is not pregnant, it should be counseled that it is impossible to get blood cultrate inside the uterus cavity. However, amenorrhea for 6 weeks or more after a pattern of regular menses may signal pregnancy and should be evaluated. If **intrauterine pregnancy** is confirmed, counsel client and refer for appropriate care. Discontinue injections and assure her that the small dose of hormone (Medroxyprogesterone) will have no harmful effect on the fetus.

		If **negative pregnancy** test, but enlarged uterus, counsel client to return in 2 to 4 weeks for repeat pelvic exam and pregnancy test. If **ectopic pregnancy** is suspected, refer for complete evaluation.
Bleeding/Spotting (prolonged spotting or moderate bleeding) Prolonged spotting: >8 days Moderate bleeding: same as normal menses	Perform a pelvic exam (speculum and bimanual) to be sure bleeding is not due to other cause (e.g., genital tract lesion such as vaginitis, cervicitis, cervical polyps or uterine fibroids). If pregnancy (intrauterine or ectopic) or incomplete abortion is suspected, examine and perform pregnancy test if indicated and available.	If abnormality of the genital tract is found, treat the problem if possible or refer for treatment. Do not discontinue Depo-Provera. Advise client to return for additional counseling after management of problem. Reassure her that light intermenstrual bleeding or spotting occurs in a large percentage of women using Depo-Provera (15–20%) during the first few months of use. It is not serious and usually does not require treatment. If hemoglobin less than 9 g/dl, hematocrit less than 27 or conjunctival pallor significant, give iron or iron folate (1 tablet daily for 1 to 3 months) and nutritional counseling. If anemia persists, or client requests, discontinue Depo-Provera and help client choose another method. If not satisfied after counseling and reassurance, but wants to continue using Depo-Provera, give: - Ibuprofen (800 mg three times daily for 5 days) or - Mefenamic acid 500mg 2 times daily after meal for 5 days. **Why Ibuprofen** The use ibuprofen lowers the amount of prostaglandins in the uterine endometrium reducing the duration and amount of menstrual flow. If pregnancy is confirmed, see Amenorrhea section in this table.
Weight Gain or Loss (change in appetite)	Compare pre-injection weight (if known) and current weight. Rule out pregnancy as appropriate: Check that the client is eating and exercising properly	Counsel client that weight changes may occur. 1-2 kg/year. Review diet if weight change is excessive. If weight gain is unacceptable, help client choose another method.
Other Problems (May or may not be method-related)		

Breast Tenderness (Mastalgia	Rule out pregnancy. Check breasts for: - Lumps or cysts - Discharge or galactorrhea (leakage of milk-like fluid)	Refer for evaluation if abnormality present. If no abnormality, reassure. Do **not** discontinue injections unless client requests it.
Jaundice	Acute jaundice occurring after Depo-Provera injection is not method related. Rule out: - Active liver disease (hepatitis) - Gall bladder - Benign or malignant tumors	Progesterone has little effect on liver function and does not increase the risk of gall bladder disease or liver tumors. If she has hepatitis and does not want to stop using Depo-Provera, it is unlikely to worsen liver disease and is safer than pregnancy.
Nausea/dizziness or Nervousness	Rule out pregnancy by checking symptoms; perform a pelvic exam (speculum and bimanual) and pregnancy test (if indicated and available).	If pregnant, refer as above for **Amenorrhea** If **not** pregnant, reassure that this is not a serious problem(s) and usually disappears with time.
Excess hair growth (hirsutism), acne/dermatitis or hair loss	Review history, pre- and post-injection of Depo-Provera.	Pre-existing conditions such as increased facial or body hair might be worsened. Changes usually are not excessive, may improve over time, and **do not** require discontinuation of Depo-Provera unless client requests it after counseling.
Lower Abdominal/Pelvic Pain (with or without symptoms of pregnancy)	Take careful history, perform abdominal and pelvic (speculum and bimanual) examination. Check vital signs: - Pulse - Blood Pressure - Temperature Examine to rule out: - Ectopic pregnancy - PID - Appendicitis - Ovarian cysts Do lab tests for Hb/Hct and pregnancy test if indicated and available.	Refer immediately if the client has any of the following: - Lower abdominal tenderness - Elevated resting pulse (more than 100) - Decreased blood pressure (less than 90/60) - Elevated oral temperature (38.3 C) - Suspected/confirmed pregnancy and acute anemia (e.g., less than 9 g/ dl Hb or less than 27% Hct)
Iucd		

Side Effect Or Problem	Assessment	Management
Amenorrhea Absent menses	Ask client - when she had her last menstrual period (LMP) - if she has symptoms of pregnancy Do physical exam to rule out pregnancy.	If pregnancy is ruled out, no treatment is required except counseling and reassurance. Advise the client to return to the IUD provider for further evaluation if amenorrhea remains a concern. If pregnancy is possible, refer to appropriate facility.
Cramping pain in the lower abdomen	Do abdominal exam to check for: - suprapubic tenderness - masses or gross abnormalities	**Client has had IUD less than 3 months:** If no cause found and cramping **not** severe, reassure client, provide Ibuprofen 400 mg 2 times daily after meal for 5 days. If no cause found but cramping severe, refer to IUD provider.
Severe Lower Abdominal Pain (possible Ectopic Pregnancy)	Regular bleeding with or without symptoms of pregnancy or infection, pelvic pain or tenderness, or palpable adnexal mass.	Refer to appropriate facility for complete evaluation where she can get emergency management and expert gynecologist.
Irregular or Heavy Bleeding	Ask how much and how long she has been bleeding. • Check for signs of marked anemia: - pale conjunctivae or nail beds - rapid pulse (>100/min) Do physical examination; check for signs of pregnancy.	**For irregular bleeding:** If exam is normal, reassure and give iron tablets (1 tablet daily for 1-3 months). Ask client to return in 3 months for another check. Use locally approved drugs, such as ibuprofen, during bleeding episodes, (400 mg) 2 times daily after meals for 5 days **For heavy bleeding:** Refer client to appropriate facility provision site.

Pelvic Infection PID (Suspected pelvic inflammatory disease) Cramping accompanied by abdominal tenderness, fever, flu-like symptoms, headache, chills, vaginal discharge, painful intercourse, palpable pelvic mass.	Perform abdominal examination.	Refer to IUD service provision site for further evaluation. In case of PID found it should be treated with antibiotic.
Vaginal Discharge	Check client's history for STIs or other STI exposure. Examine vaginal discharge - color, odor, etc.	If appropriate, treat based on symptoms and treatment protocols. If not covered in treatment protocols or if there is no response to treatment, refer for further evaluation.
Implant		
Amenorrhea (absence of vaginal bleeding)	Rule out pregnancy.	Reassure her that some women stop having monthly bleeding when using implants, and this is not harmful. There is no need to lose blood every month. It is similar to not having monthly bleeding during pregnancy. She is not infertile. Blood is not building up inside her. If she not pregnant then reassure and counsel. If **pregnancy** is confirmed, remove the implant and counsel client and assure her that the small dose of hormone will have no harmful effect on the fetus. Refer to appropriate facility if it is ectopic pregnancy.
Irregular bleeding	Examine lower abdomen	Reassure her that many women using implants experience irregular bleeding. It is not harmful and usually becomes less or stops after the first year of use. For modest short-term relief, she can take 800 mg ibuprofen or 500 mg Mefenamic acid 3 times daily after meals for 5 days, beginning when irregular bleeding starts.

Heavy bleeding **Lower abdominal pain**	Examine lower abdomen Rule out: • Ectopic pregnancy • Ovarian cyst • Appendicitis	Reassure her that some women using implants experience heavy or prolonged bleeding. It is generally not harmful and usually becomes less or stops after a few months. For modest short-term relief, give combined oral contraceptives, 1 pill daily for 21 days. Refer to appropriate facility.
Weight change	Rule out pregnancy as appropriate. Check that the client is eating and exercising properly.	Counsel client that weight changes may occur 1-2 kg/year. Review diet and exercise; if weight change is excessive and is unacceptable, help client choose another method.
Acne	Ask how and how often she cleans her face.	Recommend cleaning face twice a day with an astringent, like lemon. If condition is not tolerable, counsel for another method.
Breast tenderness	Determine whether the woman has breast lumps or nipple discharge.	If physical exam shows lump or discharge suspicious for cancer, refer to appropriate source for diagnosis. If malignancy is discovered, help client make an informed choice of another method.
Infection at the insertion site	Examine the site for redness, pain, pus etc.	Clean the infected area. Ask the client to return after taking all antibiotics if the infection does not clear. If infection has not cleared, remove the implants and clean the site.
Mood changes	Ask about changes in her life that could affect her mood.	Clients who have serious mood changes or worsen remove the implant and counsel for other methods.
Excess hair growth	Review history, pre- and post-insertion.	Remove implant if client requests it after counseling.

Headache	Examine and evaluate any blurred vision	If is after the use of implant then remove it and counsel for other methods.

Session 7. Communication and behavior change

Time: 60 min

Learning Objective:

- Demonstrate skills for effective communication

Materials:

- Cards with the "roles" of various community members
- Case studies
- Newsprints, markers & masking tapes

Content:

- What is interpersonal communication (IPC)
- IPC skills
- What is behavior change

Steps:

1. Warm up: Ask the participants to close their eyes for 2 minutes and ask how they feel. Ask them what they were thinking about.
2. After the participants have answered, ask them whether we could stay without thinking, or doing nothing? Discuss
3. Share the objectives of session.
4. Discuss with the participants asking the following questions:
    a. What is communication?
    b. How do we communicate in our daily life? How baby communicates?
    c. How clients communicate with you?
    d. What is behavior change communication?
    e. How can you help clients to change their behavior?

Exercise:

- Exercise on verbal and non-verbal (symbolic) communication and active listening
    - Invite 2 volunteers to play a role of client and service provider. Give a case study number 2 (see **Annex 1**). Give time to read and understand the case study.
    - Ask them to play their roles and ask others observes and note.

- Share the experiences, how they feel about playing roles of client and service provider
- Ask the participants how the verbal communication was? (E.g. tone of voice, simple language, clarifying, paraphrasing, etc.)
- Ask the participants about the non-verbal expressions that they observed and list them on the newsprint. After these add clarify by adding any points missed by the participants.
- Ask about whether they observed active listening or not, if yes ask what are they observed. Give examples of active listening;
    - Nodding to express that you are listening
    - Maintaining eye contact while listening
    - Encourage to share their feelings/problems by using words like yes, and, what, oh, please say etc.
    - Rephrasing/repeating the words/sentences said.
- Did they use open ended questions? What are they?
- Discuss improvement areas – providing feedback by the observers.

o Discuss how do they apply this skill in their situation?
o Where or in which existing services they can integrate the interpersonal communication?
o List on newsprint paper

Play Game - **See Resource List on Pragati Website for game instruction**

Coaching:

- Explain the scenario: FCHV is teaching a woman on how to take oral pills. A woman came to get her second cycle from her and would like to know once more on how to take these pills. FCHV forget some of the steps.
- Now as a coach – how are you coaching so that she will be able to improve her performance?
- Discus:
    - What went well?
    - What was the best part?
    - What did you learn?

Handout:

- Communication and Behavior Change, Chapter 1 – from COFP planning/Counseling reference manual.
- Case studies

Reference material:

- Communication and Behavior Change, Chapter 1: COFP planning/Counseling Reference manual, Chapter-1.

Elements Associated with Transition to Next Session:

- We will do role play on counseling next day.

Annex 1

Case studies: samples

1. A 34-year-old woman with three children (her youngest is 12 years old) is not sure if she wants another child. She wants an effective method that is reversible and requires little effort on her part.
2. A 21-year-old woman with one child wants to wait three years before having another one. She has never used family planning and knows nothing about contraception.
3. A 23-year-old woman with two children (both girls) wants to delay childbearing until her youngest daughter is in school for three years. She has used the IUD in the past and would like to use it again.
4. A 23-year-old woman with two children (two girls) wants to delay childbearing until her youngest daughter is in school in one year. She has used the injectable but she did not like the menstrual disturbances. She has requested oral pills.

Session 7: Reference Materials

Communication and Behavior Change

1.1 BACKGROUND

Communication is exchange of information, messages, feelings, knowledge and personal beliefs between one another. There are main five elements in this technique.

ELEMENTS OF COMMUNICATION

- Source
- Receiver
- Message
- Medium
- Feedback

Source: At the top of the communication process, lies the person or institution which gives out information or message, and this we regard as the source of information.

Receiver: The receiver is the person or group that receives the information or massage sent out by the source of information.

Message: The information or idea conveyed through the source to the receiver is regarded as the message. Messages can be expressed in written or spoken form, through gestures, signs and even pictures.

Medium: The method of exchanging information between the source and the receiver is known as the medium. The methods include person to person exchange, radio, television, books, newspaper and magazines.

Feedback: The receiver's comment on the message given by the source is called feedback. In what manner the message and information is taken by the receiver is known through the help of feedback.

1.2 TYPES OF COMMUNICATION

Mass Communication: Transmit any information or messages widely to a large number of people. Example: radio, TV, newspaper.

Inter personal Communication: Exchanging ideas and thoughts between two persons or between smaller groups is known as interpersonal communication. Example, communication between husband and wife and communication between service provider and client etc.

Self-Communication: Person communicating with him/herself (Self Talk)

Group Communication: Discussion between groups of people having common objective. Example: mothers' group, saving group.

1.3 Communication ways

Communication ways are:

- Verbal communication
- Non-verbal. Communication
- Written communication
- Audio-visual communication

1.4 EFFECTIVE COMMUNICATION SKILLS

I.4.1. Non-Verbal Communication

When we hear the word communication, we usually think if words or what is said. Yet much of our communication with other is done without words.

Think how children and newborns communicate without speaking e.g. smiling, crying, pointing/ showing, angry, facial expression and frowning etc. Non-verbal signals can communicate interest, attention; warmth and understanding to clients e.g. eye contact, pause in between or while talking/speaking, nodding head while listening, patting as culturally appropriate etc. Additionally, sitting positon, standing, and movements of hands are also non-verbal communication.

Positive Non-Verbal Cues:

- Leaning towards the client.
- Smiling, not showing tension.
- Nice facial expressions.
- Maintaining eye contact with the client.
- Making encouraging gestures, like nodding one's head.

Negative Nonverbal cues:

- Reading from a chart.
- Glancing at one's watch
- Yawning or looking away.
- Frowning.
- Fidgeting.
- Not keeping eye contact.

A good relationship with a client is based not only on what the client hears but also on what she or he observes and feels about the service provider.

Remember that nonverbal cues vary among different groups within a culture.

1.4.2. Active Listening:

One of the keys to establish a good counselor-client relationship is active listening

For examples:

- Good listeners have eyes contact, avoid fidgeting and give the speaker their full attention.
- Poor listeners avoid eye contact; glance at papers or out of the window and give an expression of impatience, boredom or distraction.
- Active listening is more than just hearing what a client says. It involves listening in a way that communicates empathy, understanding and interest.

1.4.3. Verbal communication

a. Verbal Encouragement

These skills communicate to clients that they have been heard understood and accepted and help clients understand themselves and their own needs.
Counselors can express interest and understanding by giving brief verbal responses such as "I see", or equivalent of nodding one's head.

- Lean forward slightly, listening sympathetically.
- Verbal cues, such as "Yes", "I see", "Mm-mm", "right", or "O.K."
- Verbal encouragement demonstrates that the counselor is listening and encourages the client to continue talking.
- Verbal encouragement is useful with shy clients.

b. Tone of Voice:

- Tone of voice is an important component in building a relationship with the client.
- A person's tone of voice communicates different emotions.

Angry Impatient Excited Happy Bored Not interested Shy Sad

c. Using Simple Language:

- Another way to make clients feel comfortable is to use appropriate language.
- Unfortunately because they are so familiar with medical terms, health care professionals often use words that clients may not understand and may find intimidating.
- Technical information needs to be at the level of education and language of each client, without talking down to him or her.

d. Paraphrasing

Definition: Paraphrasing is restating the client's message simply.
Use: Counselors use paraphrasing to make sure that they have understood what the client has said and to let clients know that they are trying to understand clients' basic messages. Paraphrasing supports the client and encourages her or him to continue speaking.

Example:
Client: "I want to use the IUD, but my sister said that it can travel into the heart."
Counselor: "You have some questions because of what you have heard about the IUD and you want to find out what is true".

Guidelines for Paraphrasing:

- Listen to what the client is trying to say.
- Restate to the client a simple summary of what you believe is his / her basic message. Do not add any new information.
- Observe a cue, or ask for a response from the client that confirms or denies the accuracy of the paraphrase.
- Do not restate negative images clients may have made about themselves in a way that confirms this perception. E.g., if the client says "I feel stupid asking this", it is not appropriate to say "You feel ignorant".

e. Clarifying

Definition: Clarifying is making clear and sure about the client's message for the client to confirm or deny.

Use: Like paraphrasing, clarifying is a way of making sure the client's message is understand.

The counselor uses clarifying to clear up confusion if a client's responses are vague or not understandable.

Example:
Client: "I am using the pill and I like it but my sister says that with Norplant, I do not need to remember to take anything."

Counselor: "Let me see if I understand you. You are thinking about switching from the pill to Norplant because Norplant would be more convenient for you?"

Guidelines for Clarifying:

- Admit that you do not have a clear understanding of what the client is telling you.
- Restate whatever the client is saying the way you have understood it, asking the client if your interpretation is correct. Ask questions beginning with phrases such as "Do you mean that ...?" or "Are you saying....?"
- Clients should not be made to feel as if they have been cut off or have failed to communicate. Therefore, do not use clarifying excessively.

1.5. USES OF QUESTIONS

Questions can be used to:

- assess the needs of the client
- find out what the client already knows about family planning
- learn how the client feels
- help the client anticipate how she might feel if she takes a certain action
- help the client reach a decision

- help the client act on a decision

WHAT CAN WE LEARN THROUGH QUESTIONS

Truths: What had happened?
Feelings: How did you feel?
Reasons: Why did you do this? Or what was the reason for doing this?
Characteristics: Can you give any example for this?

Being a service provider, it is very essential to ask questions to the clients to find out the condition, experience, feeling of the client so that he/she provide can information or service accordingly. The clients can receive necessary service only when there is good relation between service provider and client which would encourage the clients to tell his/her problems freely. This would support the service provider to understand their need.

TYPES OF QUESTIONS

Closed questions:

Closed questions have a limited number of responses (yes, no, a number or a few words). Counselors can use closed questions to start sessions, gathering data that can indicate areas that need further exploration in decision making. The following are examples of closed questions:

- How old are you?
- Which family planning methods have you used?
- How many children do you have?
- How many children do you want to have?

Open questions:

Open questions have many possible answers, and encourage the client to talk about her own thoughts, feelings, knowledge and beliefs. These questions often begin with "how" or "what." The following are examples of open questions:

- What do you know about Condoms?
- How do you feel about not having any sons?
- How did you decide that you are ready for tubal ligation?
- How does your partner feel about using contraception?
- What can you tell me about vasectomy?

Note: "Why" questions may be intimidating or seem judgmental. It is preferable to use "What", as in "What are your reasons for...?" or "What makes you think....?"

Probing questions:

Probing questions help a counselor clarify the client's responses to open questions. This method helps counselor to find out what clients are going through.

The following are examples of probing questions:

- What makes you think that an IUD will make you infertile?
- What if you have a tubal ligation, and then meet a man you want to marry?

Some questions steer a client to answer a particular way. This type of question should never be used. The following are some examples:

- Don't you think that pill would be a better choice?
- Would you rather have another child or vasectomy?
- Are you happy or unhappy about being pregnant?

1.6. INTERPERSONAL COMMUNICATION

Interpersonal Communication is the process of exchanging information, ideas, feelings messages between two or more persons. Verbal or non-verbal signals are used during communication.
Example, communication between husband and wife and communication between s provider and client etc.

Characteristics of Interpersonal Communication:

- It is a learning process through mutual agreement
- It is done by sitting face to face, to collect feedback on any of the sensitive issues and clearly explains the subject matter to understand.
- Simple language is used to give information or message
- Verbal or non-verbal language is included
- It is two way communications. It helps to make decision through open discussion on sensitive issues.
- It maintains good relation between two people
- It provides information as per the expectation
- It can monitor the effectiveness of the health messages
- It maintains privacy

Advantages of interpersonal communications:

1. There is two-way flow of ideas and experience in interpersonal communication. It is possible to repeatedly ask about matters not understood in this interaction.
2. Language and words, aided by gestures and signs, help to understand or explain things better.
3. It enables to gather detailed information on a particular subject that a person wishes to know while gathered for the discussion and clear the things not understood.

4. This is one of the appropriate communication processes where different educational and behavior change materials are used to encourage and bring change in health behavior.
5. Whereas mass communication is an effective means to transmit any information or messages widely to a large number of people, interpersonal communication is more effective for exchanging ideas, and thoughts between two persons or between smaller groups.

Hindering factors of Interpersonal communication:

1. Related to informer

Unclear Voice during talking
Not being able to use simple language to be clear
Not allowing others to speak
Give information or messages through biasness attitude
Not respecting others norms and values
Not listening to others and feel "I am right."
Lack of patience

2. Related to information:

Dual meaning
Use of unfamiliar or incomprehensible language
Incomplete/ incomprehensive Information
Information might be too long and hard to understand
Not clear

3. Related to information Receiver:

Lack of trust towards source
Lack of concentration
Un-attentive listener
Incapable to understand, listen, hear and see.

Factors to consider in interpersonal communication are:

- Givers need to understand what information is needed to receivers, active listening and pay attention to their views.
- Counselors need to use various ways to communication – verbal & non-verbal –like nodding head, pointing/showing using hand, saying "O yeah…"
- Positive explanations help clients feel positive about them. Give encouragements to the client who is in stress in way that help her/his to control herself/himself but careful about giving false appreciations.

Behavior change through the help of effective communication

Each type of communication channels has its own strengths. For example, mass media entertainment and reality programming can depict healthy behavior for large audience. Gradually reception of knowledge and awareness brings behavior change in society. Interpersonal communication with health care providers helps clients learn the skills to practice new behavior.

1.7. BEHAVIOR CHANGE COMMUNICATION (BCC):

Behavior change communication (BCC) is a process that motivates people to adopt healthy behaviors and lifestyle. BCC programs motivate people change to healthy behavior or to continue healthy behavior. BCC programs provide people with knowledge and skills and take actions to for their health and wellbeing as per their needs related to family planning and reproductive health, maternal newborn and child health, and prevention of infectious diseases.
Previously, organizations used "information, education, and communication" (IEC) activities to improve people's awareness and knowledge and to promote positive behaviors. BCC builds on IEC, and emphasizes that communication should be strategic and guided by systematic processes and behavioral theories.

Before attempting to change the way people think or behave, health communicators must first find out what people in the intended audience know and feel and how they currently behave. In addition to understanding the attitudes and behavior of the target audience, health communicators must have an understanding of the general dynamics of human behavior change; what factors motivate people and what makes them to change their behavior.

1.7.1 Stimuli to Change Behavior:

Among the factors that cause people to change their behavior are:

1. Physical factor – based on a person's current physical state, as well as fear of future pain and discomfort, or memory of past pain.

2. Knowledge factor – based on knowledge and reasoning, if people have the facts, they may choose to do the right thing.

3. Emotional factor – based on a person's intensity of feelings of fear, love or hope.

4. Skills – based on a person's capacity to adopt and continue a new behavior.

5. Family and individual factor – based on influence from family, influential people and peers. Some people change their behavior with the support from family, peers of people in their society.

6. Social structures – based on the impact of social, economic, legal and technological factors on the daily life of a person.

1.7. Phases of behavior Change

Behavior change refers to the transformation of a person's conduct and activities. Changing behavior is complex and may be time taking process. Listening once may not change the behavior of people. Following are the phases of behavior change:

1. **Knowledge:**

   Generally people acquire related knowledge. For example if they want to use family planning

   - They will listen the family planning message and remember
   - Understand what messages mean or is about
   - Able to tell the names of methods or materials, where these services and commodities are available.

2. **Approval:**

   They accept the knowledge received. Example once they have the knowledge about family planning methods

   - React on massage
   - Discuss about family planning massages/information or concerns with family members, friends, and relative.
   - Thinks that there will be an acceptance from family members, friends and community.

3. **Intention: -**

   Understand the benefit from behavior change and wish to adopt such behavior, example people determine it is worth

   - Sees the benefits of modifying the behavior and show desire to adopt this behavior
   - Intended to see service provider
   - Intension to practice behavior

4. **Practice:**

   And then start practicing this behavior on a daily basis that finally manifests and feel self-satisfied. Example if one decides to use method

   - He/she goes to service provider to get information/method/service
   - Selects the method and use

- Use continuously

5. **Advocacy :**

After self-satisfaction they praise other for their behavior change, Example once he/she is satisfied with method

- Experience and appreciate benefits
- Advocate for practice
- Support the community activity.

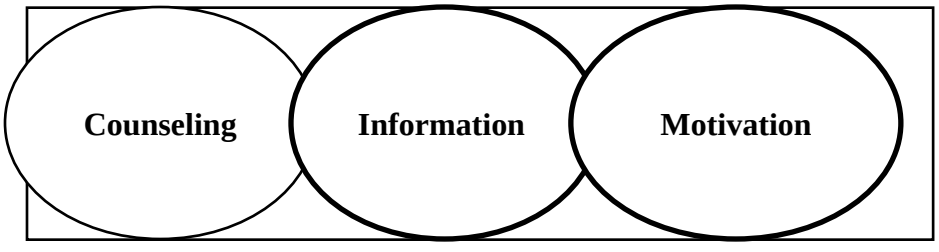
1.8. Criteria for useful and constructive feedback

Feedback is a way of helping another person to consider changing her or his behavior. It gives that person information about how she or he affects others. It allows individuals to learn how well their behavior matches their intentions.

- Feedback is **descriptive rather than judgment**. Describing your observation lets the other person use the feedback or not, as she or he sees fit. Try starting feedback statements with phrases such as "I saw that ..." "I observed that ...," or "I heard you say ..."
- Feedback is **must be special rather than simple**. To be told that you are "dominating" will not be as useful as to be told, "Just now when we were discussing the issue, you did not listen to what others said and I felt if I did not accept your arguments, you would be angry with me."
- Feedback takes into **account the needs of both the receiver and the giver**. Feedback can be destructive when it serves only our own needs and fails to consider the needs of the person receiving it.
  Feedback is considering **need of both receiver and provider**. When people are reminded of shortcomings that they cannot control, receivers may become frustrated. Feedbacks focus/indicate on behavior that can be done. If the improvements are beyond the control of people who receives feedback may become irritate or upset.
- It should be given in timely manner.
- Feedback mechanism is assessed to **confirm and clear communication**. One way of doing this is to have the receiver try to paraphrase the feedback she or he has received to see if it corresponds to what the giver had in mind.
- When feedback is given in a training group, **both giver and receiver have the opportunity to check the accuracy of the feedback with others** in the group. Is this one person's impression or an impression shared by others?

1.9. MOTIVATION, INFORMATION-GIVING AND COUNSELING

Relation between 3 Types of Communication



Motivation (also known as promotion) includes all efforts to encourage people to use health services. This includes series of information on reproductive health/family planning to attract the interest of public or targeted potential audiences. Motivational messages are made up of information emphasizing the benefits of a method being promoted. No special setting is required for these activities.

Some Examples of Motivational Messages Are:

- Billboard that promotes the use of a specific brand of oral contraceptives
- Radio message that describes the benefits of birth spacing but does not advocate the use of a particular family planning method.
- Advertisement in a men's magazine that promotes the use of condoms to prevent pregnancy and STI transmission

Information giving is a way of providing people with facts about family planning methods. This too can be communicated one-on-one, in a group, or on a mass scale. The information may be complete or limited and can be given anywhere.

Some Examples of Information-Giving Are:

- A nurse in a clinic shows a film on a various contraceptive methods to a group of women who are waiting for prenatal checkups.
- A client is given a brochure on the temporary methods of contraception by a field worker.

Counseling is often performed face-to-face in confidential sessions between the counselor and client(s). Clients are given complete and balanced information during counseling. It is about helping and supporting a person to find an understanding and answers that work for that person depending upon the client's views, opinion, values and norms. For example, counseling the client on advantages and disadvantages of Pills in order to make decision to choose Pills as family planning method.

1.10. CLIENT PROVIDER INTERACTION

Client-Centered Care

In order to place the needs of the client at the center of health service delivery, providers need to see client-provider interactions through the eyes of the client.

Client-provider interactions take place with the first encounter at the delivery site. When a receptionist greets a new client or an administrator politely directs a client to the proper provider, these initial interactions may affect in a positive way how receptive the client is to working with the service provider. By communicating clearly and in a friendly manner, these staff members can be sure that the client goes to the correct place and knows what to expect.

Family planning counseling is an important example of client-provider interaction. In addition to discussing contraceptive methods, some clients may need information or referrals for sexually transmitted diseases (STDs), prenatal care and other issues. Client-provider interactions about broader reproductive health issues are an important part of many delivery systems that focus on family planning. Client-provider interactions occur during medical procedures such as blood pressure checks, pelvic exams, insertions of Norplant or intrauterine devices, or injections.

Important Qualities for All Service Delivery Staff

For all those involved in the process of delivering health services, several characteristics can help make the client-provider interaction more effective and positive.

- **Respect and empathy for the client**: Showing respect for clients is important. All clients are entitled to respect, regardless of educational level, age, sex, ethnic group or income.
- **Good communication skills:** Good communication skills are essential, particularly good listening skills.
- **Tolerance for values and beliefs different from one's own**: Sincerely caring about the needs of the client – and putting oneself in the situation of the client – is essential. Some refer to this characteristic as having empathy for clients, regardless of their situation and needs. Empathy builds trust between the client and provider.
  Providers need to have tolerance for values that are different from their own. Effective providers will not impose their own values on their clients. For example, a provider may believe that an unmarried woman should not be sexually active, but this belief should not affect the quality of service for an unmarried client.
- **Unbiased attitudes toward all clients:** Tolerance means service staff have unbiased attitudes toward all clients, regardless of age, ethnicity, sex, religion, race or educational level. An understanding of the local culture is important for providers.

Other Important Qualities for Family Planning Counselors and Service Providers:

Family planning counselors and service providers need to have all the qualities discussed above. Several other characteristics are also important i.e. gender, religion, cultural context, value and norms etc.

- **Comfortable discussing human sexuality**:
  Providers of services need to be comfortable when discussing human sexuality and feelings. Too often, family planning providers discuss contraception in a biological way without taking into account issues of sexuality. Topics that may need to be discussed in a nonjudgmental way include the number of sexual partners a client has, negotiating sex and condom use with a partner, how side effects may affect sexual relations and other issues.

- **Unbiased attitudes toward all contraceptive methods:**
  Providers need to have an unbiased attitude toward all contraceptive methods. Good counselors will not impose their views on a client, even if they favor or

dislike a particular method. Research has shown that IUD can be used at least for 12 years in a safe and effective way. New data effect on how providers counsels women clients about contraceptives.

- **Technical knowledge and skills:**
  Clients always come for information and services thinking that counselors and providers are people who know better than they. Hence counselors and providers are required to be well versed in knowledge and skills for the subject in which they provide counseling.

1.11. Gender Affects Client-Provider Interactions:

"Gender" – roles prescribed for women and men in culture or society

- When the sex of provider and client is different, client may be:
  - hesitant to discuss sensitive issues
  - uncomfortable having clinical procedures

- In couple counseling, provider may focus more on the man than the woman

When the provider and client are of a different sex, issues about gender roles may arise. In some cultures, a woman is not supposed to talk about sexual issues, and those women who do discuss such issues are considered "impure" or promiscuous.

Similar issues can arise for male clients seeing a female provider. Men may think it is not proper to discuss sexual issues with women. For example, men considering vasectomy may fear it will cause impotence but will not raise this concern with a woman. Providers need to help men voice that fear and then explain that vasectomy does not affect erection or ejaculation.

Gender roles can also affect the client-provider interaction during clinical procedures. Many female clients are not comfortable with a male doctor doing a pelvic exam, for example. If a female doctor is not available, a male provider should have a female assistant in the room during the procedure, if possible.

Gender issues also affect couple counseling. A counselor may primarily address the man, presuming that he knows more about family planning, controls the use of family planning, or simply out of traditional styles of showing respect. In many cases, however, the woman knows more about this subject and may need the counselor's encouragement to express her feelings about using a contraceptive method.

Clients need complete, accurate, and easy-to-understand information. Providers should clarify any misunderstandings that clients may have about contraceptives. Providers must also be careful to give appropriate amounts of information that the client can absorb and use in making the right choice.

Providers should be respectful, tolerant and unbiased toward all clients. This is also important for other service delivery staff. For example, a receptionist who prevents some types of clients from seeing a provider is limiting their choices.

Session 8. Counseling

Time: 120 min (60 min for what counseling and 60 min for role play)
Learning Objective:

- Describe what is counseling and effective counseling
- Demonstrate steps of balance counseling applying "ABHIBADAN" (GATHER) approach.

Materials:

- Newsprints, Meta card, Board-marker, Masking tape, and Hands outs
- Newsprints with counseling one and Do & Don't on another one.
- Newsprint with ABHIBADAN and balanced counseling steps.
- Balanced counseling cards and pregnancy rule out checklist.

Content:

- What is counseling and its process and steps
- Effective counseling
- Dos and don'ts in counseling
- Balance counseling using ABHIBADAN approach

Steps/methods:

1. Warm up: ask
   - Recall about the best counseling services you ever received.
   - **?** Ask few of them to share what made it best? What they like most?
   - List on the newsprint paper
   - **?** Are you counseling to clients? How about the counseling in similar manner?

2. Share the objectives of session.

3. What is counseling:
   - **?** Ask the participants "What is counseling?" Note down what they say about counseling.
   - Divide into 2 groups. Provide each group to discuss and make a list on following
     a. Dos about counseling

     b. Don'ts about counseling

   - Give five minutes to each group for presentations

- Collect the information received from participants' presentation and add the missing elements and define Counseling (written on newsprints)

4. Explain effective counseling:
   - Review IPC skill – empathy, respect, honesty.
   - Review effective communication skills – ask to give examples regarding effective communication, listening to clients attentively, ask questions and encourage clients to ask likewise, paraphrase briefly the matters told by the clients.

5. **Ask:** did you hear about "ABHIBADAN"? If yes, tell to explain. List on the newsprint
   - Explain the details of ABHIBADAN (written on newsprint)

6. **Ask:** did you hear about balanced counseling? If yes, ask to explain and share the experiences in using it.
   - Explain steps of balanced counseling (written on newsprint) using the "ABHIBADAN" approach.

7. Demonstration of balanced counseling - do role paly
   - 3 Facilitator or volunteers demonstrate counseling using balanced counseling cards – 1 to play a role of client, 2 to play a role of service provider and one observer to provide feedback.
   - Let them demonstrate the balanced counseling to large group.

   ? Ask what have they observed? What are good qualities/characteristics of service provider they observed?

   - List on newsprint
   - How client reacted while receive counseling services?
   - Provide feedback to service provider
   - Divide into group of 3 members and ask to play – client, service provider and observer then rotate the role.
   - Discussion in large group:
     - How do they feel about the play?
     - Are providing counseling services in similar manner? If not what are the areas of improvement.

     List on the newsprint paper
     - Are there any opportunities or possibility to integration fertility awareness/family planning counseling service in your existing services (e.g. immunization day, PHC/ORC, ANC etc.)? What are they? How do you do?

Handout:
- Handouts – 1 to 5.

Reference material:
- COFP planning/Counseling reference manual and IPC orientation facilitator manual.

Elements Associated with Transition to Next Session:

- We will take about recording & reporting of counseling services and other family planning methods in next session.

Session 8: Reference Materials

Handouts:

Handout 1
Counseling:
Counseling is the process of interaction with the health service receiver on the basis of their need. In this process, the health worker provides information to the health service receiver to enable them to take their own decision through informed choice.

Counseling is assisting one person by another on the basis of truth and understanding the feelings to solve the problem.

Counseling is an interaction in which the counselor offers another person the time, attention and respect necessary to explore, discover, and clarify ways of living more resourcefully.

Counseling is an issue-centered and goal-oriented interaction. Counseling is DIALOGUING and helping to provide options for decision-making and BEHAVIOR CHANGE. Good counseling helps another person to be AUTONOMOUS, meaningful to explore options, make decisions, and take responsibility for his or her own actions.

Counseling is:

- Catering the services according to the needs, issues, and circumstances of each health service receiver
- An engaging, collaborative, and respectful process
- Goal centered
- Developing autonomy and self-responsibility among the health service receiver
- Considerate of interpersonal situation, social/cultural context, readiness to change
- Asking questions, eliciting information, reviewing options and developing action plans

Counseling is not...

- Telling or directing
- Giving advice
- A conversation
- An interrogation
- A confession

- Praying

Handout 2
Dos in Counseling

- Remain calm and stable. Allow the receiver to express their feelings
- Encourage the receiver to tell his/her problems
- Remove the hesitation to accept the problem
- Listen and establish precipitating factors as the receiver relates their story
- Appreciate when the receiver discloses his/her problem
- Help the receiver generate alternatives to solve the problem
- Assist the receiver in identifying the issues and assure them that something can be done about it
- If needed refer the receiver to the right place
- Accept their feedback seriously

Dont's in Counseling

- Don't interrupt
- Don't confront
- Don't challenge
- Don't laugh at the receiver
- Don't lose temper in any circumstances
- Don't boast
- Don't show attitude or superiority
- Don't order your receiver
- Don't use technical words or acronyms (VCT or FSW...)
- Don't criticize
- Don't threaten the receiver
- Don't give advice
- Don't argue with your receiver

Handout 3
Qualities of Good Counselors:

Qualities perceived in the counselor that can help the receiver feel secure enough to engage in self- exploration:

- Self- confidence
- Empathy
- Non -judgmental
- Acceptance
- Authenticity

- Trustworthiness
- Confidentiality
- Competence
- Supportive attitude towards the receiver
- Tolerance for values that differ from one's own
- Professionalism

Good counseling should not involve:

- Pushing or threatening the receiver
- Offering their opinion
- Judging the receiver or their lifestyle
- Telling a receiver they 'know" how they feel
- Imposing your own beliefs
- Side-tacking the receiver's problem
- Minimizing receiver's problem
- Interrupting
- Taking responsibility of the service users' problem and decisions
- Becoming immersed in the receiver's situation

Handout 4
Steps of Counseling: " ABHIBADAN"
Step 1: "A" Abhibadan garne, i.e., To greet:
In greeting the client coming for counseling, words like "namaskaar", please come, please be seated, etc., should be used, as well as getting acquainted by introducing one another. This will help to establish good rapport with the client.
Step 2: "Bhi" Bhinna na thani awashyakta patta lagauna sodhpuchh garne i.e., Asking questions without discrimination to identify the needs.
The counselors should ask the client about his/her needs without any discrimination against his/her education, social or economic status. One should listen attentively to what the client says encouraging him/her to speak up about anxieties, curiosities and doubts concerning family planning. A client must be asked his/her age, marital status, number of children, number of pregnancies, number of living children and their ages and sex, and about previous or present use of family planning methods, in detail. Ensure whether she is not pregnant or not. If the client had been receiving counseling and used family planning methods in the past, he/she should be asked about his experience. Inquiring about all these things with interest and giving good advice will help make your client satisfied.

Step 3: "Ba" 'Baadha hatauna soochana uplabdha garaune i.e., Provide information for solving problems

Usually, a client seeking counseling comes with a specific problem. The counselor should provide information, without showing his/her own personal emotions about the problem. When there are any questions about family planning methods, the clients should be provided detailed comprehensible information about how method works, where it is available, effectiveness, the advantages and disadvantages, how to obtain it, how to combat side effects etc. Client should be given dual protection information as well.

Step 4: "Da" Dutta Chitta bhai sahayog garne i.e. Help whole heartedly.
Since the main responsibility of the counselor is to help the client to make voluntary decision, he should do so by providing adequate and accurate information the subject. The client seeking counseling should be asked about his/her spouse wished. Comparative information on available methods should be given to clients enabling them to select methods suited to their needs. After selection, the counselor should test the client's knowledge of the method. Following this, detailed information as to where and when the method is available, what sort of physical examination the client must undergo before using it and where the client should go if side-effects occur should be provided to clients.

Step 5: "Na" Namaskar gardai pheri auna anurodh garne i.e. Bidding good-bye and asking clients to come again:
Having provided information per the needs of the client, he/she should be direct to the place where the family planning method is available upon obtaining the methods; the client should be reminded to come for a follow-up visit. During follow-up visit, the client should be asked about the method being used and any side effects. Clients should be provided additional information if needed. Finally, they should say good-bye politely after requesting the client to come again.

Norms for Counseling

- Conduct counseling in a comfortable setting that ensures privacy and confidentiality.
- Give the client full attention.
- Always place the clients' needs first.
- Respect the client regardless of his or her socio-economic, ethnic or marital status, age, educational level, religious or language.
- Never make the judgmental remarks to the client.

"A" step for ABHIBADAN
"A" Abhibadan garne i.e. to greet the client and make him/her comfortable.
To establish good rapport with the client the service provider should:

- Greet the client (namaste, namaskar etc.)
- Invite the client inside.
- Offer the client a seat.
- Introduce one another.
- Maintain privacy.
- Ensure confidentiality.

- Ask the client why he/she has come to the clinic.

"BHI" step for ABHIBADAN
"Bhi" to ask and assess client's needs – Bhinna Nathani Awashyakta patta lagauna sodpuchh garne.
Each client has different reproductive plans and reasons for seeking contraception. By finding out about those needs, the counselor can help the client choose an appropriate method.
In this step the service provider should assess the client's reproductive needs and assess:

- D - Demographics - obtain demographic data (name, sex, age, etc.)
- M - Medical - Obtain medical history
- R - Reproductive needs- Assess the client's reproductive needs (short, long term or permanent).
- S – STI's – HIV risk assessment
- M - Method - Assess what they know about methods or their chosen method.

The following questions can focus on whether short or long term methods should be discussed.

1. Do you want to have (more) children at some point? If the client says no, she or he may be especially interested in learning about long term or permanent methods. But the client should also have the opportunity to learn about and use other methods.
2. How long were you thinking of waiting before having a child?

For Revisit Clients:

- Ask if their situation has been changed since their last visit.
- Ask if reproductive needs have changed.
- Ask them if they have new concerns.
- Ask them if they have any problems related to other methods.

Here are some examples of different client needs:

- A client plans to have a baby in a year or so and is very certain she does not want to get pregnant any sooner. This client may especially want to learn how the various short term methods compare in effectiveness.
- A client wants to delay childbearing for an extended period of time and has been using condoms but not consistently. She needs to know that other temporary methods are available and that some of them (the IUD and Norplant) are effective for several years and require little ongoing attention.
- A client has decided to have no more children. The client should be informed about both tubal ligation and vasectomy as well as about the other available choice.

- **These clients have made the right choices for their circumstances, even though other methods might appear to be better "fit". It is important to focus information giving on client's needs and not pressing the providers' views on the client.**

If a client comes in requesting a certain method, his/her knowledge should be assessed and corrected. It is not necessary to go over all the other methods if the client is not interested.

"BA" step for "ABHIBADAN"

"Ba" – Badha hatauna Suchana upalabdha garaune. Provide information for solving problems and concerns based on client's preferred methods. The "Ba" step focuses mostly on providing information. The following information should be provided about the method the client is interested in:

- What the method is
- How it works
- Effectiveness
- Dual protection
- Advantages
- Disadvantages
- Possible side-effects
- Correct rumors or misconceptions the clients may have
- Use IEC materials.

Important Points:

- Do not tell clients about methods not related to their needs.
- Do not tell the clients information already given. You can start this step by asking the clients what they know about the family planning methods related to their needs. You fill in the gaps in knowledge.

"DA"step for "ABHIBADAN"

In this step from ABHIBADAN approach the "Da" step stands for Datta Chitta Bhai Sahayog garne (help wholeheartedly. The service provider needs to ask the following questions.

- Ask the client if they have made a decision about a method or what method they heard about during the "Ba" step interest them.
- Ask if she discussed her family planning plans with her partner. If she has ask the outcome of the discussion.
- Ask her whether she thinks she can tolerate the predictable side effects of this method (e.g. changes in menstrual bleeding).
- Help her to consider the need for protection against HIV infection and other STIs as appropriate.
- Ask her if there is anything she does not understand about the chosen method. Repeat information as needed.

If he/she makes the decision tell the client:

- How to get the method.
- How to use the method.
- Describe warning signs, what they are, and where to go if they occur.
- Confirm clients' understanding of what has been said by asking them to repeat their understanding of the subject in their own words.
- Provide the method if client's understands it well.
- Give clients informational materials on the method chosen.

For sterilized clients:

Explain and ask the clients to sign the informed consent form. Before signing tell the client about the informed consent as:

- **Temporary methods of contraception are available** to the client on the client's partner, they can choose.
- Tubal ligation/vasectomy is a **surgical procedure**.
- **There are risks and benefits** associated with the procedure.
- The client will **no longer be able to have children.**
- This procedure is meant to be **permanent.**
- The client has the **option to decide against the procedure** without sacrificing the right to other services. The client may change his / her mind at any time before the operation.

The most important point to stress is that the operation is meant to be permanent. The client must understand that fact.

If the client cannot make a decision:

- Ask them what additional information is needed.

If the client decides NOT to use a method, tell the client about:

- Risk of pregnancy
- Pre-natal services.
- They can return to see you if they want a family planning method.

For Revisit Clients who has been using temporary methods, Ask the Client:

- How he/she uses the present method.
- The warning signs for the method (to confirm the client has not forgotten.)

"NA" step for "ABHIBADAN

"N": which stands for Namaskar gardai pheri auna anurodh garne (Bid goodbye and request to come again).
In this step tell the clients when to return for routine follow-up or refer the clients for services or methods not offered by your site.

- Tell the client when and where to go for routine follow-up.

Dual protection is important for the following clients:

- Female sex workers
- Sexually active adolescents/youths
- Male having sex with male
- Key population both male and female whose partners have high risk behaviors
- People with STI and or HIV

Sexually active people e.g. individuals or groups who reside in the STI and or HIV hot zones.

Tell the following point to the client

- Where to go
- Days and times services are offered.
- Provide referral note (if possible).

Clients Make Return Visits for a Variety of Reasons:

- To obtain more supplies.
- To complete a routine follow-up.
- To ask questions.
- To switch to another method.
- To stop using a method that must be removed (Norplant, IUD).
- To report side-effects or complications.

SUMMARY OF ABHIBADAN
A BHI BA DA N steps:
"A" - Abhibadan garne (to greet the client)
"BHI" - Bhinna nathani awashyakta patta lagauna sodhpuch garne (assessing the clients need asking questions without any discrimination)
"BA" - Badha hatauna suchana upalabdha garaune (provide informations for solving problems and concerns)
"DA" - Datta chitta bhai sahayog garne (help whole heartedly)
"N"- Namaskar gardai pheri auna anurodh garne (bid goodbye and request to come again.
Handout 5

- Balanced counseling cards.

Session 9: Recording and Reporting

Time: 75 min
Learning Objective:

- Explain where and what to record and report using existing system

Materials:

- Samples of register and forms from health facility or photo copies (Annex 1 and samples given below).
- Pragati tools and forms.

Content:

- 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.

Steps/methods:

1. Warm up: ask

   - ? What types of records/registers have you been keeping at your health facility? List on newsprint and add anything missing
   - ? What types of HMIS recording and reporting forms are you using for family planning program?
     - List of newsprint and add if any missing.
   - ? Who fills it in?
   - ? Did you face any challenges to fill these forms? What are they? How are you solving? Or what's your plan to address such challenges? List on newsprint paper
   - ? What type of supervision check list have you been using? When do you use?

1. Discussion of recording and reporting of family planning counseling services: ask

   - ? Where do you record the counseling services you provide?
     Conclude on keeping the updated record and agree upon where to record in which form/register.
   - ? Referrals – how do you keep record of referral?

2. Divide into 2 groups and ask to work on

   Group 1 - Why do we keep records?
   Group 2 – what would be the implication of incomplete and incurrent records?
   Share to large group

3. Share and explain about:

Pragati forms/checklist
Data flow

4. Exercise on filling out Pragati forms.

5. Discuss on how they can facilitate in completing the Pragati tools/forms.

6. Clarify any queries.

Handout:
- Pragati forms/tools (**Annex 1**)

Reference material:
- COFP planning/Counseling Reference Manual.
- PragatI: M&E Recording and Reporting Forms and Monitoring Tools

Elements Associated with Transition to Next Session:
- We will prepare an action plan in the next session where you can have an action plan about recording and reporting, too.

Session 9: Reference Materials

Facilitator notes:
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 (family planning related HMIS forms/sheets)
- ;Dks{ sf8{ (Multipurpose Contact Card) – HMIS-1.2
- :yfgfGt/0f÷k|]if0f k"hf{ (Transfer/Referral Slip) – HMIS-1.4
- kl/jf/ lgof]hg ;]jf (Family Planning Card-Face Sheet) – HMIS-3.1
- lkN;, l8kf] ;]jf /lhi6/ – HMIS-3.2
- cfO{=o'=;L=8L=/ODKnfG6 ;]jf /lhi6/ – HMIS-3.3
- aGWofs/0f ;]jf /lhi6/ – HMIS-3.4
- ufamily planningF3/ lSnlgs /lhi6/ – HMIS-4.2
- l8kmN6/÷clgoldttf cg'udg k'hf{ (Defaulter/discontinuation tracing slip) – HMIS-1.5

- dlxnf :jf:Yo :jo+;]ljsf 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 ufamily planningF3/ 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 sfof{no======k|f=:jf=s]÷:jf=rf}÷pk=:jf=rf}_ – HMIS-32

HMIS 3.1 Face Sheet

नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
स्वास्थ्य व्यवस्थापन सूचना प्रणाली

परिवार नियोजन सेवा कार्ड

दर्ता नम्बरः			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 बिबरण

जीवित जन्म संख्या	हाल जीवित बच्चाहरुको उमेर (कम देखि बढी उमेरसम्म क्रमशः उल्लेख गर्ने)					कैफियत
छोरीहरु						
छोराहरु						

आखिरी रजस्वला भएको मिति		
गते	महिना	साल

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 समस्याः	छ	छैन
२. गन्हाउने पानी बग्ने समस्याः	छ	छैन
३. तीन महिना यता पाठेघर सम्बन्धी संक्रमणको उपचार गरेको	छ	छैन

आकस्मिक गर्भ निरोध चक्की प्रयोग गर्न लागेको भए निम्न विवरण भर्नुहोस्:

१. असुरक्षित यौन सम्पर्क भएको मिति (गते/महिना/साल)	ग	म	सा	
२. अब प्रयोग गर्न चाहेको साधनः				

हाल प्रयोग गर्न 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	फर्कर आउने मिति		
ग	म	सा			ग	म	सा

Sample of register:

परिवार नियोजनको अस्थायी साधन

वार्ड नं.		वडा जनसंख्याः		आ.यू.सी.डी		इम्प्लान्ट		प्रजनन उमेरका महिला संख्याः

मुल दर्ता नं.	सेवा दर्ता नम्बर	मिति			क्र.सं. (नयाँ प्रयोगकर्ता)	सेवाग्राहीको		जाति कोड	ठेगाना	सम्पर्क नं.	उमेर (वर्ष)		पतिको नाम र थर (ऐच्छिक)
		ग	म	सा		नाम	थर		गाउँ/टोल		< २०	≥ २०	
१	२	३	४	५	६	७	८	९	१०	११	१२	१३	१४

जम्मा													
													नयाँ प्रयोगकर्ता
													हाल प्रयोगकर्ता
													Discontinued
													साधन खर्च (साइकल/डोज)

(पिन्स तथा डिपो) सेवा रजिष्टर

२०७... /७...		२०७... /७...		२०७... /७...	

आ. ब. २०७... /७...												आ. ब. २०७... /७...												आ. ब. २०७... /७...											
श्रावण	भाद्र	आश्विन	कार्तिक	मंसिर	पुस	माघ	फागुन	चैत	वैशाख	जेष्ठ	आषाढ	श्रावण	भाद्र	आश्विन	कार्तिक	मंसिर	पुस	माघ	फागुन	चैत	वैशाख	जेष्ठ	आषाढ	श्रावण	भाद्र	आश्विन	कार्तिक	मंसिर	पुस	माघ	फागुन	चैत	वैशाख	जेष्ठ	आषाढ
१६	१७	१८	१९	२०	२१	२२	२३	२४	२५	२६	२७	२८	२९	३०	३१	३२	३३	३४	३५	३६	३७	३८	३९	४०	४१	४२	४३	४४	४५	४६	४७	४८	४९	५०	५१

आ.यू.सी.डी. तथा इम्प्लान्ट सेवा रजिष्टर

	२०७... /७...		२०७... /७...		२०७... /७...	

प्रयोगकर्ता		साधन राख्दाको अवस्था		साधन प्रभावकारी रहने अन्तिम मिति			साधन झिकिएको बिवरण (साधन झिक्ने भएमा)											कैफियत
							राखिएको मिति			राखेको संस्थाको नाम		झिकेको मिति			झिक्नुको कारण	साधन झिक्ने स्वास्थ्यकर्मीको		
नयाँ	लगातार	सुत्केरी भएको ४८ घण्टा भित्र	अन्य	ग	म	सा	ग	म	सा	यहि	अन्य (नाम)	ग	म	सा		नाम, पद	सहि	
१५	१६	१७	१८	१९	२०	२१	२२	२३	२४	२५	२६	२७	२८	२९	३०	३१	३२	३३
१	२	१	२															
१	२	१	२															

Sample for permanent methods:

परिवार नियोजन स्थायी

जिल्लाः

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
१	२	३	४	५	६	७	८	९	१०	११	१२	१३	१४
						१	२						

(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	
१५	१६	१७	१८	१९	२०	२१	२२	२३	२४

Session 10. Action plan preparation (Practical Integration)

Time: 45 min

Learning Objective:

- Prepare action plan based on learning from the two day orientation. Particularly with focus on integration of fertility awareness/family planning; application of IPCC-couple counseling & group counseling; side effects management and misconceptions.

Materials:

- Newsprint, markers, masking tape.
- Action plan template

Content:

- Action plan for 12 months.

Steps/methods:

1. Discuss about how participants will implement knowledge, skills, and attitudes learned during the two day orientation.
   - Discuss how they will integrate it into their existing delivery system.

2. Ask: how and which services (e.g. immunization, ANC, PHC/Outreach clinic etc.) they can integrate into IPC and Counseling?
3. List on the newsprint
4. Ask the participants to prepare an action plan based on the template given to them. Encourage them to incorporate where they can integrate IPC and counseling services and talk about fertility awareness and family planning.
5. Encourage and support them to plan to conduct Pragati games for FCHVs. **Coaching:** encourage HFS to plan for conducting Pragati games as well as coaching to FCHVs during their monthly meeting with them.
6. Ask to share to the group for feedback.

Handout:

- Action plan template

Reference material:

- Elements Associated with Transition to Next Session:
- We will follow up of this action plan in regular basis in coming days – most probably during your review meetings.

Annex 1

Action plan template

District: …….. Name of VDC: …….

Name of health facility: ……Date of preparation: ……

Main Activities	Sub-activities	Responsible Person	Time Frame	Supports need from whom/ where	Progress

Post Test

Total marks: 100
Time: 30 minutes

Question and answer: (Marks 15)

Instruction: Circle the best answer of the each question.

1. What is fertility awareness?
   a. Couple adopting family planning methods to avoid or delay pregnancy.
   b. Actionable information about fertility throughout the life cycle and the ability to apply this knowledge to one's own circumstances and needs.
   c. Discussion between wife and husband about family planning methods.
   d. Adoption of any family planning method for reproductive health.

2. What does fertility awareness encompass?
   a. Basic information on the menstrual cycle, when/how pregnancy occurs, likelihood of pregnancy at different times in the cycle/different life stages, and the role of male fertility.
   b. Information about how to obtain information about family planning and health, where one can obtain methods and intention to use.
   c. Information on how a specific family planning methods works, how they affect fertility, and how to use them
   d. Basic understanding and communicating about family planning between husband and wife or client and service provider.

3. What is the differences between a period and a menstrual cycle? Fill in the blanks with correct answer:

   a. …… is when a woman is having menstrual bleeding.
   b. …… covers all the days between one period and the next.
   c. Most women have menstrual cycles lasting between …… days long.

True and false: (Marks 60)
Instructions: circle the best answer to each question.

1. The three conditions that are required for LAM to be effective are:
    a. Exclusively breastfeed
    b. Child must be less than six months of age
    c. When your period has not returned
    d. All of the above

2. The menstrual cycle does not vary from woman to woman and may not even vary for the same woman
    a. True
    b. False

3. How does the Depo-Provera shot prevent pregnancy?
    a. Thickens cervical mucous (makes sperm penetration difficult)
    b. Stops ovulation
    c. Causes thin endometrium
    d. All of the above

4. Most women have menstrual cycles lasting between 26 to 32 days long. Some women have longer or shorter cycles, and this is also normal.
    a. True
    b. False

5. In the menstrual cycle, around the middle of the cycle, there are fertile days when a woman has a higher risk of getting pregnant. And other days are infertile days in which a woman does not have a risk of becoming pregnant.
    a. True
    b. False

6. Men are always fertile after first ejaculation.
    a. True
    b. False

7. Men are able to contribute to a pregnancy the rest of their life, although their fertility may diminish somewhat with age.
    a. True
    b. False

8. Women's fertility always starts at 20 years and usually does not come to end between the ages of 45-55.
    a. True
    b. False

9. Man's sperm determines the sex of a baby. If the fertilized egg gets the father's Y chromosome, the baby will be a boy.

a. True
b. False

10. Which of the family planning methods has a delay in fertility return?
    a. IUD
    b. Implant
    c. Depo-Provera
    d. Condom

11. Couples should jointly decide & communicate about IF and WHEN to have sex, and whether pregnancy is desired
    a. True
    b. False

12. Which one is **not** counseling
    a. Encouraging the receiver to tell his/her problems
    b. Goal centered
    c. Telling or directing
    d. An engaging, collaborative, and respectful process

Matching: (marks 25)

Instruction: Match the statement to each other correctly by joining by drawing a line.

a. Condoms decrease sexual pleasures.	**i) Bleeding during the menstruation cycle is normal and not an unclean process/phenomena**
b. Ejaculation will not be same as before after a vasectomy	ii) Unmarried couples can use most of the temporary family planning methods (Oral pill, Depo-Provera, IUD, Implant)
a. Menstrual blood is impure/polluted blood	iii) No, they remain under the skin in her arm, where they were placed, until they are removed.
b. Newly married couples not having a child is perceived as the couple being infertile.	iv) Vasectomy will not affect their sexual performance and functioning of testes (sperm and hormone production).
e. The implants move around within the woman's body.	v) In fact, condoms can increase sexual pleasure as condoms can prevent premature ejaculation.

FACT Nepal Project
Health Facility Staff Orientation
Post Test – ANSWER SHEET

Total marks: 100
Time: 30 minutes

Question and answer: (Marks 15)

Instruction: Circle the best answer of the each question.

4. What is fertility awareness?
   a. Couple adopting family planning methods to avoid or delay pregnancy.
   (b) Actionable information about fertility throughout the life cycle and the ability to apply this knowledge to one's own circumstances and needs
   c. Discussion between wife and husband about family planning methods
   d. Adoption of any family planning method for reproductive health

5. What does fertility awareness encompass? : Circle the best answers.
   (a) Basic information on the menstrual cycle, when/how pregnancy occurs, likelihood of pregnancy at different times in the cycle/different life stages, and the role of male fertility
   b. Information about how to obtain information about family planning and health and where one can obtain methods and intention to use
   (c) Information on how specific family planning methods work, how they affect fertility, and how to use them
   (d) Basic understanding and communication about family planning between husband and wife or client and service provider

6. What are the differences between a period and a menstrual cycle? Fill in the blanks with the correct answer:

   a. **The period** is when a woman is having menstrual bleeding.
   b. **Menstruation cycle** covers all the days between one period and the next.
   c. Most women have menstrual cycles lasting between **26 to 32** days long.

True and false: (Marks 60)
Instruction: circle the best answer of the each question.

1. The three conditions that are required for LAM to be effective are:
   a. Exclusively breastfeed
   b. Have children less than six months of age months
   c. When her period has not returned
   (d) All of the above

2. The menstrual cycle does not vary from woman to woman and may not even vary for the same woman
    a. True
    b. False

3. How does the Depo-Provera shot prevent pregnancy?
    a. Thickens cervical mucous (makes sperm penetration difficult)
    b. Stops ovulation
    c. Causes a thin endometrium
    d. All of the above

4. Most women have menstrual cycles lasting between 26 to 32 days long. Some women have longer or shorter cycles, and this is also normal.
    a. True
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5. In the menstrual cycle, around the middle of the cycle, there are fertile days when a woman has a higher risk of getting pregnant. And other days are infertile days in which a woman does not have a risk of becoming pregnant.
    a. True
    b. False

6. Men are always fertile after their first ejaculation
    a. True
    b. False

7. Men are able to contribute to a pregnancy for the rest of their life, although their fertility may diminish somewhat with age
    a. True
    b. False

8. Women's fertility always starts at 20 years and usually does not come to an end between the ages of 45-55.
    a. True

    b. False

9. Man's sperm determines the sex of a baby. If the fertilized egg gets the father's Y chromosome, the baby will be a boy.
    a. True

    b. False

10. Which of the family planning methods contribute to a delay in fertility return?
    a. IUD
    b. Implant
    c. Depo-Provera
    d. Condom

11. Couples should jointly decide & communicate about IF and WHEN to have sex, and whether pregnancy is desired
    a. True
    b. False

12. Which one is **not** counseling
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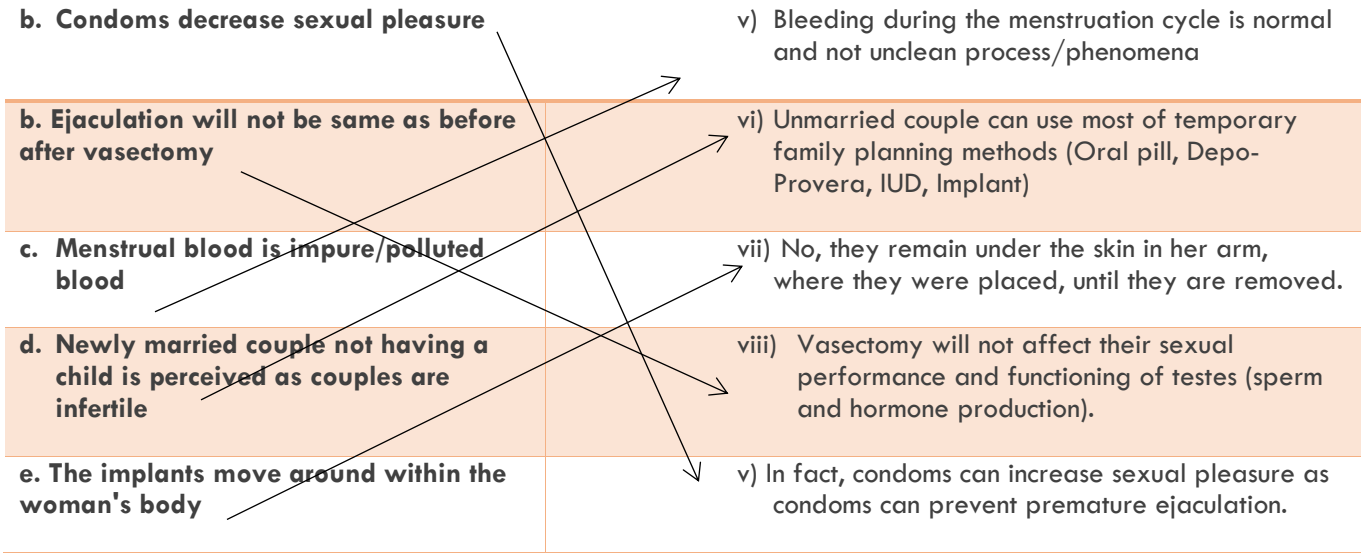
    b. Goal centered
    c. Telling or directing
    d. An engaging, collaborative, and respectful process

Matching: (marks 25)

Instruction: Match the statement to each other correctly by joining by drawing a line.



b. Condoms decrease sexual pleasure	v) Bleeding during the menstruation cycle is normal and not unclean process/phenomena
b. Ejaculation will not be same as before after vasectomy	vi) Unmarried couple can use most of temporary family planning methods (Oral pill, Depo-Provera, IUD, Implant)
c. Menstrual blood is impure/polluted blood	vii) No, they remain under the skin in her arm, where they were placed, until they are removed.
d. Newly married couple not having a child is perceived as couples are infertile	viii) Vasectomy will not affect their sexual performance and functioning of testes (sperm and hormone production).
e. The implants move around within the woman's body	v) In fact, condoms can increase sexual pleasure as condoms can prevent premature ejaculation.

FACT Nepal: Pragati

Orientation Evaluation Form: Health Facility Staff

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?	
1.2. Overview of FACT project	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
1.3. Overview of Pragati	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
2. What is fertility awareness?	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
3. Misconceptions around social norms	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
4. How family planning methods prevent pregnancy	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
5. Misconceptions related with FA & Menstruation	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
6. Management of side effects & misconceptions	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No

Day 2 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?	
7. Communication and Behavior Change	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
8. Counseling	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
9. Recording and reporting	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No
10. Action plan - Practical integration	○ Just enough interaction ○ Not enough interaction ○ Too much lecture	○ Yes ○ No	○ Yes Please Explain why: ○ No

1. <u>Overall</u> feedback:

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

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

What was the most important message or topic you learned?

Is there anything we should be doing differently for future orientations?

Fertility Awareness
for Community
Transformation