

EXPANDING ACCESS TO FAMILY PLANNING THROUGH

GROUP LEARNING & COUNSELING

IMPLEMENTATION HANDBOOK



USAID
FROM THE AMERICAN PEOPLE



Fertility Awareness
for Community
Transformation

GROUP LEARNING & COUNSELING

IMPLEMENTATION HANDBOOK

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About This Guide

This Implementation Handbook was designed to assist program managers in adapting the Group Learning and Counseling model for their own organization or program. Group Learning and Counseling is an evidence-based model that utilizes non-health youth volunteers to spread Fertility Awareness (FA) within their communities, deliver Fertility Awareness Methods (FAM) directly to couples with limited access to family planning (FP) services, and support linkages to health workers through referrals for other FP options. This approach fosters male involvement in FP decision making and facilitates healthy communication in communities as it diversifies the approaches working toward the FP2020 goal of reaching 120 million additional women and girls with FP by the year 2020.

The guidelines in this handbook should assist program managers in determining the appropriateness of this model in consideration of their organization or program specific needs. Program managers should also use the guidelines within this handbook to identify the components of the model they plan to adapt. As a whole, this handbook provides a detailed framework for integration so that program managers may begin to plan for implementation of the model.

This handbook includes background information on why and how the model was developed and tested. It also includes details on both the Community Learning and Group Counseling components of the model, and key questions and actions that programs should consider and to guide the planning and implementation phases. The guidelines included here are based on the programmatic experience of the staff at the Georgetown Institute for Reproductive Health (IRH) and Save the Children who were involved in the development, implementation and testing of the model.

Readers should note that not all elements of this handbook may be relevant to their organization or program. We've included more detail than may be necessary for some experienced implementers. Program managers are encouraged to use these guidelines as a starting point, and select those elements that are most appropriate for their needs.

CONSIDERATIONS FOR ADAPTATION

Before adaptation can occur, program managers must first understand the political, social and cultural climate in and around the communities where they plan to implement the Group Learning and Counseling model. The "Visioning" section of this Handbook is designed to help determine the relevance and feasibility of adopting the model prior to considering its adaptation for integration. While it is anticipated that many program managers will have much experience working within their respective communities, it's important to recognize that some of the elements introduced in Group Learning and Counseling may require further thought and discussion. It may be the case that some of the steps outlined in this handbook will work well in some communities and not others. The "Getting Ready" section details the importance and

building relationships with local leaders and key stakeholders. Through discussions with these actors, program staff will be able to further elucidate community norms and values that may challenge specific components of the Group Learning and Counseling model.

Subsequently, the model must be adapted to reflect each context, specific capacities and constraints. Specific considerations are listed below (Local Factors Relevant to Adaptation) as those items that, on a local level, may be relevant to adaptation. In addition to these factors, there are those elements that are integral to the model's success (Essential Elements for Adaptation). These essential elements were identified during the Proof of Concept and Pilot implementation phases of the model, and should be incorporated into its adaptation.

LOCAL FACTORS RELEVANT TO ADAPTATION

- Political support at the local level is essential.
- Additional data may be needed on local barriers to implementation and acceptability of the model.
- The materials presented may need to be adapted in consideration of varying degrees of literacy/numeracy, preferences for oral versus visual methods, etc.
- A history of participation in the communities, existence of other groups, local decision making structures and processes should be taken into account when planning for adaptation.

ESSENTIAL ELEMENTS FOR ADAPTATIONS

- Facilitators must work in male/female pairs to deliver sessions.
- Selection of facilitators is key to delivering effective sessions. Good training and supervision and mentorship of facilitators also are essential.
- Endorsement from local stakeholders promotes acceptance of the model within the community, and aids facilitators in mobilizing community members to attend sessions.
- Integration of the FAM Group Counseling component will require establishing or reinforcing linkages with the local health sector so that individuals not eligible for FAM are able to access other FP methods.

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Acronyms & Key Phrases

CDO	Community Development Officer
FACT	Fertility Awareness for Community Transformation
FAM	Fertility Awareness Methods FGD Focus Group Discussion
FP	Family Planning
HTSP	Healthy Timing and Spacing of Pregnancy
IRH	Institute for Reproductive Health, Georgetown University
LAM	Lactational Amenorrhea Method
M&E	Monitoring and Evaluation
SCI	Save the Children International
SDM	Standard Days Method
USAID	United States Agency for International Development
VHT	Village Health Team
WALAN	Wake ki Lago Nywal
YIELD	Youth Initiative for Employment and Sustainable Livelihood and Development

3

Introduction

BACKGROUND

An emerging body of literature suggests that group learning is an effective method to provide health information to and encourage positive behavior change in underserved populations [cite]. This is particularly true in remote areas, where there is a lack of access to information and services or settings where the health system is overburdened [cite]. In the context of reproductive health—where family planning counseling at health centers may be out of reach for many women in remote areas—collective learning at the community level may increase acceptance and uptake of family planning.

The Group Learning and Counseling model was developed and tested in a community setting with the aims of increasing fertility awareness (FA) and expanding access to and uptake of fertility awareness methods (FAM) of family planning (FP) through existing community groups in Northern Uganda. Women and couples learned from a trained youth facilitator about FA and FAM, and referred for other methods of FP. This model was guided by formative research that suggested leveraging local existing groups as an effective means for the youth facilitators—external to the formal health system—to deliver community learning sessions and counseling to couples on two FAM: Standard Days Method® (SDM) and TwoDay Method®.

The development of the model followed a solution development cycle, an iterative process for the discovery, design, and development of solutions using formative research, participatory design, and intervention testing. What resulted was the Group Learning and Counseling model.



THE WALAN STORY

In Northern Uganda, despite investments in sexual and reproductive health over the last decade, high rates of unmet need for family planning persist [cite]. However, findings from formative research conducted through the Fertility Awareness for Community Transformation (FACT) Project in this region indicate general awareness of family planning. To address gaps in family planning coverage, a Group Learning and Counseling model was developed and tested in the Acholi sub-region of Northern Uganda as Wake ki Lago Nywal (WALAN) or “Be Proud with Family Planning”. WALAN is a community-based group learning approach implemented through youth groups who lead community learning on fertility awareness and family planning and offer counseling in two simple fertility awareness methods: Standard Days Method (SDM) and TwoDay Method.

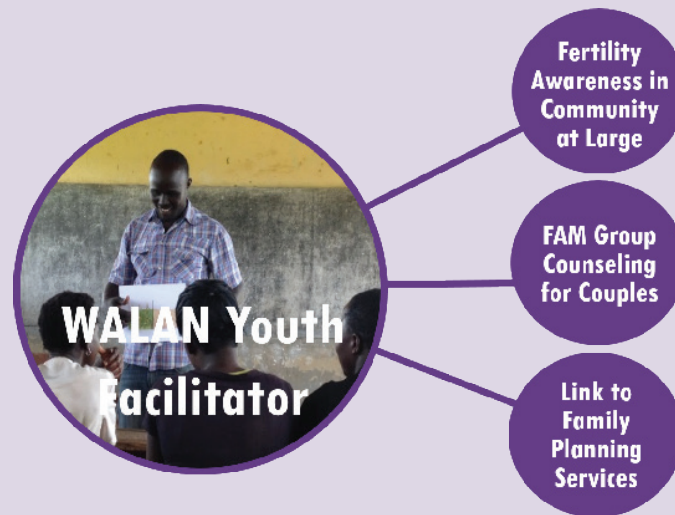
WALAN was developed through formative research and a concept design process conducted locally with beneficiaries, local partners and key stakeholders in the Acholi sub-region (Figure 1). WALAN aimed to use Group Learning and Counseling to increase access to and uptake of family planning and FAM. The model was developed to provide direct access to FAM at the community level while engaging men in FP by offering counseling sessions to couples.

WALAN was implemented through the Youth Initiative for Employment and sustainable Livelihoods Development (YIELD) project, that aims to foster socio-economic empowerment of vulnerable youth in this region. YIELD works with youth ages 15-24 in the districts of Amuru, Gulu and Nwoya, and focuses on agricultural, vocational and apprenticeship training. By leveraging YIELD, WALAN was able to train already identified youth group members to become facilitators for FAM. In each community, a WALAN youth co-ed facilitator pair conducted community learning sessions on FA and FP topics as well as couples group counseling sessions on either SDM or TwoDay Method to interested couples and women.

Formative Research

The formative research was conducted in two sub-counties of the Acholi-sub region of Uganda. It included 20 focus group discussions (FGDs) and 13 in-depth interviews (IDIs) with members of youth groups, community leaders, and family planning providers. The findings indicated that FAMs could be a good option for some couples who expressed a preference for natural methods because they have no side effects and are accessible to everyone. It was found that many couples are already practicing forms of periodic abstinence ineffectively with incorrect information on the fertile window in the woman’s cycle. The research also identified the local norms and beliefs that support FP use as well as those that pose barriers. Supportive norms included the health benefits of FP use for mothers and the economic strain involved in raising large families. Some of the key barriers identified related to women not being able to negotiate sex with their husbands and limited communication between women and men about FP and for FAM specifically. The Group Learning and Counseling model built upon the positive norms while addressing the identified barriers to FP use. FGD participants indicated a willingness to learn about FA and FAM in mixed-sex groups, and that the age and gender of the facilitator could be important in how the information the facilitator gives is perceived by the group. The community gave further input on the solution design at meetings designed to elicit their feedback and during prototype testing sessions. They described an established process for learning among the Acholi, which was incorporated into the model’s strategies.

Figure 2. Concept for FACT's Group Learning and Counseling Intervention in Acholi Sub-Region



Results from Proof of Concept and Pilot Testing

The solution emerging from concept design was tested in a proof of concept. The proof-of-concept phase confirmed that trained youth facilitators are able to mobilize their communities, deliver learning sessions, and counsel users in their FAM of choice. The feasibility and acceptability of the WALAN intervention at the community level was also confirmed. Once the post-proof-of-concept phase (September-December 2015) was completed, WALAN transitioned into its pilot phase (January 2016 - May 2017). Main findings of the pilot implementation phase highlighted the capabilities of the facilitators and community members' successful uptake of FAM. There was found to be a high demand for community learning sessions; 123 were delivered to the community and over 3,300 people participated in the sessions. During the 95 group counseling sessions delivered to the community, 288 community members took a method home. Additional information on the pilot results can be found in the [pilot results brief](#).



There are several actors involved in all phases of the Group Learning and Counseling model (Table 1). Youth facilitators, recruited through existing youth groups, receive training in group facilitation skills and content materials that prepare them to deliver FA community learning and FAM counseling sessions to interested community members. District and sub-county Community Development Officers (CDOs) receive training by program staff that equip them to support the youth facilitators' work through mentoring, mobilization, and problem-solving. Local stakeholders provide ongoing support of CDOs, and participate in awareness-raising events that promote acceptance of FA and FAM activities. Program staff train and support the CDOs. Each of these actors is responsible for a series of tasks that vary according to program phase.

Table 1. Actors and their roles in each phase of adaptation for the group learning and counseling model

	FACILITATORS	MENTORS/SUPERVISORS	STAKEHOLDERS	PROGRAM STAFF
	<p>Males and females from local youth groups nominated by peers to facilitate sessions</p>	<p>Local government officials</p>	<p>Civic, cultural, religious and other community leaders, and health workers</p>	<p>Members working within your organization or program who will participate in the model</p>
GETTING READY	<ul style="list-style-type: none"> Participate in selection process Attend training 	<ul style="list-style-type: none"> Participate in initial planning meetings with Program Staff Identify Stakeholders Engage Stakeholders; help facilitate attendance at community meetings 	<ul style="list-style-type: none"> Attend community meetings and engage with Program Staff and Mentors/Supervisors to become "sensitized" to fertility awareness and fertility awareness methods (FAM) 	<ul style="list-style-type: none"> Initiate planning meetings with Mentors/Supervisors and local officials Train and support Mentors/Supervisors for community mobilization activities Train trainers in facilitator training activities
IMPLEMENTATION	<ul style="list-style-type: none"> Mobilize community members to participate in sessions Facilitate sessions Refer interested participants for other methods Mobilize <i>Community Learning</i> participants to attend <i>Group Counseling</i> Facilitate <i>Group Counseling</i> Facilitate FAM Users sessions 	<ul style="list-style-type: none"> Lead community mobilization process, including planning, execution, and evaluation of mobilization activities Provide training, ongoing support and mentorship to Facilitators 	<ul style="list-style-type: none"> Raise awareness/promote acceptance of fertility awareness and FAM activities Mobilize community to participate in sessions Participate in regular reflection meetings 	<ul style="list-style-type: none"> Supervise Facilitators and routinely assess program monitoring forms Facilitate sensitization activities at community meetings Conduct reflection meetings with Stakeholders
MONITORING	<ul style="list-style-type: none"> Complete program monitoring forms to be delivered to program staff 	<ul style="list-style-type: none"> Collect monitoring forms from Facilitators Assess Facilitator competency through observations Participate in reflection meetings Complete report of monitoring tasks with Facilitators 	<ul style="list-style-type: none"> Participate in regular reflection meetings 	<ul style="list-style-type: none"> Conduct reflection meetings with Stakeholders

FERTILITY AWARENESS AND FERTILITY AWARENESS METHODS

What is Fertility Awareness?

Fertility Awareness (FA) is actionable information about fertility throughout the life cycle and the ability to apply this knowledge to one's own circumstances and needs. Specifically, it includes basic information about the menstrual cycle, when and how pregnancy occurs, the likelihood of pregnancy from unprotected intercourse at different times during the cycle and at different life stages, and the role of male fertility. FA can also include information on how specific family planning methods work, how they affect fertility, and how to use them; and it can create the basis for understanding, communicating about and correctly using family planning.

In the Group Learning and Counseling model, youth facilitators conduct community learning sessions on fertility awareness and family planning topics. They also offer counseling in two Fertility Awareness Methods to interested couples and women.

What are Fertility Awareness Methods?

Fertility Awareness Methods (FAM) are modern, effective and non-hormonal family planning options. FAMs help identify the days during a woman's menstrual cycle when pregnancy is likely so that women and couples can plan or prevent pregnancy. This involves tracking the menstrual cycle or monitoring a woman's fertility signs. Couples prevent pregnancy by using condoms or avoiding sex on fertile days. Three FAMs are offered by youth facilitators through couples group counseling sessions: the Standard Days Method® (SDM), the TwoDay Method® and Lactational Amenorrhea Method (Table 2).

Table 2. Fertility Awareness Methods offered through the Group Learning and Counseling Model

FERTILITY AWARENESS METHODS (FAM)	Standard Days Method® (SDM) identifies a fixed fertile window in the menstrual cycle when pregnancy is most likely and is typically used with CycleBeads®, a visual tool that helps women track their cycle to know when they are fertile. Results of an efficacy trial showed SDM to be more than 95% effective with correct use and 88% effective with typical use, well within range of other user-dependent methods (Arevalo, Jennings, Sinai 2002).
	TwoDay Method® relies on cervical secretions as the fertility indicator. Results of the efficacy trial published in 2004 showed it to be 96% effective with correct use and 86% effective with typical use (Arévalo, Jennings, Nikula, Sinai 2004).
	Lactational Amenorrhea Method (LAM) is based on post-partum infecundity and is highly effective if three specific criteria are met: breastfeeding only, no menses, and the baby is less than six months. LAM is more than 99% effective with correct use and 98% effective with typical use (Labbok, et al. 1997).

4 Group Learning Roadmap

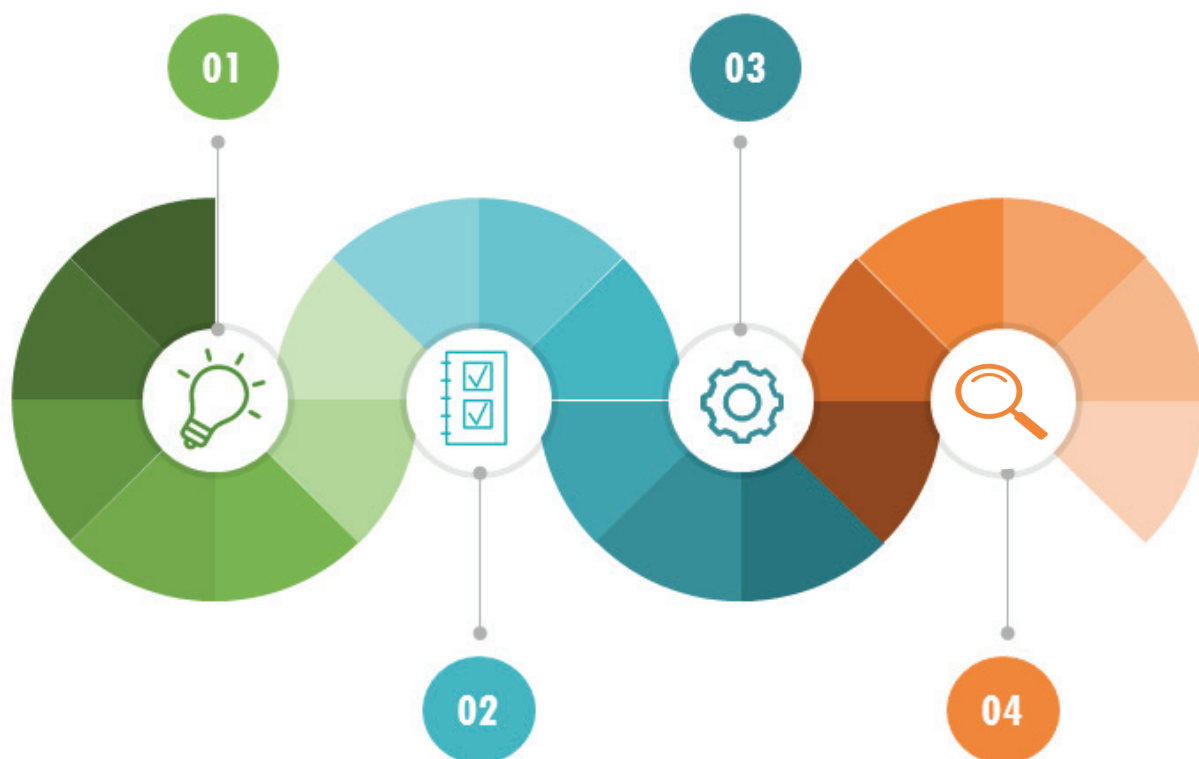
Figure 3: Navigating the Group Learning and Counseling model Roadmap

01 VISIONING

- **Assess** program priorities
- **Determine** potential barriers
- **Identify** key actors
- **Organize** Facilitator and trainer training
- **Identify** mechanism for mentoring/supervising Facilitators
- **Secure** commodities and aids
- **Identify** available funding, prepare budget

03 IMPLEMENTING

- **Schedule** Community Learning sessions
- **Mobilize** community members to attend
- **Deliver** 1.5 hour sessions
- **Refer** interested participants for long acting methods
- **Conduct** Group Counseling sessions in FAM
- **Schedule and provide** support sessions
- **Engage** with mentors/supervisors to provide updates



02 GETTING READY

- **Recruit and engage** Stakeholders
- **Forge** linkages with health facilities and providers
- **Train** Facilitators and trainers
- **Plan** for supervision and mentorship of Facilitators
- **Print** materials

04 MONITORING

- **Decide** what information to collect
- **Identify** process for collecting and analyzing
- **Plan** for feeding results back into program
- **Complete** session monitoring forms (Facilitator)
- **Observe** and support Facilitators (Supervisors)

The guidance provided in this Implementation Handbook should assist program managers in identifying specific questions that should be asked and actions that should be taken before, during and after adaptation of the Group Learning and Counseling Model. The chapters that follow discuss the four main phases of program adaptation: “Visioning” (Section 6), “Getting Ready” (Section 7), “Implementation” (Section 8) and “Monitoring and Evaluation” (Section 9).

These four phases are outlined in the Group Learning and Counseling Roadmap. The Roadmap is designed as a starting point, so that program managers may begin to conceptualize the steps required for adaptation in each phase. After consulting the Roadmap, program managers should proceed through the four chapters in this Handbook and demonstrate a clear understanding of their content and the actions that must be completed within each phase.

VISIONING

The Visioning section is the first phase of adaptation. Program managers should use the Visioning tool provided to determine the appropriateness of the model for their organization or program’s specific needs. Once it is determined that the Group Learning and Counseling model is an appropriate fit, program managers should proceed through the tool to better conceptualize who will be involved, how the model will be adapted and when each phase of the model will occur.

GETTING READY

Program managers should use the steps detailed in the Getting Ready section to prepare for Implementation. Steps identified in this section include “Engaging Stakeholders and Building a Supportive Environment”, “Establishing Linkages with the Health Sector”, “Building Capacity” and “Developing Facilitators to Implement the Model”. In the Getting Ready phase, program managers should also complete any key actions they previously identified during the Visioning phase through the Visioning tool.

IMPLEMENTING SESSIONS

The Implementation section details the actual Implementation process, and includes the steps required for facilitators to deliver the Community Learning and Group Counseling components of the model. Implementation of the model can only occur once the steps in the Getting Ready section have been completed. Once these actions have been taken, facilitators will schedule Community Learning sessions and mobilize their Communities around FA and FAM. After preparing their lesson as a team, the facilitator pair delivers those sessions, provide referrals for other methods and invite interested community members to attend FAM Group Counseling. Throughout Implementation, facilitators also engage periodically with their mentor/supervisor to provide updates on session outcomes, turn in their records (e.g. method user records, attendance sheet- see M&E) and receive feedback and support.

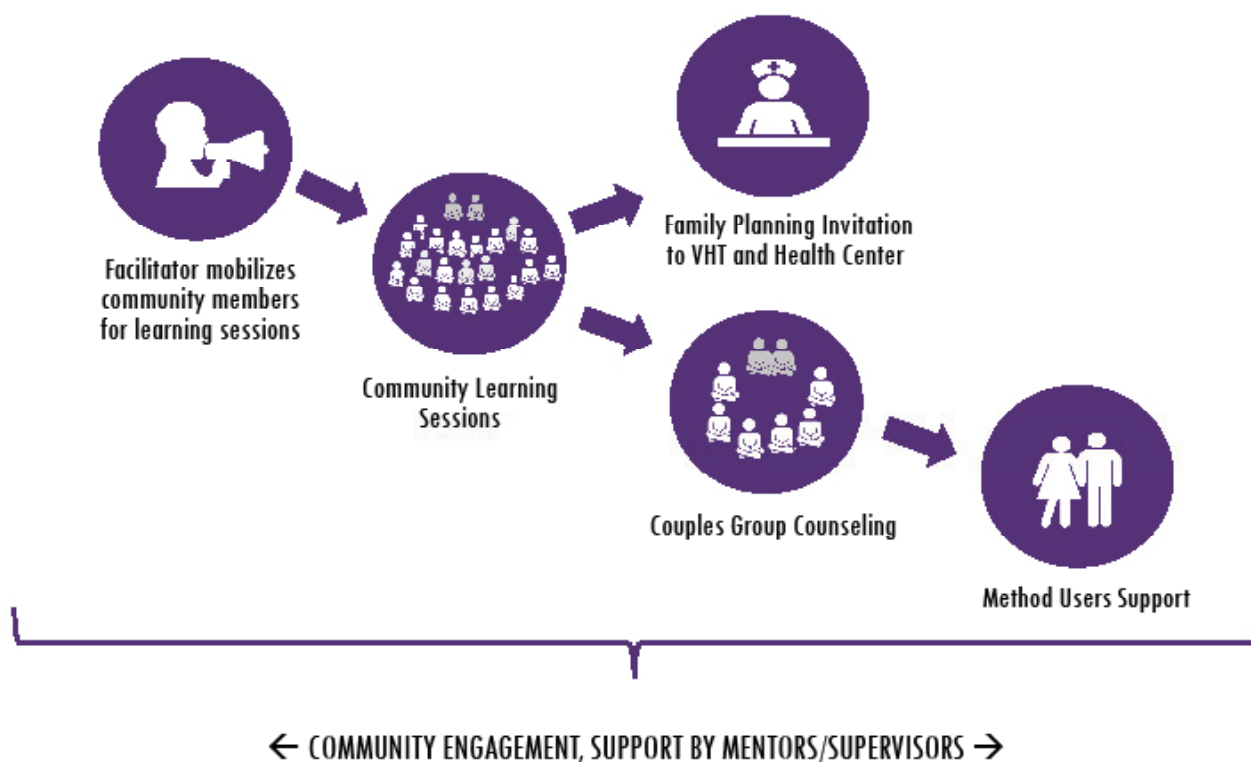
MONITORING AND EVALUATION (M&E)

This section provides an overview of M&E and its importance in the Group Learning and Counseling model. Prior to implementation the program should establish how monitoring will occur routinely, beginning in the Getting Ready section and continuing throughout the duration of the program. Specific, measurable outcomes should also be identified early on in the planning process.

5

Intervention Components

Figure 4. Community Learning and Group Counseling Components



WHAT IS COMMUNITY LEARNING?

The Community Learning Component involves a trained male-female facilitator pair engaging their community members in reflection, discussion, and information sharing on fertility awareness and family planning topics. These sessions are open to all community members, including those who are not part of the facilitators' group. The trained facilitator pair relies on lesson plans in a guide to deliver the sessions which are supported with job aids used by both facilitator and participants.

The Community Learning sessions are organized around three general topics addressed in brief sessions lasting approximately one and a half hours. Community members are invited to participate in discussion topics that include:

- body literacy and male and female fertility
- healthy timing and spacing of pregnancies
- **family planning, including FAM, and myths and misconceptions**
- **Lactational Amenorrhea Method (LAM)**



Visioning

Visioning Tool

6

Visioning

HOW TO APPROACH VISIONING FOR THE GROUP LEARNING AND COUNSELING MODEL

Completing the Visioning tool provided in this Handbook is the first step in planning to adapt the Group Learning and Counseling model. By completing the tool, program managers will be able to conceptualize and plan who will be involved in adaptation and integration, as well as how and when the model will be integrated into existing the organization or program. The tool is organized by section.

- In **Section 1**, program managers define their organization or program's Mission and Goals, assess the Environment of their organization or program, define a process for Logistics and Distribution of Contraception, assess available Funding and assess existing procedures for the Management Information System (MIS) and Quality Assurance.
- **Section 2** of this tool corresponds to the elements in the "Getting Ready" section of this guide. Program managers should complete the tool and compile a list of identified tasks for each of the four elements in Getting Ready: **1) Engaging Stakeholders and Building a Supportive Environment, 2) Establishing Linkages with the Health Sector, 3) Building Capacity and 4) Equipping Facilitators to Implement the Intervention.**

The Visioning tool (found in the library) should be completed by program managers in consultation with the leadership at their organization or program. Program managers should proceed through each key question and corresponding key action, developing a list of tasks that should be completed before proceeding to the "Getting Ready" phase. Tasks may be the key actions themselves, or they may be more specific steps required to complete a key action. Two examples have been provided to guide the completion of this tool for each section.

Section 1. Example

Environment		
Key Question	Key Action	Tasks
If barriers or opponents (to FAM) exist, how might they be overcome/convinced?	Determine a thoughtful and measurable plan for mitigating these challenges. Potential methods include holding informational meetings and providing evidence-based reports on the effectiveness of FAM, etc.	1) Organize evidenced-based materials; 2) Prepare a one-page concept document that highlights why integration of the Group Learning and Counseling model is synergistic with the overall mission of the organization; 3) Schedule a 1:1 meeting with program director to review materials

Section 2. Example

Equipping Facilitators to Implement the Intervention		
Key Question	Key Action	Tasks
The Group Learning and Counseling model is delivered through youth facilitators. From where will youth be recruited to deliver this model, and what qualifications/characteristics are needed for facilitators?	Determine what youth groups or organizations your organization or program works with, and assess if members will be able to act as facilitators.	1) Contact youth group to set an initial meeting to explain the Group Learning and Counseling model 2) Determine the willingness of group members to act as facilitators and assess specific training needs



Getting Ready

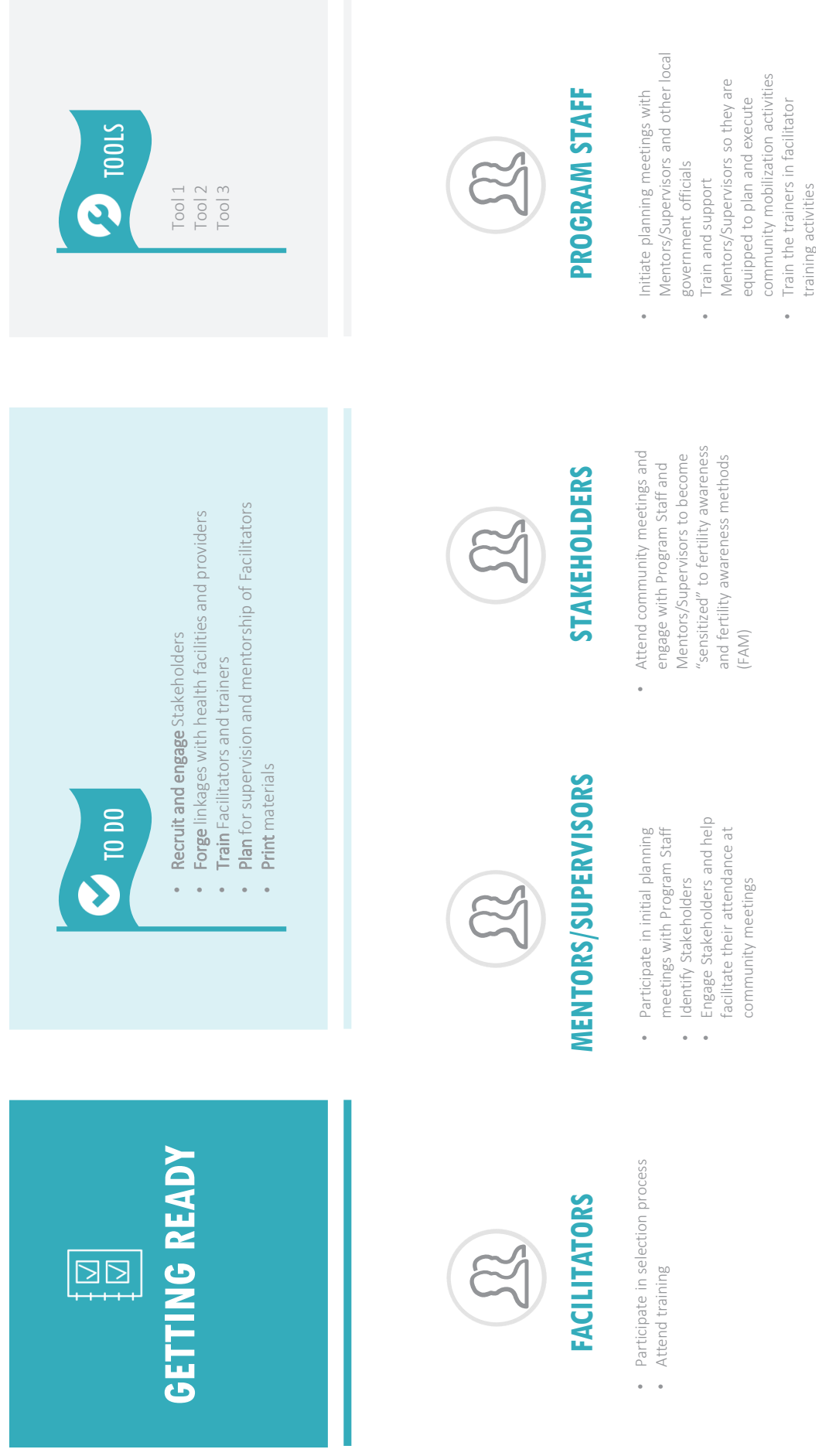
Engaging Stakeholders and Building a Supportive Environment

Establishing Linkages with the Health Sector

Building Capacity

Equipping Facilitators to Implement Group Learning and Counseling

Figure 4. Getting Ready to implement Group Learning and Counseling



7

Getting Ready

ENGAGING STAKEHOLDERS AND BUILDING A SUPPORTIVE ENVIRONMENT

Why Engage Stakeholders?

The first element in Getting Ready involves establishing stakeholder engagement to build a supportive environment around FA and FAM. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that support stakeholder engagement. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Identified local officials that will help recruit local community leaders (stakeholders).
- Assessed officials' willingness to engage in the program through an initial call or meeting.
- Established an initial planning meeting.
- Compiled a list of potential community leaders that may be interesting in supporting the model to be suggested at initial planning meeting.

How to Engage Stakeholders

Stakeholders should be identified and their early involvement is essential for ensuring that they remain invested in the project and facilitate a supportive environment.

The following actions support stakeholder engagement, and should be used as a guide when working with community leaders to adapt the model:

1. **Meeting with government officials.** By meeting with local government officials involved in community development activities, program staff may gain valuable insights into the communities with whom they hope to engage. These meetings may also assist in identifying players, and help plan for and facilitate the attendance of key stakeholders at community meetings.
2. **Community meetings.** Community meetings (e.g., district, sub county and parish or village meetings) provide opportunities for program staff to share details, the objectives and the overall goal of the Group Learning and Counseling model. Program staff may provide information on FA and FAM, as well as the implementation strategy and overall vision for the model. Meetings also offer an opportunity to sensitize local leaders. Before conducting these meetings, program staff should first conceptualize how (and how much) stakeholders will work to mobilize their communities, ultimately creating a shared vision for participation with each stakeholder.

3. **Leaders Orientation.**

4. **Reflection meetings.** Regular implementation updates that become available from monitoring integration activities should be built into the first year of the model integration workplan. These updates can be provided through routine meetings, where stakeholders (1) are given the opportunity to reflect on their observations and interactions with facilitators and community members and (2) report on issues that have arisen and suggest a course of action to address those.



Actors: Who are the Key Stakeholders Involved?

The Group Learning and Counseling model operates at the community level, and stakeholders are integral in raising awareness and promoting acceptance of FA and FAM activities. Stakeholders also assist in facilitating the work of government staff or Community Development Officers (CDOs) and youth facilitators in their communities. As every community is different, the stakeholders involved in the Group Learning and Counseling model will likely vary by the population of interest for each organization and program.

In general, local stakeholders comprise both civic and religious leaders, health workers (e.g., FP providers) and other local community leaders. Stakeholders may also assume other roles including local business owners, traditional healers or community elders. Irrespective of their position or job, stakeholders are unique in their shared ability to engage and mobilize their respective communities.



Forms and Tools

- **Family Planning Poster**
- **Agenda for Community Entry Meetings**
- **Agenda for TAG Meetings**
- **Reflection Meeting points**
- **Guide for Sensitizing Community Leaders**

Recommendations and Tips

The Family Planning poster - which was the main tool used by the community leaders for mobilizing communities - was designed in such a way that it was universal and acceptable at all levels of the community and its message was easy to understand.

The project team should work to ensure the values reflected by the TAG and other stakeholders do not reinforce harmful gender and social norms around family planning.



THE WALAN STORY

Both active engagement by stakeholders and community participation have been the foundation through which WALAN was developed, from project design and planning through implementation and refinement. Built into program design were opportunities to sensitize cultural leaders, health workers, and other stakeholders, along with ongoing reflection meetings, allowing for continuous engagement and values clarification on gender and social norms especially, as related to fertility and family planning.

In WALAN, program staff engaged with a range of civic, religious and cultural leaders known as Rwot-Kweris. These leaders were identified through CDOs during initial government meetings, and were further informed and sensitized at community meetings that were run in sequence at the district, sub-county and parish/village levels. At each community meeting, project staff explained the strategy for implementation in WALAN, and discussed the utility of working with youth (i.e. YIELD) to facilitate the program components. Project staff also answered questions from both stakeholders and other community members.

Once these community leaders agreed to lend their support, they integrated discussions about WALAN into their ongoing activities. For example, a Rwot-Kweri would use community gatherings and meetings to promote and discuss upcoming WALAN community learning sessions. A poster that promoted family planning was designed with input from the Rwot-Kweris, and was used to prompt community discussions about child spacing and family planning methods. Religious leaders would initiate discussions about WALAN during services, and youth facilitators would submit information about an upcoming WALAN activity to be read as part of the weekly notices during church.

Health workers and Village Health Teams (VHT) were also integral to WALAN, and worked in concert with youth facilitators to provide family planning information and services. For example, patients who required additional information of FA or FAM were referred to youth facilitators for community learning and group counseling. Similarly, youth facilitators distributed family planning invitation cards to community members who were interested in additional family planning methods and services (e.g, obtaining hormonal contraception). In some instances, youth facilitators were invited by health workers and VHTs to local health fairs during the antenatal clinic days to discuss FA and FAM.

ESTABLISHING LINKAGES WITH THE HEALTH SECTOR

The second element in Getting Ready involves establishing linkages with the health system. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that facilitate the strengthening of linkages between the health system and their program or organization. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Determined if their organization or program has a pre-existing relationship with the local health system.
- Ensured a system is in place for referrals if such a relationship already exists.
- Prepare a list of potential health facilities or workers to be suggested at initial planning meeting if no such relationship exists.

Why is it Important to Establish Linkages within the Health System?

In the Group Learning and Counseling model, facilitators refer interested participants for additional FP services using invitation cards. To facilitate these referrals, linkages between the program and health workers must be formally established. In addition, health workers can themselves support the Group Learning and Counseling model by referring individuals interested in FAM to facilitators for Community Learning and Group Counseling sessions. If successful, linkages between health workers and facilitators create a supportive environment so that women and couples are empowered to use FAM or other FP methods.

Establishing and Strengthening Linkages with the Health System

In many cases, an organization or program will already work synergistically with members of the health sector. For example, some organizations or programs provide direct services themselves and may function as part of the health system. In these cases, it is important that health workers are re-engaged around the Group Learning and Counseling model and receive additional orientation. This orientation should emphasize the importance of FA and FAM, and provide detailed instructions on the use of invitation cards for persons who are not eligible for FAM or those who wish to explore other FP methods.

In the case of some programs, a relationship with the health system will need to be established before integration with the Group Learning and Counseling model can occur. If this is the case, then introductory meetings facilitated by program staff, mentors or local stakeholders should be the first step in working with health workers. By providing an introduction, the former are able to demonstrate their commitment to the project and, ideally, facilitate a relationship between facilitators, program staff and health workers.

In all instances, the relationship between the health sector and project staff will need to be strengthened and maintained throughout the duration of the project. This can occur through the following steps:

- Orient health workers, including providers and Village Health Teams (VHT), on FA, FAM and the objectives of the Group Learning and Counseling model
- Link facilitators and health workers through sharing of contact information.

- Inform community members of the availability and location of FP services and who offers FP services
- Work with health workers and community members to understand the intricacies of the invitation cards and the referral system
- Create an environment, through facilitators, local stakeholders and CDOS that promotes FP choice

Monitoring facilitators and community members' interactions with health workers is integral to maintain successful linkages between the program and the health services. Monitoring can occur through regular check-ins by facilitators. Monitoring may also occur at reflection meetings, where health workers discuss potential challenges and concerns. Routinely identifying issues as they arise will naturally strengthen linkages with the health system. Further discussion on this topic is included in the Monitoring chapter of the handbook.



Forms and Tools

Facilitators maintain a record of the number of FP referral cards they have distributed. This record is maintained through completion of the forms for Community Learning and Group counseling, and is discussed in greater detail in the Monitoring chapter of the handbook.

Recommendations and Tips

- Whenever possible, facilitators can attend events organized by the health workers to deliver Community Learning sessions.
- Maintain liaison with the health services, if the implementing organization is not a service delivery organization.
- Health workers should be oriented to the content discussed within the Community Learning and Group Counseling sessions.
- Periodic reflection meetings should be held with health workers to address their concerns and provide regular project updates and monitoring data.
- Health workers should be invited to Community Learning sessions on healthy timing and spacing of family planning, to further encourage community members to seek services and establish a better rapport with both facilitators and the community.

BUILDING CAPACITY

The third element in Getting Ready involves Building Capacity among mentors, trainers, and facilitators. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that facilitate capacity building in facilitators and supervisors/mentors. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Determined who will act as trainers and establish a set of minimal qualifications required of all trainers.
- Identified organizational members who are equipped to train facilitators and determined what additional support and activities are needed to prepare them to deliver facilitator training.
- If additional capacity building is needed to train the trainers, identified potential organizations that could support these activities.
- Developed a training plan that determines training activities for facilitators and any other staff that will be involved in program implementation. The training plan should also include duration (e.g. 2-hour training, full-day, phased-in training, etc.).
- Ensured training exercises comprise use of all job aids and tools.
- Identified the process for implementing a training plan and described all actors involved in the development and approval of the plan. Include an estimated timeline.
- Determined who will act as trainers and establish a set of minimal qualifications required of all trainers.

What is Capacity Building?

Capacity building in the Group Learning and Counseling model involves:

- Training mentors/supervisors in the model so that they may, in turn, train the non-health volunteer facilitators;
- Training mentors/supervisors in their mentoring and supervision functions;
- Training those facilitators to deliver community and couple sessions; and
- Orienting providers on the model as a first step to establish or strengthen linkages with the health sector.

A training manual provides the lesson plans with the methodology, content and materials used in these training activities. The training is centered on the use of the facilitator tools which include:

- Facilitator Guide with instructions for conducting the different sessions
- Flipchart with large images that are shared with the audience to stimulate knowledge sharing during sessions
- Activity Cards that support reflection, decision-making and discussion on various topics with the audience
- Family Planning methods display board for session participants to touch and talk about each method.

These materials are also discussed in greater detail in the Implementation chapter of the Handbook.

How to Build Capacity

Facilitators are trained in five main topic areas: 1) Female and Male fertility; 2) Healthy Timing and Spacing of Pregnancies (HTTSP); 3) Family Planning; 4) LAM; and 5) Fertility Awareness methods. Facilitators also receive training in how to use a set of job aids to facilitate community learning and couples counseling.

The facilitator training also covers essential facilitation and counseling skills, group dynamics and logistics planning, to enable them to carry out community learning as well as FAM counseling. Facilitators are also oriented in scheduling, mobilization and recording community members' attendance to the different sessions.

Facilitator training occurs during two rounds that are scheduled two-three months apart. The first training occurs over three consecutive days, and includes Community Learning and Group Counseling in SDM. The second training covers TwoDay Method counseling and a review of the topics included in the first training. These two classroom trainings are complemented with two opportunities for the youth facilitators to practice delivering Community Learning and Group Counseling for couples: once in the classroom in front of their peers and a second chance during a scheduled session in their communities. Field practice provides an opportunity to observe the facilitators' performance delivering their sessions. Facilitators are given feedback and coaching after their practice and knowledge gaps can be addressed at this time. A competency checklist used during classroom and practice observations can also be used by the mentors during supervision visits.

Actors

Mentors/supervisors are entrusted with the task of training the group facilitators. They are typically part of the implementing program or organization, have in-depth understanding of the community context, dynamics, stakeholders and familiarity with the platform where the model is being integrated. Selection of mentors/supervisors should also be based on their availability to carry out routine visits to facilitators for mentoring and support. When appointing mentors, make sure that their workload will allow for additional activities related to implementing this model.

Facilitators are central to the model as they are responsible for convening community members, delivering learning sessions and conducting counseling for couples. Facilitators work in a team of a female and male selected by their community members. The process for selecting facilitators is detailed in greater detail in the next chapter.

Forms and Tools

- Trainers Manual
- Facilitators' Guide
- Facilitator Job Aids
- FAM Method Materials

Recommendations and Tips

Facilitators should be encouraged to:

- Pay attention to participants who are quiet and encourage them to talk.
- Allow the female peer to facilitate as the male facilitators tend to dominate the facilitation. The facilitators' pair meeting in advance—to prepare, draw a clear division of labor and practice jointly using the guide and job aids—can help ensure that both facilitators are actively engaged.
- Meet after their initial sessions to discuss how the sessions went and what can be improved. Using the observation checklist, they can reflect on how they delivered the key sections and points of the sessions.
- Take notes of questions asked by community members during sessions. If facilitators don't know the answers, these questions should be discussed with mentors/supervisors and answers should be shared in future sessions.

If the model is to be implemented as is, facilitators training would include:

- One 2-day training to cover community learning topics and field practice delivering sessions
- One 2-day training in group counseling for SDM and classroom practice (one month after initial training)
- One 2-day training in group counseling for TwoDay Method and classroom practice (two months after the second training)



THE WALAN STORY

In WALAN, youth facilitators were observed while conducting Community Learning and Group Counseling sessions. Supervisors/Mentors observed and completed a Youth Facilitator's Competency Assessment for each session that was delivered. In addition, observers debriefed the facilitators using a standard set of questions. Data from the competency checklist and debriefings were analyzed to determine the level of performance of the youth facilitators and thus draw conclusions on the effectiveness of the training in equipping them with the necessary knowledge and skills to deliver the WALAN activities. Results from these competency assessments are provided below.

EQUIPPING FACILITATORS TO IMPLEMENT GROUP LEARNING AND COUNSELING

The final element in Getting Ready involves Equipping Facilitators to Implement the Group Learning and Counseling model. Using the tool provided in the Visioning section of this handbook, program managers should have previously compiled a list of key actions and tasks that prepare for facilitator selection. While this list of tasks will vary on a program by program basis, at minimum, program managers should have:

- Determined what youth groups or organizations their organization or program works with, and assessed if members will be able to act as facilitators.
- If your organization or program does not have a defined relationship with organized local youth, determined any additional actors or organizations that might be able provide an introduction to such groups.
- Described existing systems and how facilitators who are delivering Community Learning and/or Group Counseling may be supervised and supported.
- Adjusted the existing system or establish a mechanism for providing support/mentorship
- Described the system for documenting performance, including specific tools.
- Identified the process for providing feedback so that facilitators' may improve their performance.
- Adapted tools, or created new tools as necessary.

Facilitators are integral to the Group Learning and Counseling model as they are responsible for delivering the Community Learning and Group Counseling sessions. To successfully implement the model, facilitators must be well-trained in FA and FP including FAM. They must also be able to work well with community leaders, government officials, health workers and program staff. Detailed below are the specific tasks that define the facilitators role in the Group Learning and Counseling model.

Facilitator tasks

- Mobilize community members to around FA, FP and FAM with the support of local stakeholders, supervisors/mentors, and program staff;
- Liaise with local health workers to build and strengthen linkages with the health system;
- Invite community members to attend Community Learning sessions;
- Prepare and work in pairs to deliver Community Learning and Group Counseling sessions;
- Refer interested participants to health workers for other FP methods; and
- Complete monitoring forms after sessions and routinely meet with supervisors to discuss performance, session outcomes and potential areas of improvement.

Selecting Facilitators

Facilitators should be selected from existing community groups. Facilitators should be young (ideally between the ages of 18 and 30), able to read and write in the local language, and able to volunteer their time. Facilitators should also be comfortable interacting with community members and local leaders around the content of the model. They should be comfortable notifying their friends and family of their facilitator role.

Facilitator Training

Facilitators must be well-trained to perform all of the tasks outlined above. Facilitator training is outlined in detail in the Capacity Building chapter of this handbook.

Establishing a Supervision and Mentorship Plan

During Implementation, facilitators routinely meet with supervisors/mentors. This process is formally detailed in later sections (Implementation; Monitoring and Evaluation). However, the relationship between facilitators and supervisors/mentors should be cultivated early-on in the Getting Ready phase. In some respects, this relationship will form naturally, as supervisor/mentors are responsible for training the facilitators and building their capacity.



THE WALAN STORY

In WALAN, youth facilitators were female and male volunteer members of their local Youth Initiative for Employment and Sustainable Livelihood Development (YIELD) Program. They were between the ages of 18-30 and were selected by their peers to participate. They worked in pairs (male and female) and were able to read and write in Acholi, the local language. In each community, a pair of WALAN youth facilitators conducted Community Learning sessions on FA and FP, followed by small Group Counseling sessions on either SDM or TwoDay Method to interested couples and women, in over three-month cycles.

Included below are major challenges identified during the implementation of WALAN as well as the solutions to address those issues as recommended by stakeholders, CDOs, and facilitators themselves.

Establishing Linkages with the Health Sector	
Turnover of health workers: In WALAN, health workers were sometimes transferred to other facilities outside of the community. Once a transfer occurred, the linkage between WALAN and the health worker was effectively broken. New health workers, therefore, were unaware of the program and invitation cards, and required constant retraining.	In the case of transfers, new health workers should be introduced to the project through local stakeholders and oriented to the Group Learning and Counseling model. This can be done on a case by case basis rather than a formal orientation meeting with multiple health workers to minimize cost and mobilization.
Use of invitation cards: Even among health workers that had been oriented through WALAN, some did not understand the purpose of the invitation cards.	Project staff should periodically visit health workers to identify new challenges as they arise and offer solutions, particularly around the use of invitation cards and determine if community members referred to the facilities are seeking services.
Logistical concerns around transport prevented routine monitoring by facilitators.	Facilitators should work with supervisors and program staff to coordinate transport ahead of visits.
Community Learning and Group Counseling	
Confusion exists around the SDM and TwoDay methods, and who should be using each method.	If a couple is already using SDM with CycleBeads, they don't need to be invited to a TwoDay Method session. They should not be offered CycleBeads or TwoDay Method to women who are already using a family planning method like pill, injection, implant, etc. These women do not need to be in counseling session for SDM or TwoDay.
Women who are pregnant are offered SDM and TwoDay method.	Facilitators should not offer and don't allow in the counseling sessions women who are pregnant. They should always ask women as they arrive to the session if they are pregnant. If they are, they should be told that the SDM counseling is not appropriate for them and gently tell to leave and invite them to attend the LAM community session.

Facilitators are confused about group counseling versus method support sessions.	Establish strong supervision/mentoring, especially during the first six months to ensure facilitator competency and good quality of both the community learning and counseling sessions. Monthly supervision/mentoring visits could be phased into quarterly visits provided that monitoring through observation indicates an acceptable level of quality.
Facilitators forget to offer all information about family planning methods.	Use the Family Planning poster to remember sharing information about all methods of family planning and distributing the invitation card.
Facilitators experienced difficulties with mobilization and planning, and community members expect refreshments.	
Unavailability of supplies such as condoms for use during fertile days.	
Facilitators must respond to questions about the safety and hygiene of Two-Day method.	When explaining TwoDay in the community, facilitators should emphasize that secretions can be checked by looking at the underwear, or feeling the sensation of “moist” in the genitals. Also, if toilet paper is available looking at it after wiping before urinating. There is no need to explain first checking with clean fingers. Not everyone should use that option. There are several other options.

Equipping Facilitators

Facilitators were required to read and write in Acholi, the local language. In addition, facilitators were required to work in pairs with a facilitator of the opposite gender. In several groups, identifying a female that was literate was not always possible. Having a facilitator with very low literacy unable to read the lesson plans to conduct the community sessions and counseling posed a challenge	1) When necessary to work with a low-literate facilitator, ensure that the other member is indeed literate and is able to support the peer facilitator by preparing together, assigning clear responsibilities for a task, practicing the steps of the activity and using the job aids correctly. A low literacy level limits a facilitator ability to read instructions but does not make her/him unable to perform if the proper support is available and provided that the peer facilitator is literate and supportive. To the extent possible, ensure that both facilitators are literate. 2) Always ensure there are both a female and a male facilitator working as a team. Having two male facilitators is not an option given that there are activities and group discussions where women are more comfortable engaging with a female facilitator.
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Some facilitators became overwhelmed in their roles and quit, leaving their co-facilitators without a partner. They increased the workload of the remaining facilitators.

1) When selecting facilitators, make sure to clearly communicate the workload and level of responsibility. 2) Facilitators should be reminded that they work as part of a team, both within their specific partnership, and overall. The ramifications for missing sessions should be presented early-on, and efforts to boost team morale should start with training. 3) Facilitators should work to develop a schedule that is manageable and functional for both members of a team. Creating a schedule that's unattainable will increase the risk that facilitators miss sessions or drop out.



IMPLEMENTING COMMUNITY LEARNING AND GROUP COUNSELING

Figure 8: Implementing Group Learning and Counseling

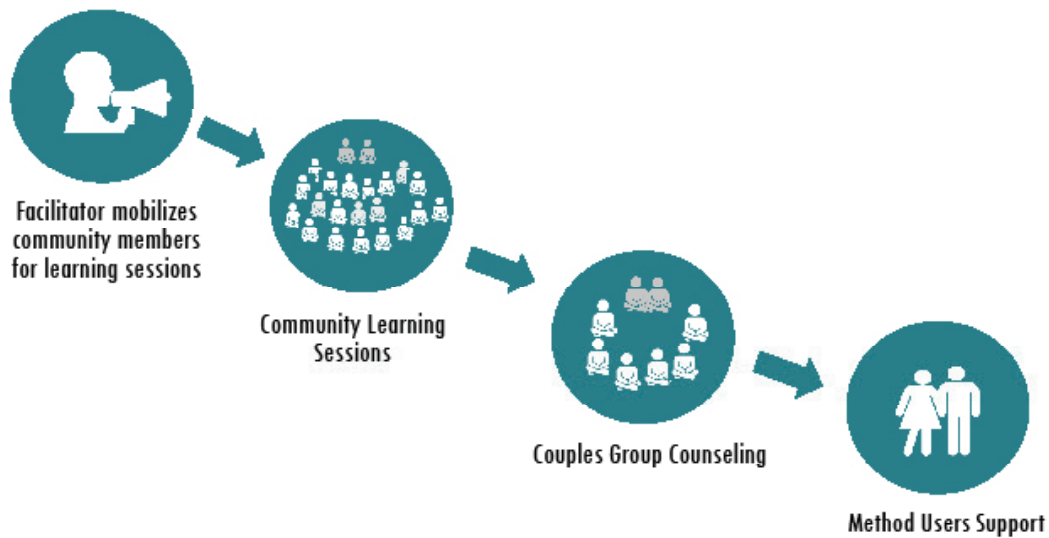


8

Implementing

Community Learning and Group Counseling

In the Implementation section of the Group Learning and Counseling model, facilitators should have the capacity to work with mentors/supervisor, local stakeholders and program staff to mobilize community members around Community Learning and to deliver Community Learning and Group Counseling sessions (Figure 8).



HOW TO IMPLEMENT COMMUNITY LEARNING

The elements of Community Learning may be thought of as a series of facilitator-initiated steps. These steps, which are also included in the Roadmap at the beginning of this handbook, are specified in greater detail in this chapter. We recommend that program managers read through the items provided below, and discover how facilitators implemented these steps in the “WALAN Story”.

Schedule Community Learning Sessions

The first step in preparing to implement Community Learning sessions is a practical one. Facilitator, in their assigned pairs, should consult their personal diaries and prepare a shared calendar of sessions. Community Learning sessions should be scheduled a minimum of two times per month over a three-month period to be able to cover all topics. Later, facilitators can schedule additional sessions so that all community members are able to attend.

Invite (mobilize) community members to attend sessions

Facilitators, with the support of local stakeholders, CDOs, and program staff are tasked with mobilizing their communities to attend Community Learning sessions. Facilitators may choose to invite community members in many different ways, including:

- Announcing sessions at water well
- Posting a note in a public area
- Telling friends and family
- Asking community members to assist by “spreading the word”
- Phone calls
- Asking a religious leader to announce sessions at the pulpit or during congregation meetings

Deliver Community Learning Sessions

Once facilitators have invited community members to attend and have prepared all relevant materials, the pair of facilitators deliver Community Learning sessions on three separate topics, one topic per session. These topics (Female and Male Fertility, HTSP and Family planning and LAM) are included in the Facilitators Guide, and facilitators will have received comprehensive training in each of these topics.

Complete Recording Forms

At each Community Learning session, facilitators should complete an Attendance Form to record information on the session and the attending participants. This form and detailed instructions for completing it are provided in Section 9. Facilitators turn in these forms to the mentor/supervisor during their monthly visits.

Meet with mentor/supervisors

Early in the implementation process, facilitators meet monthly with their mentor/ supervisors in a multi-purpose meeting. Mentor/supervisors schedule this visit in advance to coincide with a Community Learning session, in order to observe facilitators deliver it and provide them with feedback on their performance. This meeting also is an opportunity for facilitators to provide updates, discuss challenges and ask for further clarification on content, and turn in records. Additional details regarding supervisory visits are provided in the Section 9 Monitoring.

HOW TO IMPLEMENT GROUP COUNSELING

Similar to Community Learning, facilitators also follow a series of steps to carry out FAM Group Counseling also follow a series of facilitator-initiated steps. These steps, which are also included in the Roadmap at the beginning of this handbook, are specified in greater detail below. Program managers can read through the items provided below, followed by a description of how facilitators conducted Group Counseling sessions in the “WALAN Story”.

Schedule and prepare Group Counseling sessions in FAM for interested couples

Upon completing a round of Community Learning sessions on the three topics, facilitators will have identified those group members that are interested in learning about a specific FAM. In preparing for Group Counseling, facilitators should follow the guidance in the lesson plans for SDM and TwoDay Method included in the Facilitators’ Guide. The facilitators should then schedule and communicate to interested couples the dates for the different FAM Group Counseling sessions. Most likely, the Group Counseling session will occur in the same location where the Community Learning session took place. Facilitators should prepare well and in advance and have ready the FAM materials (e.g., CycleBeads, TwoDay brochure and marking calendar) for these sessions depending on what method of interest.

Conduct Group Counseling sessions in FAM for interested couples

Facilitators should deliver the sessions with group members at the agreed upon time and location. Group Counseling sessions comprise groups of minimum 2 and maximum 6 couples. Women and couples are screened to determine if they are eligible to begin using the FAM they selected. If they are eligible, detailed information on the method is provided.

Complete recording forms

At the beginning of the Group Counseling session with couples, facilitators should complete the Method User Registry form, especially to apply the screening that determines if the couple/ woman meet the method requirements. Facilitators also complete the Monthly Supply Form to keep track of method supplies. These forms form and detailed instructions for completing it are provided in Section 9. Facilitators turn in these forms to the mentor/supervisor during their monthly visits.

Meet with mentor/supervisors

As per Community Learning, facilitators meet monthly with their mentor/ supervisors in a multi-purpose meeting. This meeting also is an opportunity for facilitators to provide updates, discuss challenges and ask for further clarification on content, and turn in records. Additional details regarding supervisory visits are provided in the Section 9 Monitoring.

HOW TO REFER COMMUNITY MEMBERS FOR FAMILY PLANNING SERVICES

During Community Learning sessions, facilitators will ask group members if they are interested in a family planning method. Those who are interested in SDM or TwoDay are invited to attend a couples Group Counseling session. To those who are interested in other methods (oral contraceptives, injection, implant, IUD, female condoms, or male condoms) the facilitator should provide them with a family planning invitation card and refer them to a health facility or VHT.

HOW TO IMPLEMENT METHOD SUPPORT SESSIONS WITH FAM USERS

To support FAM users who have opted for either SDM or TwoDay Method, facilitators should schedule a follow-up session by type of method. This session is an opportunity for couples and women using a FAM to share how they are using their method, discuss challenges and learn from their peers of ways of handling these, especially management of fertile days. During this support session facilitators also reinforce key messages on the method and support those couples that wish to transition to another method.

Schedule, prepare and provide Group Counseling sessions in FAM to interested couples

The facilitators should schedule the first method support sessions a month after the initial Group Counseling Session. Preparations for the support session is similar to the Group Counseling and a lesson plan is provided in the Facilitators Guide.

Complete recording forms

A form for the method support session should be completed as users arrive to the session. This form and instructions for completing it are found in Section 9 Monitoring.

HOW TO ENSURE QUALITY SESSIONS THROUGH SUPERVISION

In the Group Learning and Counseling model, Facilitators participate in monthly meetings with supervisors. Supervisors provide the facilitators with supervision and mentorship, and monthly meetings are an opportunity for facilitators to discuss their experiences implementing the sessions. Specifically, facilitators may describe challenges they've faced or ask for further clarification on content. Additionally, these meetings provide an opportunity for supervisors to:

- Monitor facilitator timetables
- Observe facilitators in their sessions
- Provide mentoring and help facilitators problem-solve
- Collect monitoring forms and check on the quality of facilitators recording
- Check stock and restock facilitator supplies

How and when can supervisors provide support?

Supervisors provide support by completing monthly meetings with facilitators. Meetings should be guided by the items included on the Facilitators Mentoring and Support Checklist. During this conversation, supervisors should ensure they offer constructive feedback in their responses.

Facilitator Tools

Facilitators are trained to use a set of simple job aids and low-literacy materials on SDM and TwoDay Method to deliver Community Learning sessions and couples counseling:

- **Facilitators Guide**
- **Flipchart**
- **Activity Cards**
- **Family Planning Methods Board**
- **Family Planning Poster and invitation Card**

Facilitators Forms

Forms allow facilitators to document their progress, and provide information that will help supervisors troubleshoot any challenges that arise during sessions. Forms also relay information back to program staff, allowing them to monitor the number and type of participants that are exposed to FA and FAM.

- **Form A – Community Learning Attendance**
- **Form B – Group Counseling Method User Registry**
- **Form C – Method Support User Registry**
- **Form D – Facilitator Monthly Supply Form**

Recommendations and tips

- Facilitators should review “How to be a good facilitator” to refresh basic skills that have been identified as gaps during observations
- Facilitators should be reminded to check off the learning session topic at the beginning of each form (e.g., Human Fertility, HTSP, LAM, Family Planning)
- Steps outlined in the lesson plan for using the couple communication activity cards should be reviewed prior to the Group Counseling sessions
- If group members arrive late for Group Counseling sessions, facilitators must ask those who arrived late to stay and cover screening to know if: (1) they meet the method conditions; and (2) explain method use in detail if the participant who is late wants to start using the method.
- Monitor to ensure that before starting the counseling, facilitators must fill the attendance sheet. When filing it, they must remember to ask if any woman present is pregnant. Neither women who are pregnant nor using a method currently should stay in the session.
- During the Group Counseling sessions, facilitators should explain only one method (either SDM or TwoDay method). These are two different methods with their own separate information. SDM users know they are fertile on white bead days. TwoDay users know they are fertile on days with secretions (today or yesterday). These methods, explained together, may confuse users about when they are fertile.



THE WALAN STORY

In WALAN, Community Learning sessions and Group Counseling sessions were conducted through facilitators recruited from YIELD groups. Selected by their own peers, facilitators were YIELD group members between the ages of 18 and 30. Findings were collected during the Proof of Concept phase and well as the WALAN pilot.

Facilitators experienced some difficulties recruiting community members for Community Learning sessions during WALAN, and generally were most successful in mobilizing their communities when they worked closely with both local stakeholders CDOs. For example, CDOs were able to provide phone access so that facilitators could call community members and invite them to sessions. CDOs were also able to communicate with local stakeholders, who in turn mobilized community members to attend. During reflection meetings, some local stakeholders expressed their desire to become more involved in the mobilization process. Facilitators also employed other techniques to try and mobilize community members. For example, they would compose invitation messages containing the date, time and location of Community Learning sessions. These notices would then be pinned to message boards in community spaces. They would also work with stakeholders to recruit community members at local gatherings or events.

WALAN facilitators found their experience conducting Community Learning sessions to be informative for their own learning, not just community members. Facilitators, prior to training, had little knowledge of FAM. After delivering the sessions, some facilitators chose to use FAM in their relationships. This understanding enhanced the collective learning approach that informs the Community Learning sessions. Additionally, the facilitators were largely passionate about the topics they were discussing, which attracted community members to their sessions. In general, acting as a facilitator also created a network within the facilitators. Some reported that it increased their standing in the community, encouraging both respect from community members. Facilitators were also able to incorporate the input of local community and religious leaders into their sessions. Sometimes, leaders would attend sessions, reinforcing their support for WALAN.

During the WALAN Proof of Concept phase, SDM and TwoDay Method group counseling participants were satisfied and comfortable learning about FAM in small groups with other couples. Observation data revealed that facilitator pairs correctly explained the use of SDM and TwoDay Method during group counseling sessions, effectively utilized job aides and fostered a safe learning environment for participants (e.g. putting participants at ease, showing mutual respect, and ensuring privacy). Community leaders and providers reported that the small group counseling model outside of the health system was an acceptable approach. They additionally mentioned that this setting may not be appropriate for couples and women who need to disclose very sensitive information. They recommended that facilitators should be trained to find opportunities to counsel couples and women's individual needs when the situation arises. Subsequently, this training was included in the model. Finally, the proof of concept phase tested the provision of group counseling sessions to couples, while some stakeholders expressed the importance of providing group counseling sessions to groups of women as well. The model was then modified to include women-only sessions, so that women were able to learn a FAM even if their partner wasn't present.

CHALLENGES AND SOLUTIONS

Throughout the WALAN intervention that piloted the Group Learning and Counseling Model, program staff were careful to monitor challenges that arose during the implementation. Program managers should be careful to consider these challenges as they begin to adapt the Group Learning and Counseling model for their own organization or program. For each challenge, guidance around a solution is provided. However, program managers should be aware that additional challenges may arise, and that the solutions provided here may need to be modified to accommodate their specific needs.

Challenges in Community Learning	
Community members may arrive late to Community Learning sessions, resulting in a delayed start time.	To compensate for potential lateness, facilitators should begin sessions at the scheduled time. If group members arrive a few minutes late, they should join the session. If they are extremely late, facilitators can invite them stay but to return during the next scheduled session.
Community members may expect refreshments during sessions.	Reinforce the importance of attending the sessions and the knowledge that will be gained through participation. Indicate that attendance is volunteer and based on participants' interest in the topics.
Community Learning and Group Counseling	
Group participants should be properly screened for method eligibility.	Implement steps to ensure that supervisors support their assigned Facilitators review the criteria for each method; reinforce supportive supervision on proper client screening.
TwoDay Method can be considered culturally inappropriate and unhygienic in some communities.	Reinforce TwoDay Method instructions to emphasize that vaginal secretions are not associated with a woman being dirty. Also reinforce the use of paper to wipe or looking in underwear, rather than using hands to check for secretions.
TwoDay Method users are satisfied with their method, but do not feel supported by some of their peers.	Expand TwoDay Method explanations during community sensitizations and orientations with health service provider and community leaders to address cultural and hygiene concerns.
Women express desire to attend counseling sessions but are not comfortable disclosing session attendance to their partners.	Provide women-only group counseling sessions as alternative sessions for women who attend a group counseling session without their partner. Reinforce that method support sessions can either be attended by couples or women-only.



MONITORING

Figure 9. Monitoring Group Learning and Counseling



9

Monitoring

Program monitoring is important for ensuring that your program is delivering quality services. Think of monitoring as a tool for helping to improve your program. Solid monitoring provides a means of overseeing implementation, identifying what is going well and what needs improvement in the program, and a basis for making decisions about changes that are needed to correct or enhance the program activities. This section focuses on monitoring Group Learning and Counseling activities, including what to monitor, what to consider when designing your monitoring component, and recommendations based on the WALAN experience (Figure 9).

Monitoring Group Learning and Counseling

It is recommended that you utilize at least two strategies for monitoring Group Learning and Counseling. One is having Facilitators complete tracking/recording forms at each session that they conduct to collect data on program outputs, participant demographic data, and other indicators set by your program. The second is Supportive Supervision by the Supervisors to promote quality assurance. These two strategies can complement one another and feed into your program's overall learning and improvement.

Monitoring forms

Facilitators should complete a recording form at each session that they conduct. This serves to document the activities that were conducted and collect data on any indicators that your program may be interested in. Other items that promote program quality could also be included in the form. For example, there could be a section for Facilitators to record any questions or challenges that came up during the session that they would like to discuss with their supervisor. Sample monitoring forms for Community Learning and Group Counseling sessions are included in the Library at the end of the handbook. These or relevant elements can be adapted for your program.

Monitoring and supportive supervision

Ongoing mentoring and supervision is essential to ensuring that facilitators are able to perform their role well. In programs where facilitators do not have a strong health background, it is particularly important that supervisors regularly check in with facilitators, ensure that they present correct information during sessions, and coach facilitators to strengthen their skills in facilitating dialogue around the topics discussed in the group sessions as well as the counseling with couples. It is recommended that supervisors observe Facilitators conducting both Community Learning and Group Counseling sessions, and provide feedback on what Facilitators did well and what can be improved. A checklist can guide the observation, and serve as a reminder to Mentors/Supervisors for what they should look for in each session. Mentors/

Supervisors should note any information that the Facilitator may be presenting incorrectly, review this with the facilitator, and consider reviewing this with all Facilitators during reflection meetings of future refresher training. Following each observation, Supervisors and Facilitator should discuss what is working well, challenges the facilitator is facing and how to address these, and any questions the facilitator has.

Utilizing the Monitoring and Observation Data for Programmatic Improvement

Data that is collected should be regularly utilized to track progress, identify issues in implementation, and inform decisions on adjustments that may be needed in the program. Recording/tracking forms should be collected on a regular basis, and the data entered into a database. The results should be analyzed, summarized, and shared with those involved in implementation of the Group Learning and Counseling activities. These results should be used as a tool for reflecting on program performance. We recommend holding reflection meetings where the data is reviewed and the team discusses implications for program improvement. Some key questions to consider during these meetings include:

- What is working well with the program? What should we continue doing to maintain this success?
- What is not working well with the program? What might be the source of this issue? How can we address this?
- What can program managers and Supervisors do to better support the Facilitators?

The mentoring conducted by Mentors/Supervisors provide important complementary information to the facilitators recording forms. These visits give Supervisors a better understanding of how Facilitators are performing, what challenges they are facing, and the types of strategies that work well for addressing issues.

What to Consider when Deciding on the Monitoring Component

Monitoring is most useful when structured in such a way that the information is relatively easy to collect, shared regularly with among those involved in implementation, and actively utilized to inform program decision-making. Work with the implementers, managers, and stakeholders to identify what data is most important for your program to collect data on, what is feasible for facilitators to collect, the process for collecting and analyzing data, and how that information will be fed back into the program. The first step is **deciding what to collect information on**. This will likely include:

- **Outputs**, such as the number of sessions conducted and the number of supplies (Cycle-Beads, TwoDay Method Client Cards) distributed
- **Attendance and method user registry data**, such as the number of attendees, age, sex, and location of residence of participants
- **Quality**, such as how well the session was delivered, whether all key information was delivered correctly, and how well the facilitator interacts with participants
- Acceptability by the community members benefiting from the activities.
- Other data required by your organization or funder.

Additional information that may be useful to your program or organization could include whether participants are new family planning users, whether they are attending sessions with their partner, and feedback from participants. Keep in mind that while there may be many items that the program team and other stakeholders want data on, the more that is included in the system, the more difficult it will be to implement. Identify what is most critical for your program to collect data on, and only collect information that the program will utilize.

Next, identify the process for collecting and analyzing the data that is collected. Consider each step in this process, including:

- How and when facilitators will complete the form
- Where facilitators will store completed forms
- How and when completed forms will be collected
- How information on the forms will be entered into an electronic system and analyzed

Walk through each step in this process with those that will be implementing and managing implementation to ensure that the processes will be feasible and clear to those involved. Identify potential roadblocks and adjust the process, or come up with a plan for managing these. Ensure that Facilitators and Mentors/Supervisors are trained in the forms and process. The table below shows an example of how the Monitoring Data Processes could be structured.

Finally, develop a plan for feeding monitoring results back into the program. M&E data is most useful when it is regularly analyzed and summarized, shared with those involved in implementing and managing the program, and actively utilized to identify problems, inform solutions to those problems, and celebrate programmatic successes. Recommendations for doing this include:

- Summarize the data and share it with facilitators, supervisors, and/or program managers. This could be shared electronically, via printed materials, or through a presentation in a meeting.
- Hold a meeting on a regular basis (monthly or quarterly) to review the data, reflect on why things are happening as they are, share recommendations for good implementation, and identify solutions to challenges. For example, if some facilitators are not holding as many sessions as they scheduled, supervisors help them identify the cause and possible solutions. It may be that they are not comfortable with their role and feel they need more support to reach a comfort level for holding sessions. It may be that leaders in their community are discouraging them from holding sessions. At each meeting, identify concrete action items for steps that should be taken based on challenges and success that were identified.
- Get input from facilitators. Build in time during mentoring/supervisory visits or during reflection meetings with facilitators to get input directly from them on why certain situations are happening. Such discussions can also lead to useful programmatic insights.

Establishing or adapting the monitoring component for the Group Learning and Counseling activities is an iterative process. As you walk through each of these steps, you may realize that items in other steps need to be adjusted, or that it will not be feasible to collect certain information. In planning for how the information will be utilized in the program, you may realize there is additional information that will be important for decision makers to have.

Actor	Process	Timeframe
Facilitators	<ul style="list-style-type: none"> Complete Attendance and Method User Registry Forms at each Community Learning Session and Group Counseling Session Store forms in sealed, dark colored envelope for confidentiality Give all completed forms to Supervisor during monthly visits 	Ongoing, whenever a session is conducted
Supervisors	<ul style="list-style-type: none"> Once a month, Mentors/Supervisors visit Facilitators to observe a session and provide mentoring and supervision Supervisors complete observation checklist during this visit Supervisors collect all the forms completed during previous month Forms are stored in sealed, dark colored envelope for confidentiality 	Once per month
Program Manager	<ul style="list-style-type: none"> Meets with Supervisors on a monthly basis for Reflection Meeting Collects Attendance Forms and Observation Checklist from Supervisors at this meeting Gives Attendance Forms and Observation Checklist to data entry staff Data entry staff enters all data into database and conducts quality assurance Data entry staff and Program Coordinator run tabulations and produce summary reports Summary reports and data are utilized for project reporting 	Once per month

Recommendations

Simplify and streamline as much as possible

Where possible, build the monitoring for Group Learning and Counseling into your organization's existing processes. Following the same procedures and linking the systems will make it easier for staff to implement the system. When setting up processes specific to Group Learning, find ways to link monitoring to other program activities. In WALAN, Supervisors collected monitoring forms from Facilitators during regularly scheduled mentoring visits, and turned them in to program management staff during regularly scheduled reflection meetings.

Think through each step of the process in detail

Think through each step of the process, from the person filling out the form during the session, to what they do with the form after the session, to how the form gets collected and brought back to a central location, to how the data gets entered, to how it gets utilized. This process will help identify potential obstacles and allow your team to prevent or plan for these. Discuss the steps with the people involved or people who understand the context well, so that they can provide input on how to improve the system.

Identify a procedure for Data Quality Assurance

There are many points in Monitoring which have the potential for error. Building data quality checks into your regular monitoring processes will help to identify and correct errors. Issues you may encounter include that Facilitators may not complete all information on a form; may complete something incorrectly; fail to turn in the forms.

Errors can also happen during data entry, such as incorrect or duplicate entries.

It is important to review the database to check for these issues, and most data quality issues will become apparent during the data analysis process. Once potential issues are identified, they can be corrected by referring back to the original forms, comparing the data to other program records, and/or talking to the Facilitators themselves. If similar issues are found across sites, such as Facilitators completing a portion of a monitoring form incorrectly, review this during mentoring/supervisory visits with Facilitators.

Be mindful of the sensitive nature of personal data

The topics discussed in Group Learning are considered sensitive and personal in most cultures. Though WALAN is designed to be conducted in public settings, collecting personally identifiable information about attendees is sensitive and should be done with caution. Principles of privacy, confidentiality, and ethics should be paramount in deciding what information to collect, where information will be stored, and how information will be utilized. Personally identifiable information should only be collected if it is essential to the program. Facilitators should have a way of storing monitoring forms securely until the forms are collected by supervisors. You should follow your organization's ethical guidelines for recording personal data.

Keep in mind that in places where family planning is considered taboo, women may attend Group Learning and Counseling without their husband's knowledge, and may face violence at home if he finds out she attended a session on family planning.

In such settings, recording names of attendees may not be advisable, or there would need to be a system for ensuring that such records remain secure at a health center.



THE WALAN STORY

Setting up monitoring

Monitoring of the WALAN pilot went through a collaborative process in which the program and monitoring staff discussed what information should be collected for monitoring, evaluation and reporting purposes. Forms with the suggested data points were drafted and then translated into the local language. The forms were later revised based on feedback from facilitators and their experience using them. The team created a flow chart which detailed each step in the monitoring process. The team identified potential challenges and bottlenecks in the system, made revisions, and discussed how to respond to issues that might arise. Facilitators and CDOs were trained on the Monitoring forms and process as part of the WALAN training workshop. They practiced completing the forms both using a hypothetical scenario during the classroom portion, and as part of a practical activity that was incorporated into the training.

Recording Community Learning Sessions

Facilitators opted to complete the Attendance Form during the middle of Community Learning sessions. This became an entertaining activity in the middle of the sessions that participants enjoyed. Getting accurate counts of people in an informal outdoor setting can be cumbersome, so the reported numbers were considered to be reasonable estimates of the number of people who attended each session.

Recording Group Counseling Sessions

Facilitators completed the Method User Registry at the beginning of each Group Counseling session. This form includes participant names, method eligibility criteria, and whether participants adopted and took home a method. Names were collected in order for facilitators to follow up with users and notify them of support sessions. Data on method eligibility and taking home a method served as a supervision and support data point for supervisors and managers, who reviewed this to make sure that only those who were eligible to use a method took one home. Where discrepancies were found, CDOs reviewed the criteria with facilitators to strengthen their skills.

Recording method supplies

Facilitators should also complete the Monthly Supply Form (see Resource Library). This form includes a running tally of the number of materials distributed to group members, including condoms, CycleBeads, TwoDay Client Cards and FP invitation cards.

How we used the data

CDOs collected forms from facilitators during monthly supervisory visits. During these visits, the CDOs observed the facilitators delivering a session using a checklist, and gave feedback to improve the facilitators' performance. This was also an opportunity for facilitators to ask questions and bring up challenges or issues with the CDO. CDOs reviewed the monitoring forms with facilitators before collecting them, to identify and correct errors in completion or missing information.

A reflection meeting with CDOs was held about once a month. This provided a space for CDOs to share successes and challenges, discuss issues they were facing, and collectively generate solutions. CDOs brought all of the forms that they had collected from facilitators to these meetings and gave them to the program coordinator.

The information on the forms was then entered into an Excel database. The data was analyzed and summarized every two to three months in advance of a reflection meeting. This provided an opportunity for the project team to see how things were going, identify areas that needed improvement, and discuss solutions. The data was useful in identifying issues in implementation, and the discussions promoted collective problem solving.

10

Library

This Library houses the forms and tools which are referenced throughout this Handbook. While these forms and tools are also accessible within the Handbook itself, they are also organized here by section for quick reference. A brief description has been included for each element. These materials are also available for download at irh.org/walan-group-learning-counseling/

INTRODUCTION

1. WALAN Brief

VISIONING

2. Visioning Tool

GETTING READY

3. Leader Orientation Guide

IMPLEMENTATING COMMUNITY LEARNING AND GROUP COUNSELING

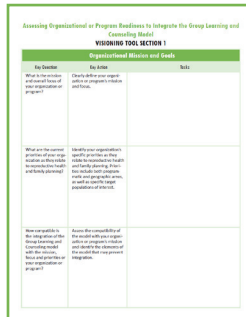
4. Facilitators' Job Aids Packet
 - Facilitators' Guide
 - Flipchart
 - Activity Cards
 - Family Planning Methods Board
 - Family Planning Poster and Invitation Card

MONITORING

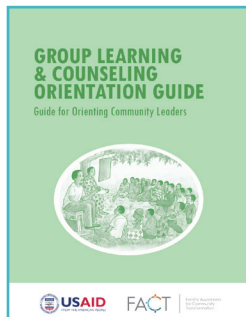
5. Sample Schedule of Community Learning Sessions
6. Monitoring Forms
 - Form A – Community Learning Attendance
 - Form B – Group Counseling Method User Registry
 - Form C – Method Support User Registry
 - Form D – Facilitator Monthly Supply Form



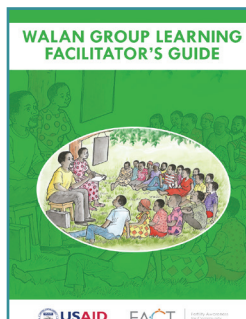
1. **WALAN Brief.** This brief provides an overview of the Group Learning and Counseling model as it was implemented and tested in the WALAN intervention with Youth Facilitators, CDOs, and key local stakeholders under the monitoring of Save the Children and IRH.



2. **Visioning tool.** This tool is designed the help program managers conceptualize who will be involved in adaptation and integration of the Group Learning and Counseling model as well as how and when the model will be integrated into the existing organization or program.

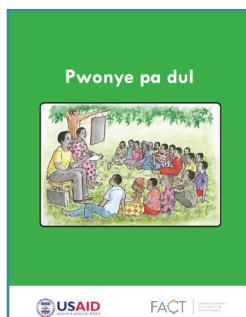


3. **Leader Orientation Guide.** This guide is designed to assist program staff and supervisors/mentors to introduce community leaders to the concepts of fertility awareness and fertility awareness methods. The guide includes planned activities which were implemented in the WALAN intervention and engaged community leaders in supporting and disseminating information on family planning.

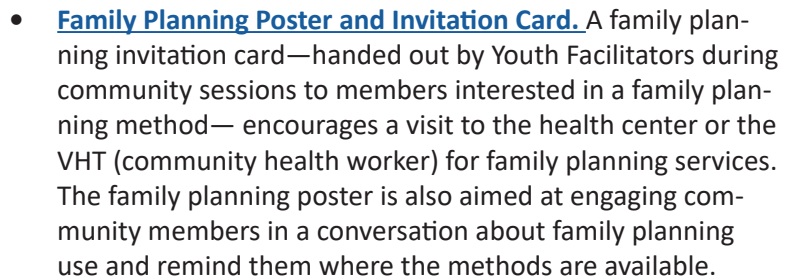
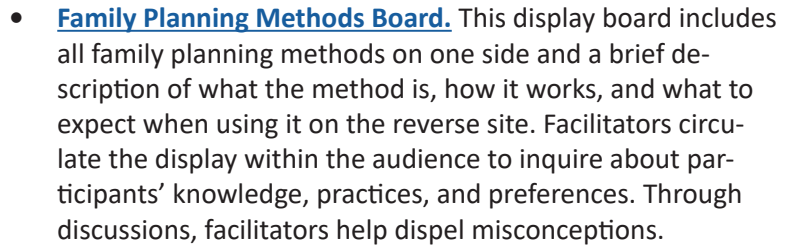
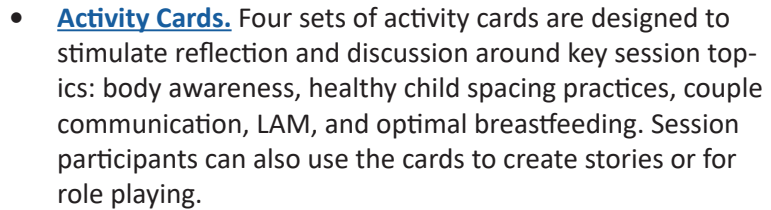


4. **Facilitator's Job Aids Packet.** The packet comprises the different tools that facilitators rely on to deliver sessions in the community and with couples. The main tool is the Facilitators' Guide, which is used jointly with the job aids mentioned in pertinent sections of the guide.

- **Facilitators' Guide.** This tool includes three Community Learning lesson plans and the guidelines for SDM and TwoDay couples counseling sessions. The lessons include the essential content and the instructions for delivering the sessions.



- **Flipchart.** The flipchart contains large visuals of reproductive organs, the menstrual cycle, and other supporting illustrations to use during larger community learning sessions. The reverse side of the illustrations includes key messages to remind the facilitators of information to cover during each session.



5. **Sample Schedule of Community Learning Sessions.** This example features a monthly schedule of sessions as planned by the Youth Facilitators in WALAN who mapped their work on a quarterly basis. This quarterly scheduling enabled CDOs to in turn plan their supervision/mentoring visits.

6. Monitoring Forms. This set of forms enables facilitators to record attendance to sessions and provides a tracking mechanism for monitoring activities by the supervisors/mentors. An observation-supervision form that was used by CDOs in WALAN to monitor the Youth Facilitators' skills is also included in this set.

- [Form A – Community Learning Attendance](#)
- [Form B – Group Counseling Method User Registry](#)
- [Form C – Method Support User Registry](#)
- [Form D – Facilitator Monthly Supply Form](#)

<http://irh.org/walan-group-learning-counseling/>