

Counseling for Effective Use of Family Planning

Trainer's Manual



USAID
FROM THE AMERICAN PEOPLE

the **ACQUIRE** project

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The ACQUIRE Project
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@acquireproject.org
www.acquireproject.org

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Preface

In the public health community at large—and among many of EngenderHealth’s country and global programs in particular, including the ACQUIRE Project and Action for West Africa Region–Reproductive Health (AWARE-RH)—health workers have expressed a need for a new approach to family planning counseling. Several countries have reached a plateau in contraceptive prevalence rates, as well as having a high level of contraceptive discontinuation. These facts suggest that counseling needs to be reoriented and refocused to:

- Offer a tailored approach to meeting clients’ individual needs
- Address the needs of returning clients
- Strengthen management of side effects
- Strengthen integration with other areas of sexual and reproductive health, including HIV and other sexually transmitted infections, postabortion care, and sexuality

Many colleagues in the field find existing counseling materials either outdated or insufficient in terms of family planning information and the needs of family planning clients. For this reason, the ACQUIRE Project has developed a new family planning counseling curriculum.

The curriculum builds on EngenderHealth’s previous work in counseling, including *Comprehensive Counseling for Reproductive Health: An Integrated Curriculum*. At the same time, it responds to the identified gap in existing materials and fills the needs expressed by those in the field.

The intended audiences for this curriculum are service providers, their supervisors, and the managers of the programs in which they work. The counseling skills addressed here are expected to be relevant to the provision of both preventive and curative health services through the participants’ national health systems. Finally, the curriculum’s participatory approach to defining terms and to generating profiles of potential clients is designed to assist trainees in addressing the realities and exploring the reproductive health priorities of their communities in a culturally appropriate manner.

Acknowledgments

Counseling for Effective Use of Family Planning represents the work of many teams and country programs at EngenderHealth, the ACQUIRE Project, and AWARE–RH. It is the culmination of a process that began in 2002 with the initial development and field testing of EngenderHealth’s counseling curriculum, *Comprehensive Counseling for Reproductive Health: An Integrated Curriculum*. Based on pilot tests in the field and the growing need to strengthen family planning counseling in particular, the concept for this curriculum emerged. The original concept was developed by John Pile, Jill Tabbutt, Jan Kumar, and Levent Cagatay; the latter was the lead writer and was the cofacilitator of all but one of the field tests. Subsequent field tests yielded input from the following staff and consultants: Gebeyehu Mekonnen in Ethiopia in 2002, Nirmala Selvam in Nepal in 2003, Nisreen Bitar and Huda Murad in Jordan in 2004, Nirmala Selvam in Kenya in 2006, Akif Hasanov in Azerbaijan in 2006, and 29 experienced counseling trainers representing nine countries (Azerbaijan, Bangladesh, Cameroon, Ethiopia, the Gambia, Ghana, Nepal, Sierra Leone and Tanzania), who all participated in a counseling standardization workshop in Ghana in 2007.

Over the years, internal reviewers at EngenderHealth have included Jan Kumar, Karen Beattie, Dr. Carmela Cordero, Maj-Britt Dohlie, Dr. Roy Jacobstein, Edna Jonas, Anna Kaniauskene, Erin Mielke, Feddis Mumba, John Pile, Mizanur Rahman, and Damien Wohlfahrt.

Revisions of the curriculum based on each of the field tests were written mainly by Levent Cagatay, with assistance from Edna Jonas, Erin Mielke, and Elizabeth Oliveras.

We thank our U.S. Agency for International Development reviewers, Patricia MacDonald and Carolyn Curtis.

The curriculum was edited by Sandra J. Crump and was formatted by Robert Vizzini; Michael Klitsch provided overall editorial management.

Introduction for Trainers and Program Planners

This introduction provides information to trainers and program planners about why this curriculum is needed and how it differs from other family planning (FP) counseling curricula. It also contains practical guidance on how the components of the curriculum (the Trainer’s Manual, the Participant Handbook, and job aids and tools) should be used, preparations for the workshop, what to pay attention to during the workshop, and how to evaluate the workshop at different levels of impact.

Why a New FP Counseling Curriculum?

The counseling provided by an FP program plays a key role in FP uptake and continuation and is essential for ensuring informed and voluntary decision making—one of three elements comprising the fundamentals of care.¹ Yet studies conducted worldwide by the ACQUIRE Project and others have repeatedly shown that the quality of FP counseling is weak because providers’ skills are inadequate. This is not surprising, since the skills-building component of training for counselors is usually kept short and sometimes is even skipped. Counseling training traditionally focuses on addressing the needs of new clients. In their effort to provide information, many providers end up giving clients too much information. The communication is usually one-way. Clients are not prepared for what side effects to expect or for what to do when those side effects occur.

This new counseling curriculum was developed to close these gaps in counseling training, by recognizing counseling as a skill and allocating sufficient classroom time for practicing skills and receiving feedback; by addressing the needs of return clients in addition to new clients; and by bringing the client perspective into training to trigger client-centered thinking and counseling.

What Is New in This FP Counseling Curriculum?

This counseling training curriculum aims to improve the knowledge, skills, and attitudes of trainees in assessing and addressing clients’ FP needs through individualized counseling. Because counseling is recognized as a skill to be mastered, this curriculum puts emphasis on building counseling skills through practice and feedback. The new curriculum specifically emphasizes the individual client’s circumstances and broader reproductive health (RH) needs and the importance of considering these factors when helping clients select an appropriate FP method. Appropriate selection and personalized counseling contribute to the successful use of FP methods, which contributes to personal well-being and programmatic success.

The *approach* to FP counseling training, the *content*, and the *training methods and tools* presented in this curriculum are designed to overcome some of the traditional shortcomings of FP counseling. The different emphasis of this curriculum, explained below, distinguishes it from other curricula and FP counseling training.

¹ The ACQUIRE Project. 2006. *The fundamentals of care: Ensuring quality in facility-based services—A resource package*. New York: EngenderHealth.

Introduction for the Trainers

Approach

This training curriculum is based on the concepts and approach used in EngenderHealth's most recent counseling training curriculum for RH, *Comprehensive Counseling for Reproductive Health: An Integrated Curriculum*, which was published in 2003. The approach has the following features:

- **It is a rights-based approach** that focuses on the client's rights to family planning services and methods and the role of the provider in supporting and protecting those rights.
- **It is holistic and integrated**, recognizing the client as a whole person with a range of inter-related sexual and reproductive health (SRH) needs. These needs include correct and appropriate information, help with decision making, and emotional support. The selection of an FP method must be made with consideration of a client's circumstances and other SRH issues, including the client's risk for HIV and other sexually transmitted infections (STIs), HIV status, reproductive intentions and pregnancy/obstetric history, and sexual relationship(s) and practices. The training curriculum emphasizes the client's needs and rights and how the decision-making process is influenced by factors both inside and outside the facility setting.
- **It is client centered**, building on the two approaches mentioned above and putting the client at the center of the counseling service and counseling training. Assessing each client's needs and tailoring counseling to address those needs is the main goal of the FP counseling service. This approach recognizes that the counseling service will need to be tailored each and every time a client is counseled. The **client profiles** (explained under *Training Methods and Tools*) help the trainees empathize with clients and see the counseling service through their clients' eyes.

Content

Categorizing Clients

Categorizing clients helps FP counselors easily recognize clients' particular needs and tailor the counseling for each client accordingly. This technique encourages counselors to use the limited time usually available for counseling in a more targeted, efficient, and useful manner. New clients often are the focus of counseling training, but it is important to distinguish between two categories of new clients as well as two categories of returning clients. The curriculum addresses the following categories of clients:

- ***New clients with a method in mind.*** For these clients, it is best to center the counseling on the particular method for which the client expresses interest, to the extent that this method meets the client's and the partner's needs and preferences.
- ***New clients with no method in mind.*** These clients need more information on all methods, with a focus on methods that would be appropriate given the client's and partner's needs and preferences.
- ***Dissatisfied return clients.*** Clients who return with questions, concerns, or problems (such as side effects) should be counseled to carefully identify the reasons for their dissatisfaction or problems. These clients need help with different options to address their particular situation. Carefully providing targeted information to these clients contributes to continued successful use of their current method or the decision to try a new method, which helps to avoid discontinuation of FP.

- **Satisfied return clients.** Counselors should check to see whether clients who return for a revisit or resupply are using their method correctly and if there is any change in their needs. These clients should not be overloaded with unnecessary information.

Clients can also be categorized based on their wish to space, limit, or delay births or based on recent pregnancy (postabortion, postpartum, interval). These categories help counselors tailor counseling to the needs of the individual client.

Addressing Challenges in FP Counseling

In addition to enabling FP counselors to categorize clients and better meet their needs, the curriculum and training materials focus on a number of issues that often challenge counselors, including the following:

- Handling misconceptions
- Preparing new clients for common side effects
- Helping return clients cope with side effects and other problems
- Helping clients continue using FP or switch to a new FP method

Assessing and Addressing Individual Risk for HIV and Other STIs

HIV and other STIs pose a potential risk to everyone who is sexually active, not only to those who are considered high-risk. Counselors need to recognize that monogamous housewives might be at high risk; STI prevention should be a routine part of their FP counseling. Following this curriculum, counselors learn to help clients assess their individual risk for HIV and other STIs and take action to reduce their risk, including dual protection and dual-method use.

Training Methods and Tools

The curriculum relies on a number of methods, materials, and tools to ensure transfer of training.

REDI Counseling Framework

The **rapport building, exploration, decision making, and implementing** (REDI) framework encourages open communication and less rigid counseling. REDI lends itself well to counseling clients from different categories (e.g., new vs. return). Unlike other counseling frameworks, REDI also addresses whether and how the client will be able to carry out the decision he or she has made.

Client Profiles

Because of the range of sensitive issues related to SRH in different countries, this curriculum uses the training participants' input to create "client profiles" that reflect the unique SRH situation in a given country. The client profiles are used for case studies and role playing throughout the training and provide the basis for a "daily reflection" from the client's perspective.

Creating client profiles that accurately cover the range of local issues and that challenge providers' stereotypes, biases, and misconceptions requires close attention and sensitivity on the part of the trainer. Throughout this curriculum (see Session 5), guidance is given to help trainers use these profiles to consider the possible range of issues to address and to lead discussions into potentially difficult areas (e.g., postabortion FP, postpartum FP, and FP for HIV-positive clients).

Introduction for the Trainers

Family Planning Cue Cards (Contraceptive Technology Update)

This curriculum contains no didactic sessions dedicated to contraceptive technology. Instead, it updates the trainees' knowledge of contraceptive methods through the use of FP cue cards. The information on the cue cards is based on two authoritative resources.² The participants learn about the methods and the latest evidence-based guidance through practice with the cue cards. To enhance the trainees' understanding and retention of the information on FP methods, the FP cue cards can be given in advance (one or two weeks before the workshop) or at the end of the first day of the workshop. After receiving the training, the participants can use the cue cards as job aids.

In situations where the participants in the training workshop are new to FP or contraception, **a didactic contraceptive technology update might be needed before the workshop. For guidance, details, and materials on a one-day update, see Appendix J.**

The Training Package and How It Should Be Used

Intended Audience

Everyone working at a health care facility that provides FP services has a role to play in making the FP program successful, regardless of whether they provide clinical, counseling, or support services. Therefore, this Trainer's Manual contains instructions for training all levels of staff and can be used for training at the facility where the participants work (referred to as "onsite training") or for training at a different site (referred to as "offsite training").

One of the challenges of training FP counselors is meeting the training needs of the wide variety of providers and service settings. Some providers work in FP settings, while others (e.g., counselors who work in postabortion care) work in medical settings. Some providers offer the full range of FP services and counseling, but others are responsible only for providing FP counseling and referrals or a limited number of FP methods. The unifying theme in training these different providers is the **focus on the client and on meeting his or her needs.**

The training curriculum is intended for a group of 15–20 participants. It is appropriate for the following cadres of health care workers who are responsible for FP counseling:

- Physicians
- Nurses
- Counselors
- Technicians
- Supervisors
- Health educators
- Frontline staff
- Outreach workers
- Public-sector providers
- Private-sector providers

² World Health Organization (WHO) and Johns Hopkins Bloomberg School of Public Health (JHSPH)/Center for Communication Programs. 2007. *Family planning: A global handbook for providers*. Baltimore, MD: The INFO Project, and Geneva; and WHO. 2007. *Medical eligibility criteria for contraceptive use and standard practice recommendations for contraceptive use*. Geneva.

Throughout this text, the term *health care workers* is used to refer to *all* facility staff, including direct service providers (usually called *providers*) as well as frontline staff. *Service providers* include doctors, medical officers, nurses, counselors, health educators, and medical or surgical assistants. The term *frontline staff* refers to all of the other staff or volunteers at a facility who interact with clients. Frontline staff include receptionists, switchboard operators, doormen, guards, janitors, records staff, appointment clerks, accounts clerks, lab technicians, interpreters, drivers, and maintenance workers.

Some parts of this curriculum might also be appropriate for administrative or supervisory staff who do not actually work with clients but who supervise or make decisions affecting those who do. Such staff should be encouraged to attend training whenever possible.

Trainer Requirements

Although this manual refers to a single trainer, a team of 3–4 trainers is needed for the intensive workshop described in the curriculum. The training team might consist of either 2–3 cotrainers or a lead trainer and assistants. While one trainer facilitates a session, the others can record information on flipcharts, monitor the time, help keep the discussion focused on the session objectives, moderate small-group work, and act in sample role plays. Once the trainers have enough experience with the curriculum, they can conduct training in teams of two.

A solid grounding in counseling is imperative for the trainers. Trainers with *client-centered counseling* experience are difficult to find because the client-centered approach is still a novelty. Because the training is about FP counseling in an integrated approach, it is helpful to have trainers whose backgrounds represent a range of SRH services (e.g., maternal care, HIV and other STIs, sexuality) in addition to FP. If possible, the training team should include one male and one female trainer so that the perspectives of both sexes are represented. A mixed-sex training team might be more successful in building trust with the participants, especially when presenting sensitive material. The sex of the training team members, however, should not be the main criterion for trainer selection. Trainers should be selected for their knowledge, expertise, and training skills.

This Trainer’s Manual has been designed for use by skilled, experienced trainers. Although the manual contains information to guide training workshops and to assist the trainer in making decisions that will enhance the learning experience, it is assumed that the trainer understands adult learning concepts, employs a variety of training methods and techniques, and knows how to adapt materials to meet the participants’ needs. Before conducting training with this curriculum, the trainers should observe or participate in a training workshop conducted with this curriculum. Without firsthand experience with the curriculum and an understanding of the complexity of the training methods and tools, trainers might find the curriculum difficult to use.

The trainer for this course must be aware of the facility’s or institution’s standards and guidelines regarding certification, training follow-up, and ongoing supervision of the facility or institution sponsoring the training. While reviewing this Trainer’s Manual, the trainer should keep these in mind.

Introduction for the Trainers

Timeframe and Structure

The curriculum is structured as a five-day or six-day workshop to cover basic principles and approaches and to practice skills and provide a framework for FP counseling with an integrated approach. Sample agendas for five days and six days are provided in Appendix A. A six-day workshop allows more room and flexibility for interaction and practice. The five-day version reduces the duration of some sessions but assumes a longer schedule for each day of the workshop. There are no clinical practice sessions.

If needed, the workshop can be conducted over a longer period of time with shorter daily workshop hours—for example, by conducting the workshop in 10–12 days using only the afternoons—so as not to hamper the provision of services at the training site. Regardless of how the workshop is scheduled, *it is important to follow the recommended sequence of sessions* because the later sessions build on knowledge, attitudes, and skills developed in the earlier sessions.

Trainer’s Manual

The trainer’s guide for each session has nine components:

- Session Title
- Participants’ Learning Objectives (or Facilitator’s Objectives)
- Time
- Materials
- Session Outline
- Advance Preparation
- Activities
- Training Tips (only in some sessions)
- Trainer’s Tool (only in some sessions)

At the beginning of each day, the trainers should note the **Titles** of and **Objectives** for the sessions to be covered that day. The objectives can be prepared in advance on flipchart paper or can be read from the handouts in the Participant Handbook. The objectives should also be reviewed at the end of each day as a summary of what was covered.

The trainer’s guide suggests the amount of **Time** to allot for each entire session. The **Materials** section of the guide describes all of the educational and training materials that will be needed for the session. Some of these materials need to be adapted, developed, or gathered in advance. The **Session Outline** provides the list of activities to be conducted by theme, training methodology, and duration. **Advance Preparation** lists what needs to be done in preparation for each session. Suggestions for information to be written on flipcharts are provided in this section. (A checklist for preparing for sessions is included below, under the heading “Training Preparation.”) The **Activities** section of each session gives detailed instructions for conducting the session, with a suggested time allotment for each step. Some of the sessions include **Training Tips**, which include considerations for the trainer, alternative ways to conduct an activity, and factors to pay special attention to. Finally, **Trainer’s Tools** are located at the end of several of the session guides. These are the tools that the trainers use either during exercises

or as background information. They are not to be distributed to the participants. Each session in the Trainer's Manual has a corresponding handout in the Participant Handbook.

The exercises in this curriculum have been carefully designed to achieve specific objectives. Although it will be necessary to adapt certain portions of the sessions based on the setting, culture, and other circumstances, trainers should follow the instructions as closely as possible.

Participant Handbook

The Participant Handbook consists of handouts for each session covered during the workshop. It is the written record of the workshop. The handouts also provide background information for the trainer. They should be reviewed by the trainer before the sessions. The handouts include **Essential Ideas** sections, which provide a summary of the central ideas for each session. The Participant Handbook can be printed or copied in advance to be distributed as a book, or the handouts of the sessions can be copied and distributed separately as each session is held. In the latter case, the participants should be given binders in which to compile the hole-punched handouts. Instructions are given in each session as to when in the flow of a session the trainer should refer the participants to a handout.

Training Preparation

Trainers need to be well-prepared for the training. As a trainer, you should prepare yourself in the following ways:

Familiarize yourself with the entire Trainer's Manual and Participant Handbook, by reading them once to get an overall sense of the purpose, content, and approach of the training.

Observe or attend a training workshop conducted with this curriculum, or **cotrain** with another trainer who is experienced in using this training curriculum. This will help you to better understand how training methods such as the client profiles are used.

Get buy-in for the training and select appropriate trainees. If you have been asked to present this training, program administrators at the service sites are probably well aware of the goals, objectives, and intended audience for the training. However, after your first reading of the curriculum, you should meet with them to:

- Clarify the purpose of the training
- See if appropriate participants have been selected
- Confirm the time committed for the workshop
- Finalize plans for follow-up and ongoing support to the participants after the workshop
- Finalize plans for evaluation, if needed

Study the curriculum in more depth. Read the curriculum again, this time slowly. Think about each session in terms of the needs of clients and providers in the local service sites. Carefully review each handout in the Participant Handbook—the handouts are the permanent record of the workshop that will be left with the participants and possibly seen by others who did not attend the training. Revise them as necessary to reflect and be sensitive to the local situation, issues, and attitudes.

Introduction for the Trainers

Make copies of the Participant Handbook. After reviewing and revising (if necessary), make copies of the handbook for all of the participants. Each participant also should have a notebook and pen.

Write the list of objectives for all of the sessions on flipchart paper and prepare the other flipcharts listed in the Advance Preparation section of each session. At the beginning of each day, briefly state the objectives for the sessions to be covered that day. You might also refer the participants to the objectives listed at the beginning of each session’s handout in the Participant Handbook. Use Appendix C for conducting daily warm-up and daily wrap-up sessions. Review the day’s objectives during the wrap-up at the end of each day to provide a framework for assessing how well objectives were achieved and where there might be gaps in the participants’ understanding. (These gaps can be addressed in subsequent sessions.)

Resolve issues listed below before the workshop starts:

All sessions	<ul style="list-style-type: none">• Check to see if the participants have access to resources such as:<ul style="list-style-type: none">◦ <i>Family Planning: A Global Handbook for Providers</i> or its predecessor, <i>Essentials of Contraceptive Technology</i>◦ <i>World Health Organization (WHO) Medical Eligibility Criteria for Contraceptive Use</i>◦ <i>WHO Standard Practice Recommendations for Contraceptive Use</i>• If they do not, check to see if you can provide copies of these documents to the participants’ facilities.• Determine how familiar the target audience is with FP and contraceptive methods. If this is the first time they will be trained in those topics, consider conducting a one-day contraceptive technology update before the workshop. See Appendix J for detailed guidance on how to conduct the update.
Session 1	<ul style="list-style-type: none">• Identify any guest speakers you might need and thoroughly brief them in advance. Explain the purpose of the training and be clear about the length and subject desired for their opening remarks.• Decide when refreshments will be served.
Session 2	<ul style="list-style-type: none">• Identify any specific policies in the country related to rights to FP methods and services.• Identify local program and service-delivery guidelines relating to informed and voluntary decision making.

continued

Introduction for the Trainers

Session 5	<ul style="list-style-type: none"> With members of the training team, identify the types of clients (age, gender, social background, and special population characteristics such as postpartum, postabortion, HIV-positive) that need to be represented among the client profiles that will be developed by the participants. This decision should be based on the local situation, informed by consultation with representatives of the local organization receiving the training. Considerations could include the most popular FP method, least popular FP method, a recently introduced FP method, FP methods subject to local misconceptions, STIs common in the region, HIV and AIDS, common problems like antenatal care, postpartum care, abortion, emergency contraception, need for dual protection, and so on. If some of the identified client types are not included in the initial set of client profiles, the trainers can include these later by using situation cards (see Session 5).
Session 8	<ul style="list-style-type: none"> Check to see whether the participants are familiar with the GATHER framework for FP counseling, and decide whether to cover optional Activity E in Session 8. (Also see also the Advance Preparation section of Session 8.)
Session 10	<ul style="list-style-type: none"> Explore the participants' previous exposure to communication skills like listening, paraphrasing, verbal and nonverbal communication, and asking questions. If the participants have already been trained in these skills, you might choose to do the short version of this session. See Advance Preparation in Session 10 for more guidance.
Session 11	<ul style="list-style-type: none"> Identify local community misconceptions about FP methods.
Session 12	<ul style="list-style-type: none"> Identify which FP methods are available and commonly used in the country and region (i.e., where the participants come from).
Session 13	<ul style="list-style-type: none"> Explore the types of visual aids that are available in the country, and collect samples for use in this session and through the rest of the workshop. These may include illustrations of anatomy, anatomical models, counseling flipcharts, client brochures, wall charts, posters, or FP cue cards.
Session 18	<ul style="list-style-type: none"> Determine the legality of permanent FP methods in the country. Obtain sample informed consent forms used in the country.
Session 20	<ul style="list-style-type: none"> Check on the availability of female condoms in the country, and decide whether to cover female condom use in this session's activities. Make sure that there are enough penis models for every participant to practice condom use. If there are not, you can use cucumbers, bananas, or markers as substitutes. Make sure you have enough condoms for the participants to use in practice. Have small prizes, such as candies, for the group that wins the condom race.
Session 21	Learn about local resources for people in violent or abusive relationships.

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Session 27	<ul style="list-style-type: none">• Identify and invite guests from the organizing institution and/or the participants' institution(s). If possible, invite them to attend the afternoon session beginning after the first hour, which will allow them to listen and contribute to the action plan presentations, as well as to the closing ceremony.• Discuss follow-up plans for this training with the institution organizing the workshop and with the participants' institution(s), and determine what follow-up will be conducted, by whom, and when. See Trainer's Tool No. 7 (Session 27).• If follow-up plans have been made, arrange for a representative of the institution(s) to inform the group about follow-up plans.• Discuss with the institution organizing the workshop and with the participants' institution(s) whether to give certificates to participants. Determine who will print and sign the certificates, and have them ready before this session.
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Training Implementation

Checklist for Knowledge Assessments, Client Profiles, and Daily Warm-Ups and Wrap-Ups

- Score the precourse knowledge assessment at the end of the first day, and announce the results (only the highest, lowest, and average scores) during the daily warm-up on Day 2. See Advance Preparation in Session 1 for more details.
- At the end of the first day (or at the end of Session 5), assign client roles to five volunteers from among the participants (one for each client profile group). See Session 5 for more guidance.
- At the end of the first day, assign the reading of FP cue cards as homework.
- At the end of the first day, conduct the daily wrap-up. See Appendix C for a complete session plan for daily wrap-up sessions.
- On days 2, 3, 4, and 5, start the day with a daily warm-up. See Appendix C for a complete session plan of daily warm-up sessions.
- On days 3 and 4, after the participants report in their client profile roles about their impressions on the previous day, assign new participants from each group for the client profile roles. See Session 5 for more guidance.
- Before Day 5, make copies of the postcourse knowledge assessment (same as precourse knowledge assessment).
- On Day 5, after the postcourse assessment, distribute the precourse assessments of the participants and go over the questions with correct answers. The participants will keep their precourse assessments.

Training Tips

Avoid overusing flipcharts: The training relies heavily on the use of flipcharts to guide and summarize discussions. Most of them can be prepared in advance. However, there are dangers in overusing flipcharts: Paper is expensive and sometimes scarce. Participants can become bored with “training by flipchart,” even though it is meant to be more interactive. And some information should be distributed on handouts so that the participants can save it. Specific instructions are given for when to write on a flipchart and when not to; try not to do so more than is suggested.

Consider using an LCD projector and overheads: If an LCD projector, computer, and electricity are available, they can be used for slide presentations. Alternatively, an overhead projector and transparencies can be used instead of flipchart paper for some presentations. In addition, handouts can be read during the session and then kept for later reference. Below are a few guidelines for when to use each presentation aid:

- Use flipchart paper when you are recording suggestions or ideas from the participants (e.g., during brainstorming); when you want to post information on the wall or refer to it later in the training; or when you want the participants to think through a question or concept by themselves (maybe referring to a handout later).
- Use an LCD or overhead projector/transparencies when you want to present a piece of text for everyone to read and discuss but not save, or when you want to post instructions for group work.
- Use handouts when you want the participants to save the information to refer back to after the training.

Training Evaluation

The training can be evaluated at four different levels, and this curriculum provides the tools for evaluation at the first three levels. The evaluation plans should be made before the training through discussions with the organization or institution of the training participants. This also allows for baseline assessments before the training, such as observation of counseling.

Level 1—Reaction: Did the participants like the training?

Participants' reactions should be evaluated at the end of each day, during the daily wrap-up session. Appendix C provides guidance on how to lead this activity. There is also a workshop evaluation form for the participants to fill out at the end of the last day of the workshop (see Appendix G).

Level 2—Learning: Did the participants learn?

Learning can be measured using the precourse and postcourse knowledge assessments. The assessment tool and the key are found in Appendix B. Comparing the precourse and postcourse assessments helps in quantifying improvement in participants' knowledge levels. The communication and counseling skills are measured during role plays using the Counseling Skills Observation Guide in Appendix E. Trainers can continually observe and assess the participants' knowledge and skill levels through the discussions and role plays during the workshop.

Level 3—Application: Did the participants apply what they learned in this workshop?

The application of information is usually evaluated through follow-up visits. Trainees (participants) can be interviewed and observed while counseling clients. Trainees' supervisors also can be interviewed about whether the trainees are implementing what they have learned during the workshop. The Provider Interview Form can be used to interview trainees (see Appendix H), and the Counseling Skills Observation Guide (Appendix E) can be used while observing the actual counseling service provided by the trainees at their workplaces.

Introduction for the Trainers

Level 4—Impact: What was the impact of this training on the quality and use of FP services?

Evaluation of the impact of training is quite difficult. This curriculum provides only one tool for measuring the satisfaction of counseled clients. The Client Interview Form is included in Appendix I. An increase in the use of FP services can be tracked from service statistics, and the quality of the services can be measured by using tools like EngenderHealth's Quality Measurement Tool (QMT).

Part I:

Getting to Know Our Clients

Session 1: Welcome and Introduction

Facilitator's Objectives

- To officially welcome all participants and guests and to introduce the participants, guests, and facilitators (trainers)
- To describe the purpose, goal, objectives, and agenda for this training
- To administer the precourse knowledge assessment

Time

1 hour, 20 minutes

Materials

- Flipchart paper and pens
- Workshop agenda (Appendix A)
- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 1: Goals and Objectives
- Precourse knowledge assessment (Appendix B)

Session Outline

Training Activities	Methodology	Time
A. Welcome and Introduction		5 mins.
B. Opening Remarks	Lecture	10 mins.
C. Introduction of Trainers and Participants	Icebreaker	15 mins.
D. Workshop Objectives, Agenda, and Logistics	Presentation/discussion	20 mins.
E. Precourse Knowledge Assessment	Written assessment	30 mins.

Advance Preparation

1. Any guest speakers should be identified and thoroughly briefed in advance about the purpose of the training and the length and subject desired for their remarks.
2. Refreshments could be served *before* the start of this session, if appropriate.
3. Prepare copies of the agenda and precourse knowledge assessment for all guests and participants. Write numbers on the precourse assessments. (These numbers will be used by the participants to identify their precourse and postcourse assessments after scoring and

Session 1

by the trainers to compare the pretest with the posttest scores.) To ensure confidentiality, shuffle the assessments so that they are not distributed sequentially. After the participants have filled out the precourse knowledge assessments, collect the papers and score them at the end of the day. On Day 2, during the warm-up session in the morning, inform the participants of the average score of the group, as well as the highest and lowest scores. This information helps them understand how much they already know and how much they do not know. Tell them that you will give back the precourse assessments on the last day of the workshop, after they fill out the postcourse assessment. The participants and the trainers will be able to compare the improvement that each participant has made. Advise them to remember the number on their assessment papers so they can track and match their precourse and postcourse assessments.

4. Prepare flipcharts with the goal and objectives of the workshop for Step D-2.

[Flipchart for Step D-2]

COURSE GOAL

To improve your knowledge, attitudes, and skills in assessing and addressing clients' family planning (FP) needs, through individualized counseling that considers the client's circumstances and broader reproductive health (RH) needs and their impact on the client's choice and use of FP

[Flipchart for Step D-2]

COURSE OBJECTIVES

By the end of the course, you will be able to:

1. Explain the importance of quality client-centered counseling for improving FP uptake and continuation
2. Effectively communicate with clients
3. Better assess individual clients' FP needs, knowledge, and concerns and meet these needs in a more effective and efficient manner
4. Identify the key decisions clients need to make or confirm, and assist and support them
5. Assist clients in strategizing how to carry out their FP decisions
6. Identify the barriers to conducting "ideal" counseling that exist in your practice setting, and develop a plan to overcome them

Session 1 Activities

Activity A. Welcome and Introduction (5 minutes)

Have a representative of the local host organization, serving as the session moderator, formally open the workshop by welcoming the participants, explaining the purpose of the training, and introducing guest speaker(s), if any have been invited.

Activity B. Opening Remarks (10 minutes)

Have a guest speaker give opening remarks, if appropriate.

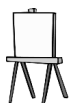
Activity C. Introduction of Trainers and Participants (15 minutes)

The moderator will introduce the facilitators and then ask the participants to introduce themselves.

➔ Training Tip

The length of this introductory exercise can vary, depending on whether the participants are already acquainted with one another. If they know each other, the introductions can be brief (e.g., name, where they are from, where they work, and what their job is). If they do not know each other, the exercise should be longer (e.g., all of the above, plus why they think they were selected for this training or what strengths they think they can bring to this work). Even if the introductions are brief, the trainer should try to include a quick icebreaker, such as asking the participants to add something interesting about the town, village, or facility where they work.

Activity D. Workshop Objectives, Agenda, and Logistics (20 minutes)



1. Ask the participants about their expectations of the course. List these on a piece of flipchart paper.
2. Present the course goal and objectives, using the prepared flipchart. (See the Introduction for Trainers and Program Planners for background on why this counseling curriculum was developed. Your comments can be drawn from this background, if relevant to the background and interests of the participants. See also Essential Ideas.) Be sure to check that the overall objectives of the workshop are clear and well understood by the participants.
3. Hand out the agenda (Appendix A). Explain the workshop timeframe.
4. Point out to the participants that the Participant Handbook includes Essential Ideas and points from the sessions. The participants need to take notes only on additional points or issues that are of particular relevance or interest. Explain that the intent is to enhance their participation.

Session 1

5. Tell the participants that at the end of the course, they will develop action plans. To better inform their action plans, they will be given time at the end of each day to note down the new ideas they want to pursue as result of their learning from that day.
6. Together with the moderator, address the participants' logistical questions, which may include questions about their lodging, per diem, transportation, and reimbursable expenses. Tell the participants where meals will be served and coffee breaks will occur.

Activity E. Precourse Knowledge Assessment (30 minutes)

1. Explain to the participants that to get a sense of the effectiveness of the workshop, you would like them to complete a self-assessment of their knowledge and attitudes, both at the beginning of the workshop and at the end. Explain that this is not an individual test (i.e., the assessment will be scored, but the participants will not be graded) and that the trainers will use the results to better tailor the content of the workshop and to judge how well they and the workshop were able to meet their objectives, not how well the participants learned. Assure them that all answers and scores will be confidential and anonymous.
2. Explain that to ensure confidentiality, names will not be written on the self-assessment. Instead, each participant will be given a numbered test, and they will have to remember that number to match and compare their precourse and postcourse assessments.
3. Distribute the precourse assessment (Appendix B), briefly pointing out the different sections, and ask if the participants have any questions. Tell them to pay attention to the number on the first page of their tests and note it somewhere in their notebooks. Give them 25 minutes to complete the assessment, with time checks at 15 and 20 minutes.

Session 2: Supporting Clients' Informed and Voluntary Decision Making

Participants' Learning Objectives

By the end of the session, the participants will be able to:

- Name three rights recognized by international conventions and explain their relevance for FP counseling
- Define *informed and voluntary decision making* and explain its importance in FP and RH
- List at least four of the seven “rights of clients” and explain how they apply to FP services
- Describe the roles of providers and other health care staff in supporting clients' informed and voluntary decision making

Time

1 hour, 20 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Index cards (Step C-4)—three per pair of participants
- Participant Handbook—Handout 2-A: Supporting Clients' Informed and Voluntary Decision Making; Handout 2-B: A Rights-Based Approach to Family Planning and Sexual and Reproductive Health; Handout 2-C: Informed and Voluntary Decision Making in Sexual and Reproductive Health; and Handout 2-D: Clients' Rights

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	2 mins.
B. Defining Rights to Family Planning Services and Methods and Informed and Voluntary Decision Making	Discussion/presentation	20 mins.
C. Elements That Support Informed and Voluntary Decision Making	Brainstorm/presentation	15 mins.
D. Clients' Rights	Presentation	10 mins.
E. How Health Care Staff Can Support Clients' Rights	Exercise in small groups/discussion	30 mins.
F. Summary	Question and answer	3 mins.

Session 2

Advance Preparation

1. Identify any specific local or national policy statement or document related to rights to family planning services and methods, and incorporate a brief mention or summary of the session. (See the section on training preparation in the Introduction for Trainers and Program Planners.)
2. Identify local program and service-delivery guidelines related to informed and voluntary decision making, and incorporate these into the presentation. (See the section on training preparation in the Introduction for Trainers and Program Planners.)
3. Prepare flipcharts for Steps B-2, B-6, C-2, C-4, D-2, and E-1.

[Flipchart for Step B-2]

ICPD, 1994

The rights of individuals or couples:

1. To decide freely and responsibly the number, spacing, and timing of their children
2. To have the information they need to make those decisions
3. To attain the highest standard of sexual and reproductive health
4. To make decisions concerning reproduction free of discrimination, coercion, and violence

[Flipchart for Step B-2]

INFORMED AND VOLUNTARY DECISION MAKING:

The process by which an individual arrives at a decision about health care, based on options, information, and understanding

[Flipchart for Step C-2]

ELEMENTS THAT SUPPORT INFORMED AND VOLUNTARY DECISION MAKING:

- Service options are available.
- Decisions are made without coercion.
- People have appropriate information.
- Good client-provider interaction, including counseling, is ensured.
- Rights are respected at the community and program levels.

[Flipchart for Step C-4]

WHAT HEALTH CARE STAFF CAN DO TO SUPPORT INFORMED AND VOLUNTARY DECISION MAKING:

[Flipchart for Step D-2]

CLIENTS' RIGHTS
1. Information
2. Access to services
3. Informed choice
4. Safety of services
5. Privacy and confidentiality
6. Dignity, comfort, and expression of opinion
7. Continuity of care

[Flipchart for Step E-1]

HEALTH CARE STAFF
<ul style="list-style-type: none">• Frontline and support staff (receptionists, secretaries, guards, drivers, cleaners, operators, clerks)• Providers (counselors, physicians, nurses, midwives, outreach volunteers, health educators)• Administrators and supervisors
<u>Instructions for small-group work:</u> Identify whether and how health care staff in each category can support—or threaten—each of the clients' rights.

Session 2

Session 2

Activities

Activity A. Introduction (2 minutes)

Review the objectives of the session with the participants.

Activity B. Defining Rights to Family Planning Services and Methods and Informed and Voluntary Decision Making (20 minutes)



1. Lead a discussion on rights to family planning services and methods, asking the participants to reflect on what the term means to them.
2. Post the prepared flipchart sheet for Step B-2 (see Advance Preparation), and explain that this definition of rights was developed and endorsed at the United Nations International Conference on Population and Development, in Cairo, Egypt, in 1994. Briefly discuss the different aspects of rights to family planning services and methods.
3. Explain that the following year (1995), the Fourth World Conference on Women, which was held in Beijing, affirmed the specific rights of women to **have control over and decide freely and responsibly** on matters related to their sexual and reproductive health, relationships, and behavior, **without coercion, discrimination, and violence**. Ask the participants why they think this would be important.
4. Reflect on the results of the discussion and compare it with the ICPD flipchart.
5. Note that much of the language related to rights to family planning services and methods focuses on the right to make decisions “freely and responsibly . . . without coercion, discrimination, and violence.” Thus, one of the most concrete and significant ways in which we can support the rights associated with sexual and reproductive health (SRH) is to ensure informed and voluntary decision making by individuals. These rights apply to all individuals, regardless of age, sex, marital status, or ethnic group. Providers should be aware of their own beliefs and values in this area so that they avoid imposing them on clients.



6. Ask the participants what they think is meant by the word *informed*. After a few responses, ask what they think is meant by *voluntary*. Post the prepared flipchart for Step B-6 (see Advance Preparation) and explain what is meant by *informed and voluntary decision making*, as follows:

The benefits of informed and voluntary decision making in FP have been well documented in numerous studies. These benefits include better use of methods (and thus greater effectiveness), higher continuation rates, and more satisfied clients who in turn are good program promoters.

At the same time, research has shown clearly the *negative consequences* of people not being able to make informed and voluntary FP decisions. These include higher rates of discontinuation when clients are not adequately informed about possible side effects, health risks, and complications or are not

Session 2

allowed to use their preferred method, and overall rejection of program services in the community when clients are coerced into using contraception.

Stress that gender issues often play a very important but overlooked role in influencing decision making, especially for women:

Pressure on and coercion of clients to make a particular decision about their RH or their FP use are not always easy to detect, and often people (especially women and adolescent girls) find it difficult to discuss these issues. Pressure and coercion are also experienced by men, especially young men, because of peer pressure to conform to societal expectations about how a man should express his masculinity. Often, young men do not have sufficient awareness of how these types of pressures influence their risk-taking behavior or the way they relate to and interact with their sexual partners.

7. Ask the participants the following questions:

- What does *informed choice* mean? How does it differ from *informed and voluntary decision making*?
- What does *informed consent* mean? How does it differ from *informed and voluntary decision making*?

Make sure that the points included in Handout 2-C are covered during the discussion.

Activity C. Elements That Support Informed and Voluntary Decision Making (15 minutes)

1. Ask the participants what they think would support informed and voluntary decision making for FP.
2. After a few responses, post the prepared flipchart C-2 (see Advance Preparation), discuss the elements that support voluntary and informed decision making, and compare those on the flipchart with the participants' responses.
3. Ask the participants to work in pairs and distribute three cards to each pair. Each pair should discuss and identify at least three answers to the following question:

* As health workers, how can you influence these elements to support informed and voluntary decision making?

4. Ask the pairs to write their answers on the cards (one answer on each card) and post them on the flipchart you prepared for Step C-4 (see Advance Preparation).
5. Let the participants spend a few minutes standing in front of the flipchart and reading all of the cards. Then facilitate a brief discussion using the discussion points below to fill in any possible gaps.

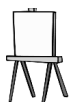
Discussion Points

- Providers can make sure that clients are aware of the range of onsite services and can make referrals to services that are offered at other facilities. Providers also can help to ensure that access is not denied on the basis of age, sex, marital status, or ethnic group.

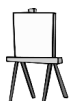
- Providers can explore clients’ decision-making process to ensure that they are not being pressured or coerced by anyone (including other providers) and that they are making their own decisions.
- Providers can confirm that the client has full and accurate information, can fill in missing information, and can correct misinformation.
- Providers can offer counseling that helps clients to accurately assess and address their own needs, to understand the consequences of their decisions, and to determine whether the needed/desired services are available onsite and, if not, where they may be obtained.
- Through counseling, providers can ensure that clients are aware of their rights to family planning services and methods and can support them in developing the knowledge and skills necessary to exercise those rights.
- Providers can help clients develop skills for communicating with their partner.
- Providers can offer counseling for the client’s partner.

Activity D. Clients’ Rights (10 minutes)

1. Explain that, having considered the rights of individuals and how these relate to informed and voluntary decision making, the next step will be to look more specifically at the rights of individuals *once they decide to become clients*. This means that the individual or couple has reached a decision to seek FP information or services and has succeeded in finding and getting to a service site. Those are major steps in which rights play an important role; this activity, however, will focus on the rights that apply once people walk through the door of the service site.

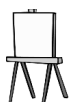


2. Explain that, originally, 10 “rights of clients” were established for FP clients by the International Planned Parenthood Federation.³ EngenderHealth subsequently modified and consolidated these to seven rights. Post the flipchart listing the seven rights (see Advance Preparation).



3. Briefly describe each right shown on the flipchart. Answer any questions the participants may have and refer them to Handout 2-D in the Participant Handbook.

Activity E. How Health Care Staff Can Support Clients’ Rights (30 minutes)



1. Post the flipchart entitled “Health Care Staff” (see Advance Preparation). Cover or fold over the instructions for small-group work. Briefly describe each category of health care staff listed on the flipchart. (5 minutes)
2. Divide the participants into three groups. Assign one group to be providers, one to be frontline staff, and one to be administrators or supervisors. Ask each group to choose someone to serve as a reporter.
3. Ask each group to take 10 minutes to review the seven rights of clients and identify whether and how health care staff in their category can support or impede each right.

³ Adapted from: Huezo, C., and Diaz. S. 1993. Quality of care in family planning: Clients’ rights and providers’ needs. *Advances in Contraception* 9(2):129-139.

Session 2

4. Have the reporter make a list in his or her notes of the rights that the group’s health care staff can influence, either positively or negatively. Remind them that they will be reporting orally only.
5. While the groups are working, draw three columns on the right-hand side of the flipchart entitled “The Rights of Clients,” and label them as shown below.

Clients’ Rights	Frontline staff	Providers	Administrators/ supervisors
1. Information 2. Access to services 3. Informed choice 4. Safety of services 5. Privacy and confidentiality 6. Dignity, comfort, and expression of opinion 7. Continuity of care			

6. To facilitate reporting by the groups, take one right at a time and ask each group whether and how they might influence the right. (This way the focus is more on the rights than on the category of health care staff.) Allow for only very brief explanations, because you have only 30 seconds per group per right. As the reports are being given, put a checkmark in the appropriate column next to each of the rights that a group can influence. (*10 minutes*)

➔ Training Tip

You should find that each type of health care staff can have some effect on most, if not all, of the clients’ rights. While the reporting might get repetitive, this is precisely how the learning impact of the session is achieved. The participants generally do not expect that frontline staff, in particular, would have such an important role to play in clients’ rights. They might even be surprised by the role played by administrators and supervisors, who rarely have direct contact with clients but who have a significant effect in terms of the decisions they make about staffing and space allocation, staff development, standards (performance monitoring), and ensuring that a referral system is in place and operating well.

Activity F. Summary (*5 minutes*)

Ask the participants to summarize the session by volunteering essential ideas that have been discussed (see Essential Ideas for Session 2 in the Participant Handbook).

Session 3: The Difference That Counseling Makes

Participants' Learning Objectives

By the end of the session, the participants will be able to:

- Define good client-provider interaction and its role in ensuring informed and voluntary decision making
- Describe strategies to improve client-provider interaction and to support clients' rights more effectively in the health care facility setting
- Define good counseling and its role in informed and voluntary decision making
- Explain how counseling supports clients' rights and makes a difference
- Identify specific tasks that need to be carried out in counseling
- Explain the counseling-related role of various staff
- List the needs of health care staff that must be addressed for improved client-provider interaction and counseling

Time

1 hour, 35 minutes

Materials

- Flipchart paper, markers, and masking tape
- Flipcharts prepared with text (see Advance Preparation)
- Appendix D: The Difference That Counseling Makes (PowerPoint Presentation)
- Participant Handbook—Handout 3: The Difference That Counseling Makes
- PowerPoint projector and computer or overhead projector and transparencies (optional)

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
B. Defining Client-Provider Interaction	Discussion/presentation	15 mins.
C. Defining Counseling	Discussion/presentation	25 mins.
D. The Difference That Counseling Makes	Discussion/slide presentation	25 mins.
E. Staff Needs	Discussion/presentation	20 mins.
F. Summary	Question and answer	5 mins.

Session 3

Advance Preparation

1. Review the PowerPoint presentation (Appendix D) and decide how you will present the material. Create a presentation using PowerPoint or transparencies, or make copies for the participants.
2. Prepare flipcharts for Steps B-4, E-1, and E-2. After the session, leave the flipchart for Step B-4 on the wall for reference during role plays throughout the course.

[Flipchart for Step B-4]

<p style="text-align: center;">PRINCIPLES OF GOOD CLIENT- PROVIDER INTERACTION</p> <ul style="list-style-type: none">• Treat each client with respect• Tailor the interaction to the individual client's needs, circumstances, and concerns• Interact; elicit the client's active participation• Avoid information overload• Provide the client's preferred method (for FP) or address the client's primary concern (for other SRH issues)• Use and provide memory aids

[Flipchart for Step E-1]

<p style="text-align: center;">REASONS FOR THE GAP</p>

[Flipchart for Step E-2]

<p style="text-align: center;">NEEDS OF HEALTH CARE STAFF</p> <ul style="list-style-type: none">• Facilitative supervision and management • Information, training, and development • Supplies, equipment, and infrastructure

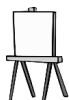
Session 3 Activities

Activity A. Introduction (5 minutes)

1. Tell the participants that after having reviewed rights to family planning services and methods, informed and voluntary decision making, and clients' rights, you will now be examining in greater depth how these rights and processes can be safeguarded and the role of all facility staff in doing so.
2. Review the session objectives with the participants.

Activity B. Defining Client-Provider Interaction (15 minutes)

1. Explain that one way of helping health care staff to support the rights of clients is to work with them to strengthen the quality of their interaction with clients.
2. Ask the participants what *client-provider interaction* means to them.
3. After a few responses, refer the participants to Handout 3 in the Participant Handbook and review the definition, purposes, and principles of client-provider interaction.
4. Post the prepared flipchart with principles of good client-provider interaction (see Advance Preparation). Tell the participants that you will come back to these six principles later and will refer to them during role plays throughout the course. (Ensure that the principles remain on the wall throughout the rest of the workshop.)
5. Referring back to the flipchart from Session 2 that lists categories of staff, ask the participants how the three categories of staff can influence client-provider interaction in the facility.
6. Conclude by saying that all interactions between clients and various facility staff influence clients' perception of the quality of services. FP programs in many countries have discovered that good client-provider interactions are essential for successful use of services, contraceptive continuation, and correct use of methods.



Activity C. Defining Counseling (25 minutes)

1. Explain that the discussion will now focus on a specific form of client-provider interaction: counseling.
2. Ask the participants:
 - * What does *counseling* mean to you? How is it different from *client-provider interaction*?
 - * What role does counseling play in helping clients to make informed and voluntary decisions about sexual and reproductive health?
 - * Which clients' rights are addressed through counseling?

Session 3

3. Refer to the section on counseling in Handout 3 in the Participant Handbook. Review the main points, including the definition of counseling, the responsibilities and tasks involved in counseling, and the importance of counseling in helping clients to make informed and voluntary decisions and supporting clients' rights.
4. Ask the participants:
 - * In your work setting, how could various staff be involved in carrying out the specific tasks that comprise counseling?
5. Explain that the rest of the training will focus on helping staff to develop the knowledge, attitudes, and skills necessary to offer FP counseling, with the goals of helping clients meet their own informational, emotional, and decision-making needs and supporting clients' rights.

Activity D. The Difference that Counseling Makes (25 minutes)

1. Ask the participants:
 - * What difference does counseling make? Why do we do counseling?
 - * How does counseling help clients?
 - * How does counseling help us (as service providers and as an FP program)?
2. After discussing for five minutes, conclude by saying that you will now be examining some facts supporting the value of counseling.
3. Present PowerPoint slides 1–17.

Activity E. Staff Needs (20 minutes)



1. Ask the participants the following questions, and note the answers for all three questions on the flipchart entitled “Reasons for the Gap” (see Advance Preparation):
 - * What are the reasons for the gap between ideal counseling and the way that counseling is conducted within their practice setting? (*Remind them about the points made in the Activity D slide presentation.*)
 - * What challenges do staff face in providing counseling-related services?
 - * What barriers and unmet needs undermine staff's performance?



2. Ask how staff needs can be addressed. After a few responses, post the prepared flipchart with staff needs (see Advance Preparation). Present the staff needs and briefly discuss what they think about them.
3. Wrap up by stressing that staff needs should be taken into consideration as they develop action plans at the end of this workshop.

Activity F. Summary (5 minutes)

Ask the participants to volunteer their thoughts about the implications of this information for their work.

- * What are you planning to do differently now?

Session 4: Who Are Our Clients?

Participants' Learning Objectives

By the end of the session, the participants will be able to:

- Identify the most common reasons why clients come for FP services
- Identify different categories of FP clients
- Explain why it is important to become familiar with each client's situation and reproductive health needs
- Identify the different information and emotional support needs of all FP clients and specific population groups (e.g., men, adolescents, HIV-positive clients)

Time

1 hour, 30 minutes

Materials

- Flipchart paper, markers, and masking tape
- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 4-A: Who Are Our Clients?; and Handout 4-B: Providers' Role in Supporting Clients with Differing Needs

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation/brainstorm	10 mins.
B. Categorizing FP Clients	Discussion	20 mins.
C. Informational and Emotional Support Needs of FP Clients	Small-group work/large-group discussion	1 hour
D. Summary	Question and answer	5 mins.

Advance Preparation

1. Prepare flipcharts for Steps A-3, B-1, B-3, B-4, B-5, and C-1. See templates on page 4-2.

Session 4

[Flipchart for Step A-3]

<p>REASONS FOR CLIENTS' VISITS:</p>
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[Flipchart for Step B-1]

<p>CLIENTS BY REASON FOR VISIT:</p> <ul style="list-style-type: none">• New clients who have no method in mind• New clients with a method in mind• Clients returning for resupply (satisfied return clients)• Clients returning with problems or a different need (such as dissatisfied return clients)

[Flipchart for Step B-3]

<p>CLIENTS BY FERTILITY PLAN:</p> <ul style="list-style-type: none">• Delayers• Spacers• Limiters• Want to get pregnant

[Flipchart for Step B-4]

<p>CLIENTS BY POPULATION GROUP:</p> <ul style="list-style-type: none">• Men, women• Married, unmarried• Adolescents• Clients with high individual risk for STIs• Clients living with HIV

Note: This is not an exhaustive list of all possible population groups. These are examples to trigger the participants' thinking about the needs of various groups.

[Flipchart for Step B-5]

<p>CLIENTS BY TIMING OF LAST PREGNANCY:</p> <ul style="list-style-type: none">• Postpartum• Postabortion• Interval

[Flipchart for Step C-1]

<ul style="list-style-type: none">• What are the special information needs of these clients?• What are the special emotional needs of these clients?• What can providers do during counseling to support these clients?

Session 4 Activities

Activity A. Introduction (10 minutes)

1. Review the objectives of the session with the participants. For a change of pace, you might ask a volunteer to read the session objectives from the Participant Handbook.
2. Tell the participants that in this session you will be examining different categories of clients and their different needs and expectations from counseling. State the following:

Quickly identifying the category or categories in which a client fits helps providers streamline and tailor their counseling to meet their needs. In this way, providers can better address their needs and avoid spending time on unnecessary issues.
3. Ask the participants to describe the clients who seek FP services at their facility.
 - * What are the most common reasons that FP clients come to the health care facility?
4. Write all answers on the prepared flipchart and post it on the wall.



Activity B. Categorizing FP Clients (20 minutes)

1. Provide a summary of the categories of reasons for FP clients' visits by posting and discussing the first prepared flipchart for this activity.
2. Explain that counseling would be different for each category of client described here. Ask what would be different in the counseling for each client category. After getting a few answers, quickly move on to the next question.
3. Ask the participants how clients could be grouped according to their fertility plans. After getting a few answers, post the second prepared flipchart and briefly explain.
4. Next ask the participants what population groups their clients belong to. Probe if necessary to elicit a few responses, and then post the third prepared flipchart. Remind them that only a sample of those population groups is listed on the flipchart.
5. Finally, post the last flipchart and explain how clients can also be grouped according to the timing of their last pregnancy.
6. Compare the brainstormed list from Activity A to the four flipcharts posted during this activity, and highlight the fact that a client can belong to more than one category (e.g., an adolescent girl who has just given birth; a satisfied return client learning that he is HIV-positive; or a new client with no method in mind who wants to delay first pregnancy).
7. Ask the participants:
 - * Why do you think it may be important to know what kind of client you are counseling?

Get a few answers but do not record them.
8. Tell the participants to open Handout 4-A in their Participant Handbook, and briefly go over the Essential Ideas and describe the content. (Do not have them read the details!)



Session 4

Activity C. Informational and Emotional Support Needs of FP Clients (1 hour)



1. Post the flipchart prepared for this activity. Referring to one client category from one of the flipcharts you have posted in the previous activity (Activity B, steps 1, 3, 4, and 5) as an example (e.g., adolescents or postpartum clients), ask the participants to answer the following questions:
 - * What are the special information needs of these clients?
 - * What are the special emotional needs of these clients?
 - * What can providers do to support these clients during counseling?
2. Tell the participants that they will work in small groups to identify the informational and emotional support needs of clients and what providers can do to support these needs, per the three questions listed above. Each group will be assigned one of the four flipcharts from the previous activity (Activity B, steps 1, 3, 4, and 5), and they will work on all client categories listed on that flipchart. (*Note: Groups do not need to list informational or emotional needs that apply universally to all client types; rather, they should list those unique to their assigned client category.*)
3. Divide the participants into four groups by asking them to count off by four. Assign each group one of the four flipcharts in Activity B (i.e., clients by reason for visit, clients by population group, clients by fertility plan, and clients by timing of previous pregnancy). (*10 minutes total for steps 1–3*)
4. Ask the participants to spend 15 minutes describing the counseling needs of the client categories on their assigned flipchart, by answering the questions in Step 1 (flipchart for Step C-1). They should consider the kind of situations that might affect each category of client.
5. Invite the participants back into the larger group. Ask each group to present their results. Then facilitate a discussion on the counseling needs of each client group, focusing on similarities and differences and the need to tailor counseling to each client's needs. (*30 minutes*) Refer the participants to Handout 4-B in the Participant Handbook again at the end of the discussion.

Activity D. Summary (5 minutes)

Ask the participants:

- * What are the implications of our discussions (different categories of clients and their varying counseling needs) for your practice of counseling?

If the following responses are not among those offered by the group, the trainer should probe for them during the discussion.

- Exploring the category or categories to which each client belongs helps providers tailor counseling to clients' individual needs and makes the counseling more client-centered.
- Making counseling more client-centered:
 - Saves the client and provider time, by eliminating unnecessary discussions
 - Reduces the revisits that might otherwise result from initial counseling that does not meet the client's needs

Session 5: Factors Influencing Clients' Decisions

Participants' Learning Objectives

By the end of the session, the participants will be able to:

- Describe factors that influence clients' FP decisions, including other RH considerations, and their effects on counseling
- Explain how the characteristics of different contraceptive methods may affect clients' FP decisions
- Describe different FP needs the client may have at different stages in life (if optional Activity C is used)

Time

35 minutes (50 minutes with the optional Activity C)

Materials

- Flipchart paper, markers, and masking tape
- Flipcharts prepared with text (see Advance Preparation)
- Index cards for responses to Activity B (as many as the number of participants)
- Participant Handbook—Handout 5: Factors Influencing Client Decisions
- Appendix A—Cue card on Healthy Timing and Spacing of Pregnancy

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
B. Exploring Factors That Influence FP Decisions	Exercise/discussion	25 mins.
C. Changing FP Needs throughout the Lifecycle (optional)	Large-group exercise/discussion	15 mins.
D. Summary	Question and answer	5 mins.

Session 5

Advance Preparation

1. Prepare flipcharts for use in Steps B-1 and C-3 and C-4 (optional).

[Flipchart for Step B-1]

- A. Are you currently using (or planning to use in the future) an FP? If not, why not?
- B. Have you ever used and then stopped using an FP method (different or the same as the method you are now using) method? If yes, why did you stop using that method?
- C. What factors or people influenced your decision to use FP or a particular method?

[Flipcharts for Step C-3]

Prepare five flipcharts with one age range on each one: Ages 13–20, Ages 21–29, Ages 30–39, Ages 40–49, and Ages 50+.

[Flipchart for Step C-4]

- What are the clients' reproductive intentions?
- What are their sexual relationships like?
- What other RH needs might the client have?

Note: This session was adapted from AVSC International. 1995. *Family planning counseling: A curriculum prototype*. New York; and EngenderHealth. [No date]. Topics in Reproductive Health online minicourse. Accessed at www.engenderhealth.org/res/onc/sexuality/approach.html.

Session 5

Activities

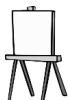
Activity A. Introduction (5 minutes)

1. Review the objectives of the session with the participants.
2. Explain to the participants that one of the counselor's main responsibilities is helping clients to reflect on their experiences, attitudes, and values so as to make well-considered decisions about their sexual and reproductive health. Tell the participants that they will now examine the factors that influence clients' FP choices.

Activity B. Exploring Factors That Influence FP Decisions (25 minutes)



1. Show the participants the questions that you have written on the prepared flipchart (see Advance Preparation). Tell the participants that when answering these questions, they can draw on their own experience or on that of someone they know (friend, relative, or client) and that they will answer the questions individually by writing their responses to all three questions on the same card. Distribute index cards, one per participant. Read each question out loud to the group, pausing to give them time to write their responses on the cards.
2. Collect the responses, shuffle them, and then hand them out to the group (so that each participant will have cards that are not her or his own).



3. Make five columns on two sheets of flipchart paper taped side by side, and in each column write one of the following: Individual Characteristics, Community Influences, Method Characteristics, Service Factors, and Other Reproductive Health Conditions. Ask the participants to volunteer responses from the cards they have received. These responses represent the factors that influence the choice of whether to use FP and which method to use. Each time a response is volunteered, ask which type of influence it is and record it accordingly.
4. Ask the participants to brainstorm other factors that influence clients' choice of a method. Write their responses on the same flipchart. (*For a list of possible responses, see Essential Ideas in Handout 5 in the Participant Handbook.*)
5. Add missing factors, making sure that the impact of individual methods on sexual relations is also listed (for details, see Handout 5 in the Participant Handbook).
6. Ask the participants what they understand from the term "healthy timing and spacing of pregnancy." After taking a few answers, tell them that while helping clients to consider all of those factors, the counselor should also inform the clients about healthy timing and spacing of pregnancy (HTSP), and review briefly the cue card on HTSP (in Appendix A of the Participant Handbook).
7. Lead a discussion by asking the following questions:
 - * Why is it important to consider a client's other reproductive or sexual health needs in addition to FP?

Session 5

- * What are some possible effects of STIs on FP choices?
- * What are the effects of partner, family, and community on FP decisions?
(*Note: Probe as needed for partner support, power imbalances, and sexual coercion and abuse.*)
- * How can the characteristics of an FP method affect decision making and method use?
(The participants may find it helpful to refer to Handout 5.)

Link these issues to choosing and using a method and to the counselor's role in helping clients choose an FP method.

Activity C. Changing FP Needs throughout the Lifecycle (optional) (15 minutes)

1. Explain to the participants that they will now examine how clients' (both men's and women's) physical condition and life situation change with time and how these changes affect a client's priorities, reproductive intentions, and FP needs.
2. Start the discussion with the following questions:
 - * How do reproductive goals and FP needs (e.g., postponing or spacing pregnancy, ending childbearing) change throughout the life cycle?
 - * What are some of the factors that affect reproductive goals and FP needs?
3. Post the prepared flipcharts with an age-group written on each (13–20, 21–29, 30–39, 40–49, and 50+).
4. Post the flipchart with the questions (see Advance Preparation) and have the participants walk around the room and list circumstances of clients in each age-group on the appropriate flipchart, referring to the factors listed above. They should consider the following questions:
 - * What are the clients' reproductive intentions?
 - * What are their sexual relationships like?
 - * What other RH needs might clients have?
5. After completing Step 4, tell the participants to stand in front of the flipcharts on the wall, and ask them:
 - * How do the clients' reproductive goals and FP needs differ?
 - * What factors might affect the client's FP choice (e.g., delaying or limiting childbearing, need for protection against STIs or HIV, a method that does not require partner cooperation)?
 - * What types of FP might each one need/want in light of each of these factors?



Activity D. Summary (5 minutes)

1. Ask the participants:
 - * How do the issues we have just discussed relate to FP counseling?
2. Emphasize the importance of exploring with the client all individual, service, community, method, and other RH factors that could influence a client's decision and satisfaction with a chosen method. The client can make a well-informed decision only by taking into consideration all factors that might be relevant to his or her situation.

3. Refer the participants to Handout 5 in the Participant Handbook and briefly review its contents with the participants.
4. Ask the participants to discuss the implications of the various factors for counseling and what the impact of these factors would be. (The “Essential Ideas” section of Handout 5 in the Participant Handbook summarizes these factors.)

Session 5

Session 6: Bringing in the Client Perspective

Participants' Learning Objectives

By the end of the session, the participants will be able to:

- Develop client profiles* that reflect the range of clients who might seek FP services
- Identify decisions that clients have to make and the information they need to make those decisions
- Identify the emotions that clients experience

Time

1 hour, 5 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
B. Developing Client Profiles	Small-group work	30 mins.
C. Finalizing Client Profiles	Large-group discussion	25 mins.
D. Assignment of Client Roles	Question and answer	5 mins.

Advance Preparation

1. Prepare two flipcharts with the guidelines for developing client profiles, as shown on page 6-2.

Session 6

[Flipchart for Step B-2]

<p>CLIENT PROFILE GUIDELINES: PART 1</p> <p>WHO IS THE CLIENT? (BASIC INFORMATION)</p> <p>Name:</p> <p>Age:</p> <p>Gender:</p> <p>Marital status:</p> <p>Total number and outcome of pregnancies:</p> <p>Number of children currently living:</p> <p>Breastfeeding status:</p> <p>Socioeconomic status (occupation, income level, etc.):</p> <p>Educational level:</p> <p>Social background (ethnic, cultural, religious):</p>

[Flipchart for Step B-2]

<p>CLIENT PROFILE GUIDELINES: PART 2</p> <p>THE CLIENT'S SITUATION AND NEEDS</p> <ul style="list-style-type: none">• What is the client's current immediate FP need?• Who else is affected by the client's RH situation?• How does the client feel about his or her current situation? What concerns or worries does he or she have?• What decisions will he or she have to make concerning FP?• Who else will be involved in making the decisions?
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Using Client Profiles as a Training Tool

- The client profiles will provide the foundation for keeping the focus of the training on the client's perspective. They should represent the variety of clients—in terms of backgrounds, needs, and concerns—that providers can expect to encounter. Although it would save time to have the trainer prepare the client profiles in advance—or to have a selection of profiles in the curriculum that the trainer could choose from—case studies are much more effective if the participants themselves have input and feel responsible for the clients they will be discussing throughout the training. The use of client profiles helps focus the participants on the issues and specific needs, conditions, and concerns affecting clients from various communities and cultural settings.
- When the participants are developing the client profiles, they should be encouraged to include population groups who might not currently be using services and with whom the participants are less familiar. Such groups might include unmarried adolescents, men, minority groups, people who do not speak the language taught in schools, refugees, sex workers, and people who are HIV-positive.
- To ensure consistency among the client profiles and representation of the full range of issues that might need to be addressed during counseling, guidelines are provided for developing the profiles. To avoid duplication between groups, spend a few minutes in the large group to assign basic elements, such as the category of client (e.g., new, return), the sex of

* The client profiles are descriptions of typical clients; they are used throughout the training for role plays and reflections on the client perspective. For details on how they will be developed, see Advance Preparation and Activity B in this session. For details on their use throughout the training, see Introduction for Trainers and Program Planners. Also see Appendix C: Daily Warm-Ups for instructions on how to use them to elicit reflections on the client perspective.

the client, and his or her age. Be sure that the profiles represent the four main categories of clients: new clients with a method in mind; new clients without a method in mind; returning clients without concerns; and returning clients with concerns (see Handout 4-A in the Participant Handbook).

- Of course, all issues cannot to be covered in these initial five profiles. Trainers can use *situation cards* to make modifications to the situation of each client, to ensure that important issues not included in the original client profiles are covered and addressed. The situation cards are developed by the trainers by writing a few words on a card that describe a change in the client's situation. A separate card should be written for each client profile, and the situation cards should be handed out to each "client" during each morning's warm-up session (or as the trainers deem necessary). The situation cards may be used to introduce a change in the client's physical, economic, social, or emotional condition (see instructions in Appendix C). They can be used to help the participants focus on issues that they might be reluctant to bring out when developing the initial profiles. For example, if STIs have not been sufficiently taken into account, trainers can write a situation card for one of the client profiles that states that the client has started to have itching, lower abdominal pain, and/or vaginal discharge (i.e., symptoms of a possible STI). Or if community influences have not been considered, the trainer would add that a client might hear a rumor about the method she or he has been using. The situation card for postpartum family planning might state that the client is pregnant or has just delivered a healthy baby. For more examples of situation cards, see Advance Preparation in Sessions 19, 21, 22, and 24.

Session 6

Session 6

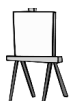
Activities

Activity A. Introduction (5 minutes)

Explain to the participants that, to better understand clients' FP decision-making process, they will develop client profiles. These will be in-depth, detailed descriptions of various clients, based on the categories introduced in Session 4 (e.g., clients by reason for visit). Although it is not possible to represent *every* type of client in this exercise, we will try to ensure a broad representation of backgrounds, needs, and concerns. These profiles will be used as case studies in some sessions and for role plays in others. They will also reflect special population groups (e.g., men, unmarried adolescents, HIV-positive clients) and clients who wish to space future pregnancies as well as those who want to limit future pregnancies.

Activity B. Developing Client Profiles (30 minutes)

1. Explain to the participants that they will be divided into five groups, and that each group will describe a person who might have FP-related needs and might need to make decisions about FP. They will create a *client profile*, which will be similar to a case study. Tell the participants that they will work in their small groups to develop the details of their clients, reminding them that these individuals might not have sought FP services before (e.g., a postpartum or postabortion client who has not used an FP method) and thus might not yet be an actual client. These client profiles should present the problem and the situation but *not the outcome*.
2. Post the flipcharts entitled “Client Profile Guidelines: Part 1” and “Client Profile Guidelines: Part 2.” Tell the participants to follow the guidelines to describe their client in each of these areas. Instruct them to choose someone from the group to write the information about the client on the flipchart. Explain that they will have 30 minutes to do this. Thus, they should strive to provide basic answers to the flipchart questions; there will be more time later in the workshop to learn more about each client.
3. Split the participants into five groups, give each group several sheets of flipchart paper and markers, and ask them to choose one person to be the group's reporter. Assign one client category to each group—two groups should be assigned a client who returns with a problem with an FP method. Remind the participants to think creatively in developing their client profiles and to choose from the range of population groups (i.e., not always including only married women but incorporating men, adolescents, unmarried people, and other groups as well). Tell them that you will be circulating among the groups to make sure that they do not all develop similar profiles.
4. Tell them to start, and move among the groups to answer questions and to make sure they do not spend too much time on any one point. Check for any similarities between the client profiles of the groups. If necessary, request that they make changes. (For example, if more than one group develops a female client in her 30s with many children, ask one of the groups to change either the age, the number of children, or the gender of



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the client, so that a broader range of clients can be represented. The idea is to develop different client profiles that would require and yield different counseling scenarios.)

Activity C. Finalizing Client Profiles (25 minutes)

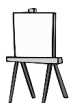
Invite each group's reporter to share the group's client profile with the rest of the participants. After each group has presented, ask the following:

- Does this client need to make any other *key decisions*? (Examples of key decisions include whether to talk to the partner, whether to get treatment for an STI, and whether to seek health care for another problem.) If the client group agrees that the client has other decisions to make, these can be added to the flipchart.
- What information will the client need to make these decisions, and where can he or she get that information?

With five groups, each group will have only four or five minutes for reporting and discussion, but allow brief comments and discussion, if time permits.

Activity D. Assignment of Client Roles (5 minutes)

1. Tell the participants that each group will work with the client profile they have developed during the rest of the workshop. They will use it in exercises, as a case study, and in role plays.
2. Tell them that an additional use of the client profiles will be for reflecting on the clients' feelings, thoughts, and impressions—in other words, empathizing with the client. Every day a different member of each client profile group will assume the role of the profiled client, and the following morning they will report back about their feelings, thoughts, and impressions as that client.
3. Make a list of the members of each client profile group on a piece of flipchart paper.
4. Ask for one volunteer from each group to assume the role of the client on the following day (or the rest of the same day, if the session is held in the morning), and mark those participants' names on the groups' lists.
5. Tell the participants that for the rest of the day (or the following day, if this session is held as the last session of the first day), those who have volunteered from each group will assume the role of their profiled client and will observe the sessions through the eyes of that client. Those "clients" will be asked about their impressions, feelings, opinions, and experience in the room the following morning during the warm-up. (For detailed instructions, see Appendix C. On the following morning, the volunteers will be asked about their experience—feelings, thoughts, impressions—and new volunteers from each client profile group will be assigned to serve in the role of the client for that day. This exercise will continue throughout the workshop.)



Session 7: Providers' Beliefs and Attitudes

Participants' Learning Objectives

By the end of the session, the participants will be able to:

- Explain how providers' beliefs and attitudes can affect their interactions with clients, both positively and negatively
- Explain the importance of being aware of our own beliefs and attitudes so we can avoid imposing them on clients or having them become barriers to communication

Time

45 minutes

Materials

- Flipchart paper, markers, and tape
- Make three signs on pieces of flipchart paper reading AGREE, DISAGREE, and UNSURE
- Participant Handbook—Handout 7: Providers' Beliefs and Attitudes
- Trainer's Tool #1 (Session 7)

Session Outline

Training Activities	Methodology	Time
A. Introduction	Discussion	5 mins.
B. Exploring Beliefs and Attitudes	Large-group exercise	25 mins.
C. Summary	Discussion	15 mins.

Advance Preparation

1. Review the list of belief statements included in Trainer's Tool #1 (Session 7). Select seven statements to use in this exercise, addressing each of the FP services covered in this training (see Training Tips, page 7-2). (You may develop your own statements that address specific local issues in addition to using the statements provided in this curriculum.)

Adapted from: AVSC International. 1999. *Counseling the postabortion patient: Trainer's guide*. New York: AVSC International.

Session 7

➔ Training Tip

- FP and reproductive health include some of the most controversial and sensitive topics in most cultures around the world. However, specific issues and concerns differ from place to place. Therefore, it is important to read these statements carefully ahead of time. Choose only those that are most relevant to the beliefs and attitudes of service providers in the context where training is taking place. Also, make sure to include statements that will create controversy and disagreement. The idea is to demonstrate that not everyone is in agreement, despite similarities in backgrounds, professions, and so on. Add other statements, if necessary.
- These statements are listed in no particular order. You will need to decide which you want to read first, second, and so on.

2. Post the AGREE, DISAGREE, and UNSURE signs in three different locations, with space for people to gather near each sign.
3. Arrange the chairs and tables so that people can move easily between the signs.

Session 7 Activities

Activity A. Introduction (5 minutes)

1. Explain that this session is about our individual beliefs and the effects they may have on our attitudes toward and interactions with clients. Ask the participants what the word belief means to them, and then ask how we form our beliefs.
2. Ask what *attitudes* are, and then ask how our beliefs influence our attitudes.

Activity B. Exploring Beliefs and Attitudes (25 minutes)

1. Explain that you will lead a group exercise intended to help the participants examine their own beliefs about FP methods, different types of clients, and various sexual practices.
2. Emphasize that there are no right or wrong answers. They should respond based on their own beliefs because the main purpose of the exercise is to help explore differences in attitudes and beliefs.
3. Read one of the seven belief statements chosen from the list in Trainer's Tool #1 (Session 7) or that you developed, and ask the participants to decide if they agree, disagree, or are unsure how they feel about the statement.
4. After they decide, ask them to get up and stand under the sign that best reflects their opinion (AGREE, DISAGREE, or UNSURE). Then ask one or two volunteers from each opinion group to describe their thinking about the statement.
5. Repeat this process with more of the statements for as long as time permits.

➔ Training Tip

- The belief statements are *not* to be distributed as a handout because the participants or others who might read them might misunderstand the intent of this exercise and think that these statements reflect the beliefs of EngenderHealth and the trainers, which they do not.
- During this exercise, emphasize that there are no right or wrong answers. People respond based on their own beliefs. The main purpose of the exercise is to help explore differences in the participants' beliefs and attitudes. Therefore, it is important that you remain *neutral* throughout the exercise and maintain a balance between the different viewpoints expressed during the discussion, by making sure that no one opinion dominates the discussion and that disagreement is accepted and even encouraged.
- For this exercise to be effective, each participant must decide whether he or she agrees, disagrees, or is unsure about each statement. This will help the participants become more aware of their own beliefs. In addition, discussing their beliefs in front of others will help raise awareness of how their beliefs can affect their interactions with clients (and others).
- To cover the full range of issues in the time available, responses will have to be limited to just one or two opinions per opinion group (agree, disagree, unsure) per statement.

Session 7

Activity C. Summary (15 minutes)

1. Ask the participants to return to their seats.
2. Use the following questions to lead a discussion about the exercise:
 - * Which statements revealed the widest range of beliefs? What could explain these differences?
 - * What happens when providers and clients hold different beliefs about FP and SRH issues?
 - * Why is it important for us, as providers, to be aware of our own attitudes and beliefs about FP and SRH issues?
 - * What can we do, as providers, when our beliefs about a particular FP method or SRH issue make us uncomfortable talking about it with clients?
3. Conclude by saying:

Many of you are from similar backgrounds, yet you have had different responses to some of these statements. Consider what differences there might be when clients come from educational, social, cultural, or religious backgrounds different than their providers.
4. Refer the participants to Handout 7 in the Participant Handbook and add any issues from the Essential Ideas that have not already discussed.

Trainer's Tool #1 (Session 7)

****Do Not Distribute to the Participants****

Belief Statements about Family Planning and Sexual and Reproductive Health

Family Planning

1. In a couple, it is the woman who should be responsible for using contraception.
2. Unmarried adolescents should not engage in sexual activity.
3. If a woman never experiences childbirth, she will feel less like a woman.
4. FP methods should be available to unmarried adolescents.
5. Illiterate women cannot use oral contraceptives effectively.
6. Natural FP methods are ineffective, difficult, and time-consuming to teach.
7. It is okay for a woman to have an intrauterine device (IUD) inserted without telling her husband.
8. Some clients want to continue getting pregnant until they have children of both sexes. Providers should discourage this behavior.
9. If a woman wishes to have a tubal ligation, she should have one, even if her spouse disagrees.
10. If a man wishes to have a vasectomy, he should have one, even if his spouse disagrees.
11. A 21-year-old woman with only one child should be refused a tubal ligation.

HIV and AIDS

12. People who do not use condoms can only blame themselves for getting HIV.
13. Service providers have the right to know the HIV status of their clients.
14. People with HIV should not have sex.
15. It is a crime for people who are infected with HIV to have sexual relations without informing their partner.
16. People who get HIV through sex deserve it because of the behaviors that they practice.
17. AIDS is mostly a problem of prostitutes.
18. Women with HIV should be sterilized so they can't have children and pass on the infection.

Sexuality

19. Sex without intercourse is not real sex.
20. To be "good," sex must end in orgasm.
21. It is acceptable for someone to have more than one sexual partner at the same time.

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22. It should be recommended that couples not marry until they have had sexual intercourse.
23. Prostitutes provide a useful service.
24. If people go too long without sex, it is bad for them.
25. The purpose of having sex is to show love for someone.
26. Any sexual behavior between two consenting adults is acceptable.
27. A person can lead a perfectly satisfying life while being celibate.
28. Celibacy goes against human nature.
29. Oral sex is wrong.
30. Anal sex is normal behavior.

Condoms

31. Condoms should be distributed to secondary school students who request them.
32. Condom use is a sign of caring and not distrust.
33. Condoms ruin the enjoyment of sex.
34. Couples can have an enjoyable sex life while using condoms every time they have sex.
35. Educating teenagers about condoms will only encourage them to have sex.
36. If my teenage son asked me for condoms, I would give them to him.
37. If my teenage daughter asked me for condoms, I would give them to her.

Judgments about Clients

38. Most uneducated women are incapable of making their own decisions about FP.
39. It is hard for me to understand why people who know how HIV is transmitted would continue to expose themselves.
40. Clients who have good, up-to-date information about HIV transmission will make good choices about keeping themselves safe.
41. Clients with two children or more should be sterilized.
42. Sterilization is indicated for women with medical reasons to prevent pregnancy.
43. Our facility should make contraceptive methods available to adolescents.
44. Fourteen is too young for a boy to have sex.
45. Schools should provide sex education for children before puberty, starting at age 9 or 10.
46. In most cases, it is not worth discussing condoms with young people because they will never use them.
47. Children should be taught about HIV and other STIs in school.
48. The parent of a teenage client who reports she is having sex has a right to know about it.
49. Young, unmarried people should not have sex.

Adapted from: EngenderHealth. 2002. *Integration of HIV/STI prevention, sexuality, and dual protection in family planning counseling: A training manual.* New York. Volume 1, pp. 70–72.