

**A Comprehensive Reproductive Health Curriculum**

# **Family Planning Training Curriculum for Health Care Professionals**

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## **Trainers Guide**



**RMNCAH UN JOINT PROGRAMME**



## Acknowledgements

The development of this Comprehensive Family Planning Trainer's Guide is based on the Vanuatu Reproductive, Maternal Newborn Child and Adolescent Health Policy and Implementation Strategy for 2017-2020, Vanuatu National Family Planning Guideline 2016, Vanuatu National RH policy 2015 and the National Population Policy 2011-2020. The Guide is designed to help Health Care Professionals understand it and be able to teach and educate other health workers in Family Planning. It is to be used together with the Family Planning Participant's Guide.

I would like to extend the Ministry of Health special appreciation and gratitude to Dr. Sophaganine Ty, the Consultant who developed the Trainer's Guide without whom it would not have been in its present form. The Trainer's Guide has also benefitted from the contributions of many people working as a team from the Ministry of Health, UNFPA, UNJP RMNCAH and different organization. The members of the team are:

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A word of appreciation to RMNCAH UN Joint Program for coordination in the development and printing of the guide. The cooperation by the UN Joint Partners for health is gratefully acknowledged.

I take this opportunity to invite the Ministry of Health to use the Trainer's Guide and train as many health workers in the country upskilling them to a level where they are able to provide Family Planning services to the people of the country. Let us all work together and give positive values to the health of our people for brighter future.

George Taleo  
Director-General  
Ministry of Health



## **Forward by Minister of Health**

Family Planning is a component of the reproductive health services of the Vanuatu Ministry of Health (MOH). Over the years the MOH trained its health workers to administer different types of Family Planning methods available to female and male users in the reproductive age groups in all health facilities across the country covering hospitals, health centers, dispensaries and even at aid posts where condoms are accessed.

The MOH workforce shows that it does not have adequate trained FP health personnel. The health workers who have had training FP have and are nearing retirement age and will soon exit the workforce. The lack of sufficient health personnel trained in FP meant that all nurses especially in the province and community managing health facilities have to be trained in FP methods. A trained FP health personnel managing a rural facility would be able to provide FP services to the people within the facility catchment. This will help to increase coverage as well as reach out more into areas that are difficult to access.

This Family Planning Trainer's Guide is yet another milestone for the MOH. It is designed to help professional health workers train young nurses to understand and improve their services on Family Planning issues in the country. The lessons that the Guide has covers health professionals from hospital setting right down to dispensary level. The Guide is designed in such a way that it is interactive and enables a positive learning environment.

Family Planning service has its own challenges and although Vanuatu communities view the service differently based on the different cultures and beliefs they have, it cannot be overemphasized the fact that the future wellbeing of individual families depend on the decisions on Family Planning choices they make now. The Ministry of Health must be seen to take the lead in Family Planning services for the people of Vanuatu and I would like to commend the work of UNFPA / UNJP on RMNCAH in continuing to make it possible for families to have a choice of making a decision about their family.

I would like to thank all those who have contributed in the realization of the Guide. I therefore ask the MOH to fully utilize the Guide and educate young health workers in the country contributing to bringing Vanuatu's unmet needs of Family Planning to zero.

Hon. Jerome LUDVAUNE (MP)  
Minister of Health  
Vanuatu

## Acronyms

ARI	Acute Respiratory Infections
ARV	Antiretroviral
BBT	Basal Body Temperature
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
COC	Combined Oral Contraceptive Pills
DMPA	Depot Medroxyprogesterone Acetate
ECPs	Emergency Contraceptive Pills
FSH	Follicle Stimulating Hormone
FP	Family Planning
FAB	Fertility Awareness Based Methods
GnRH	Gonadotropin-releasing Hormone
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
IUD	Intra-Uterine (Contraceptive) Devices
KPA	Key Policy Areas
LAM	Lactational Amenorrhoea Method
LNG	Levonorgestrel / Leutinizing Hormone
MOH	Ministry of Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
STI	Sexually Transmitted Infections
SRH / SRHR	Sexual Reproductive Health / Sexual Reproductive Health Rights
POPs / POI	Progestogen Only Pills / Progestogen Only Injectable
PMTCT	Prevention of Mother To Child Transmission of HIV
PID	Pelvic Inflammatory Disease
UNFPA	United Nations Population Fund
WHO	World Health Organization.

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Health Workers with certificates in Jadelle Implant training Norsup, Melsisi, Lolowai & Vaemali 2016

## How to use this manual

This manual is designed for training health professionals (family doctors and nurses) working in all levels in the provision of Family Planning services.

The concept of the manual is designed for an interactive working style, with active involvement of the trainees in the learning process.

This manual offer to trainers the model to be followed during the training workshop, in order to facilitate the training activities, so that the trainees will acquire the necessary knowledge, abilities and skills –through own experience- for providing quality, client-focused family planning services.

At the end of the workshop, trainees will be able to provide general and specific counseling for contraception; to initiate, monitor and evaluate the use of contraceptives by their clients.

The manual contains three parts:

**Part 1:** Guidelines for the MoH Program Management of Family Planning including Policy environment.

**Part 2:** The FP guidelines for client services and facility/clinic management.

- Reproductive Health and over view of Family Planning
- Male's reproductive anatomy and physiology
- Female's reproductive anatomy and physiology
- Client counselling and sexual health promotion
- Fertility and fertility awareness
- Conception
- Sexual transmitted diseases (including HIV) and their consequences on reproductive and sexual health
- Legal and ethical issues

**Part 3:** The evaluation criteria and monitoring components.

Each session contains:

- **Description of the session** – contains necessary technical information for conducting the activities of each session.
- **Trainer's Documents/Materials** – contain standard information necessary to trainer for conducting the activities.

Each session contains: specific objectives of the session, time, training techniques, and necessary materials. The trainers will need to check, prior to the beginning of the workshop and before each session that all necessary materials are in place.

This manual need to be used with;

- The comprehensive Family Planning Trainer's manual- participant's handout 2016,
- Vanuatu National Family Planning Guideline 2016,
- The Vanuatu National RH policy
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**a. Why should training be conducted?**

Training in the provision of high-quality Family Panning (FP) is an essential component of improving Reproductive Health services. The curriculum has been developed to provide the latest information on FP, and aim to upgrade the knowledge and skills of healthcare providers already providing care in the country.

**b. Who is the training programme for?**

The programme is for health-care providers whose normal duties include first-level of health service deliveries and for those who work as outreach providers. The training may also be of value to more experienced staff who will be involved in the management or administration of clinics and health services.

**c. The learning support roles**

The trainer "teacher" play a major role in organizing and passing the message to participants " learners " during the training.

You have more time to ensure positive practical outcomes of the learning. Your main functions are:

- |  |
|--|
| <ul style="list-style-type: none"><li>- to identify suitable candidates and select who will take part in the training programme;</li><li>- to select and plan the training approach and necessary resources;</li><li>- to introduce the programme to supervisors and establish a positive learning environment for learners;</li><li>- to ensure that learners identify their training needs and make an effective study plan;</li><li>- to enable learners to practise the necessary skills and give and receive effective feedback so that each one becomes competent;</li></ul> |
|--|

- to ensure that learners have regular contact so that they do not feel isolated;
- to ensure that learners receive useful feedback on exercises and skills; and to monitor and assess learning outcomes.

## Notes to the Trainer

The trainer during any workshop must always consider the following aspects:

<p><b>DO-s:</b></p> <ul style="list-style-type: none"> <li>- Do prepare in advance, prior to the beginning of the workshop/ session/ activity</li> <li>- Do maintain eye contact</li> <li>- Do involve participants in the activities</li> <li>- Do use audio-visual aids</li> <li>- Do speak loud and clear</li> <li>- Do encourage questions</li> <li>- Do recap at the end of each session</li> <li>- Do encourage participation</li> <li>- Do write clearly and visibly</li> <li>- Do summarize</li> <li>- Do watch the time</li> <li>- Do keep it simple</li> <li>- Do give feed-back</li> <li>- Do position visuals so everyone can see them</li> <li>- Do avoid distracting and distraction in the workshop room</li> <li>- Do be aware of the participants' non-verbal language</li> <li>- Do keep the group focused on the task they have to complete</li> <li>- Do check to see if instructions are understood by the participants</li> <li>- Do permanently evaluate as you go</li> <li>- Do be patient</li> </ul>	<p><b>DON'T-s:</b></p> <ul style="list-style-type: none"> <li>- Don't talk to the flipchart</li> <li>- Don't block visibility</li> <li>- Don't stand in one place, move around in the room</li> <li>- Don't ignore the participants' comments and feedbacks (verbal and non-verbal)</li> <li>- Don't read from the curricula/ manual</li> <li>- Don't raise your voice</li> </ul>
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### d. Before the training

Careful planning and preparation are essential for any training programme. This section provides you with the essential steps in preparation:

- Becoming familiar with the programme and modules
- Identifying the participating facilities and learners
- Deciding upon the training approach or mix
- Planning the course
- Planning the records you will need to keep
- Preparing training materials



### e. Family planning training workshop agenda

TIME	DAY I	DAY II	DAY III
8.00 – 09.45 1hr 45mn	Opening Introduction and Pre test  <b>Part 1:</b> Guidelines for the MoH Program Management of FP including Policy environment.	Re-cap day 1  <b>Lesson 4:</b> Client counselling and sexual health promotion	Re-cap day 2  <b>Lesson 6:</b> cont  7. Barrier methods 8. Emergency contraception
09.45 – 10.00	Coffee break	Coffee break	Coffee break
10.00 –12.00 2 hr	Continue Part 1	<b>Lesson 5:</b> Fertility and fertility awareness	<b>Lesson 7:</b> STI
12.00 - 13.00	Lunch break	Lunch break	Lunch break
13.00 - 14.45 1hr 45mn	<b>Part 2:</b> <b>Lesson 1:</b> RH and over view of FP	<b>Lesson 6:</b> Conception  1. Combined oral contraceptives 2. Progestin only pills	<b>Lesson 8:</b> Legal and ethical issues
14.45 - 15.00	Coffee break	Coffee break	Coffee break
15.00 - 16.00 1hr	<b>Lesson 2:</b> Male's reproductive anatomy and physiology	<b>Lesson 6:</b> cont  3. Injectable contraceptives 4. Hormonal implants	<b>Part 3:</b> The evaluation criteria and monitoring components.
16.00. - 16.30 30mn	<b>Lesson 3:</b> Female's reproductive anatomy and physiology	<b>Lesson 6:</b> cont  5. Tubal ligation and vasectomy 6. IUCD	Post test  Evaluation of training Close-workshop

# Introduction of the workshop

## Objectives

By the end of the session participants will:

- Refer to the trainers and to the other participants by their names
- Reconsider their expectancies in relationship with the objectives of the workshop
- Describe the schedule of the workshop
- Evaluate their knowledge in Family Planning

**Time:** 1h

**Techniques:** Presentations, listing, individual work

## Trainer's Documents:

- Training program
- Presentation exercises

## Other materials

- Folders containing A4 paper sheets
- Name tags
- Flipchart paper sheets
- Markers
- A4 paper sheets
- Pens

## Activities:

### 1. Introduction

- **Greet** participants as they arrive and welcome them. Hand each one of them a folder and a pen. Thank them for participating in the program
- **Introduce yourself.** State your name, surname, position, professional experience, steady job position.
- Ask the **co-trainer** to introduce him/ herself.
- Ask **participants to introduce themselves**
- Mention the organizers of the workshop and the donors that financially support the costs

## 2. Participants' expectations

Ask the trainees about their expectations regarding this workshop and write down on the flipchart all their answers (what they expect/ want to find out during this workshop).

## 3. Workshop Objectives

- Post on the flipchart: "**General Objectives of the Workshop**"
- Ask participants to read the objectives and clarify what it's mean

### General objectives of the workshop

We propose participants to:

- Achieve information about the contraceptive methods available in Vanuatu
- Achieve abilities to initiate, monitor and evaluate use of contraceptive methods by clients
- Achieve the necessary skills for family planning counseling

## 4. Group norms

- Explain that, in order to attain the **workshop's objectives**, another important factor is the way in which the participants will work together as a group.
- Ask participants to **propose rules**, norms and write them down on the flipchart. Discuss each of the proposed rules, asking for arguments to sustain them.
- **If difficulties occur** in formulating the norms/ rules, suggest them through direct questions, or refer to the **consequences** of disrespecting these rules ("what happens when everybody is talking and no one is listening?").
- In the end, review the list and make sure that there is a consensus for assuming the norms.

### Examples Group Norms

- Participate in all sessions!
- One person at a time is speaking!
- Do not interrupt those that are speaking!
- Be concise!
- Respect the points of view and ideas that are different from yours!
- Punctuality is respected by everybody!
- Smoke in spaces destined for this!
- Turn off the cell phones or put "on silent"!

## 5. Workshop agenda presentation

- The co-trainer distributes to participants the **Workshop Agenda**
- Make a brief presentation of the subjects which will be discuss during the workshop

## 6. Pre-test (10 minutes)-

(see pre-test's questionnaire in annex 1)

- Give each participant a copy of the pre-test
- Mention the time allowed for this activity (10 minutes)
- While the participants are completing the test, the trainers are walking through them.
- Collect the pre-tests
- Give participants the handout: FP training participants the handout, FP National guideline and RH National policy

### Participants introduction guide

- what is your name?
- what do you like to be called?
- where do you work?
- what other courses/ workshops have you participated in?
- what kind of music do you like?
- what are your favorite flowers?



Jadelle insertion by health worker trainees



Family Planning Awareness

# **PART 1: Guidelines for the MoH Program Management of Family Planning including Policy environment**

## **Objectives of the session:**

- Understand the link between Sexual Reproductive Health and Family Planning
- Understand Key Policy Areas (KPAs) for Reproductive Health in Vanuatu
- Understand the policy environment related to FP in Vanuatu

**Time:** 2h and 45 minutes

**Techniques:** Presentations, listing, individual work

## **Materials:**

- **Material for the trainer**

1. National RH policy
2. Participant's handout
3. Power point presentation

### **Subjects should be included in power point presentation:**

- Objectives of the session
- Definition of Policy and strategy
- Link between Policy and strategy
- Vanuatu RH policy
- The SRH Framework
- Brief information on International Conference on Population and Development (ICPD)
- The Millennium Development Goals (MDGs) and how the FP fit within the MDG
- Guidance principles SRHR in Vanuatu
- The Key Policy Areas for Reproductive health service in Vanuatu

- **Material for the trainees**

1. Participant's handout
2. National RH policy
3. Paper and pens

- **Other materials**

1. Flipchart paper sheets
2. Markers

**Activities:**

- Ask participants if they have any questions/issues/sharing information related to the RH National Policy
- List all the issues mentioned by the group on the flipchart. Post the obtained list in a visible place
- ask participants: How do you believe you may help in solving these problems through the light of the FP objectives? Which are the services you might provide in your office in order to solve these issues?

## **Part 2: The FP guidelines for client services and facility/clinic management.**

### **LESSON 1: Reproductive Health and Overview of Family Planning**

**Objectives**

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

- define the concepts of Reproductive Health and Family Planning
- describe the objectives of Family Planning and services
- describe the benefits of Family Planning (for individuals, health professionals, community)

**Time: 1h 15 mn**

**Techniques:** Presentations, discussions, listing, brainstorming

**Materials:**

- **Material for the trainer**

1. Vanuatu national family planning guideline 2016
2. Participant's handout
3. Power point presentation

### **Subjects should be included in power point presentation:**

- Objectives of the section
- Definition: SRHR, SH, FP
- The key importance of reproductive health
- Why is Family Planning (FP) Important?
- Family Planning Services Objectives
- The benefits of Family Planning

- **Material for the trainees**

1. Participant's handout
2. Vanuatu National family planning guideline- 2016
3. Paper and pens

- **Other materials**

1. Flipchart paper sheets
2. Markers

### **Activities**

- Ask participants to state difficult situations, problems they are confronting with in their professional activity, related with reproductive health (including mother and child's health status). Ask: What kind of issues are you confronting with?
- List all the issues mentioned by the group on the flipchart. Post the obtained list in a visible place (you will return to this list at the end of the session).
- Post on the flipchart (or show in the slide presentation) **RH/ FP Definition**
- Ask one of the participants to read the FP definition.
- Ask then one of the participants to read the RH definition.
- Ask then one of the participants to read the Sexual Health definition
- Ask the group if they have any question related to the definition
- Ask participant to read the Objective of Family Planning Services

- Ask participants: How could FP objectives be attained? Do you believe that such objectives can be attained within the health care providers (doctors and nurses) within the current practice?
- Mention the fact that the list of FP services also includes services other than those stated.

## LESSON 2: Male's Reproductive Anatomy and Physiology

### Objectives

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

- Define and use correctly all of the **key words**
- Identify and describe the **basic anatomical features** of the male reproductive organs
- Describe the **functions** of the main anatomical structures in the male reproductive system

**Time:** 30 mn

**Techniques:** Presentations, discussions, listing, brainstorming

### Materials:

- **Material for the trainer**
  1. Vanuatu national family planning guideline 2016
  2. Participant's handout
  3. Power point presentation

### Subjects should be included in power point presentation:

- Objectives of the session
- Anatomy of male reproductive system
- Hormone and mechanism of action
- Sperm production

- **Material for the trainees**
  1. Participant's handout
  2. Vanuatu National family planning guideline- 2016
  3. Paper and pens



- **Other materials**

1. Flipchart paper sheets
2. Markers

## **Activities**

- Post on the flipchart (or show in the slide presentation) **male reproductive organ-** (no name show in the pictures)
- Ask the participants to identify the name of each parts of the organ and explain on it's function
- Ask participants to name some of the diseases/problems that could occurred on each parts of the organ

## **LESSON 3: Female's Reproductive Anatomy and Physiology**

### **Objectives**

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

- Define and use correctly all of the **key words**
- Identify and describe the **basic anatomical features** of the external female genitalia and the internal reproductive organs
- Describe the **functions** of the main anatomical structures in the female reproductive system

**Time:** 1 h

**Techniques:** Presentations, discussions, listing, brainstorming

### **Materials:**

- **Material for the trainer**

1. Vanuatu national family planning guideline 2016
2. Participant's handout
3. Power point presentation

### **Subjects should be included in power point presentation:**

- Objectives of the session
- Some common directional terms used in anatomy
- Anatomy and physiology of female reproductive organ
- Hormones and menstrual cycle

- **Material for the trainees**
  1. Participant's handout
  2. Vanuatu National family planning guideline- 2016
  3. Paper and pens
- **Other materials**
  1. Flipchart paper sheets
  2. Markers

## Activities

- Post on the flipchart (or show in the slide presentation) **female reproductive organ-** (no name show in the pictures)
- Ask the participants to identify the name of each parts of the organ and explain on it's function
- Ask participants to name some of the diseases/problems that could occurred on each parts of the organ

## LESSON 4: Client Counselling and Sexual Health Promotion

### Objectives

By the end of the training in FP counselling, participants will be able to:

- Describe affective of interpersonal **communication** skills
- Identify **effective** communication
- Describe the **counseling process**
- Acknowledge the process of **decision** making and **solving problems**
- Describe the **Six Elements** of Effective Counselling
- List the **rights** of the FP client
- Family Planning Counseling Needs of Diverse Groups

**Time:** 1h 30 mn

**Techniques:** Presentation, Simulation, Small groups, Brainstorming, Discussions, Case studies, Demonstration

## **Materials:**

- **Material for the trainer**

1. Vanuatu national family planning guideline 2016
2. Participant's handout
3. Power point presentation

### **Subjects should be included in power point presentation:**

- Objectives of the session
- Principles of the "Decision-Making Tool
- What is Family Planning Counselling?
- Why is Family Planning Counselling is important
- Family Planning Counsellors
- Interpersonal Communication Skills
- Six elements of effective FP Counselling
- Process of decision making and solving problems
- Types of Family Planning Counseling
- FP and client's right

- **Material for the trainees**

1. Participant's handout
2. Vanuatu National family planning guideline- 2016
3. Paper and pens

- **Other materials**

1. Flipchart paper sheets
2. Markers

## **Activities**

### **1. The communication process**

- Discuss the way in which each component influence on the effectiveness of the communication process
- Ask the group: Why is it important for a service provider to understand these components of communication? How can it help you in counseling?

**Note:**

**The communication process: is a** process in which a message is transmitted from a source to a recipient through a verbal or non-verbal channel.

**Components** of communication:

- Sender: person who speaks (or makes jests)
- Message (of the sender)
- Channel (for the message)
- Receiver (person who listens/receive/s the message)
- Feedback (from receiver to sender)
- Code (language or non-verbal jests used)

**Sender (source). Qualities that make a person trusted:**

- **competence** (in message content & communication of information, though not necessarily by virtue of educational status)
- **ability** to establish positive & constructive rapport with the individual
- **coherence** between verbal & non-verbal messages
- **influence** on the client (resulting from communication of respect & trust, not power)
- **natural** position in the community
- **personal qualities** or actions (readiness/ willingness to help)
- **similar characteristics** (e.g. age, culture, experiences etc)

**Message: clarity, simplicity, relevance to needs of the receiver**

2 components of a message:

- content
- emotions/feelings (often communicated non-verbally: facial expressions, jests, tone of voice etc)

**Channel (for the message):** relevance to the characteristics of the individual (participative/active versus passive)

**Receiver:** interest in the subject, other preoccupations, attitude toward the sender

- Anxiety in the receiver may provoke defensiveness & a tendency to misinterpret what is said (perceive threats which are not there). (Ex: adolescent clients; clients during STI risk assessment)

**Feedback:** degree to which it is sought, respected & constructive

**Code:** language (words, expressions) must be common to the sender and receiver (counselor and client/group). (ex: technical language, adolescent jargon)

## 2. Obstacles to Communication

- Make the following exercise: together with the co-trainer simulate a real situation that should illustrate the regular doctor/nurse-patient relationship.
- Ask participants to follow the simulation and to **identify the obstacles to communication** between the doctor and client, generated by the doctor (service provider).
- **Discuss in the large group** about identified obstacles and how they might be removed if the exercise should be repeated.
- Or **Group participants in pairs** of two and ask them to tell, by turn, to their partner something about their body (not about sexuality!); each one has 5 minutes to speak, then they switch the roles (speaker and listener)
- Ask participants to answer the question: What obstacles have you identified?
- Ask at the end of the exercise: Who wants to speak about how he/she felt when speaking about him/her self?
- Ask "the patients" how did they feel? Probably, you will get some answers that reflect negative feelings.
- Emphasize that our patients/clients have similar feelings too.

### **Note: Some examples on sources of obstacles in communication-**

- differences in values, education, class, vocabulary
- extreme appearance (of client or worker)
- client's problem is shocking
- service provider is unable to respond
- information/message communicated by the client is not what the service provider wanted to hear
- service provider is distracted by other pre-occupations
- service provider's response is not what the client needed, wanted to hear
- environment and/or atmosphere is not conducive to communication (noisy, distracting, no privacy)

- client feels uncomfortable and distracted, is self-conscious to discuss problems because of people overhearing or does not really trust the health worker
- health worker does not understand the client's problem, uses complicated language with unfamiliar terms, gives advice that is irrelevant or impossible to implement
- too much information is given: the person only remembers part of what was said, especially if she was worried or anxious
- people who do not know each other or otherwise lack confidence in each other have difficulties hearing each other

### 3. Counselling

- Post the definition of counselling
- Ask a volunteer to **read the definition**
- Ask the group: How would you **describe** the **difference** between counseling and giving advice? Which do we tend to do most of in our consultations?
- Ask participants- What does the concept 'informed choice' mean?

**Informed choice:** a voluntary choice/decision based on knowledge of all information relevant to the choice/decision.

- Decision making process: Ask participants:
  - o How do we usually make a decision?
  - o Do we usually respect the decision-making process?

#### **Steps reflection decision making:**

- People weigh the pros and cons of the situation
- People anticipate the consequences of their decision
- People ask themselves questions
- People consider the alternatives

#### **The importance of the step Information on the step Reflection:**

Information provided must:

- Be relevant to the clients' interests and needs
- Be complete, precise, and clear; and be understood by the clients

#### 4. Counseling in the context of FP consultations

**Role of FP counseling** in ensuring an informed choice: assist the client to consider all aspects of her problem/choice in order to choose what suits her best.

- Review with the group key elements of each step of GATHER & the goal of each step. (see document: **GATHER**)

G = Greet the client

A = Ask about client needs, medical history, etc

T = Tell client about methods

H = Help client to choose a method

E = Explain the method

R = Return visit

- Ask volunteer- Benefits of Counseling; Consequences of the Lack of Counseling
- Ask the group: What must a doctor and/or nurse know about contraceptive methods in order to be able to counsel FP clients?

**For all the methods available in the country, service providers must know:**

- description of the method
- availability of the method (where one can obtain it)
- how the method works (contraceptive action)
- effectiveness of the method
- advantages of the method
- disadvantages of the method
- reversibility of the method
- cost of the method
- contraindications (relative and absolute)/precautions in the provision of the method
- secondary/side effects of the method and what to do in case of a secondary effect
- warning signs of the method and what to do in case of warning signs
- rumors about the method and how to respond to them
- follow-up schedule for the method
- instructions for the user of the method
- the method's effectiveness against STIs

## 5. Client Rights Regarding the Delivery of FP Services

- Ask participants- why "client rights " is very important in regarding the Delivery of FP Services

### Role play (see instruction in annex 3)

#### **Case study 1: Amina**

##### Client Description

You are a 30-year-old married woman with four children. You want to avoid pregnancy and want a reliable method, but you are not sure which method you can use.

#### **Case study 2: Rose**

##### Client Description

You are a 19-year-old unmarried woman with a steady boyfriend and no children. You have come to talk with the health worker because you had unprotected sex three days ago and want help preventing pregnancy.

#### **Case study 3:**

##### Client Description

The client is a 15-year-old female. She attends high school in a neighboring town where she stays with her aunt and uncle. She has a sexual relationship with her teacher, who is in his mid-20's. She insists that she wants this relationship. She does not know if he has sex with other women. She does not want to get pregnant.

#### **Case study 4:**

##### Client Description

The client is a 35-year-old man. His wife is pregnant. He occasionally sleeps with other women, but does not say whether they are sex workers or not. He wants to use condoms with his other partners so that he does not pass an infection to his wife. You know his wife.

#### **Case study 5:**

##### Client Description

The client is a 28-year-old married woman who is breastfeeding a three-month-old baby, her third child. She does not want another child and wants to know how to prevent another pregnancy. She sometimes gives the baby formula.



## LESSON 5: Fertility and Fertility Awareness

### Objectives

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

- Define fertility.
- Identify and describe the difference types of **Fertility based Awareness**

### Methods

- Understanding the **Side Effects, Health Benefits and Health Risks**

**Time: 1h 45mn**

**Techniques:** Presentations, discussions, listing

**Materials:**

- **Material for the trainer**
  1. Vanuatu national family planning guideline 2016
  2. Participant's handout
  3. Power point presentation

### Subjects should be included in power point presentation:

- What Are Fertility based Awareness Methods
- Side Effects, Health Benefits and Health Risks of FAB
- How does FAB method work?
- Types of Fertility awareness based (FAB) methods
  - Basal body temperature (BBT)
  - Calendar Method (Rhythm Method)
  - Cycle Beads Methods
  - Mucus or Billing's Method
  - Sympto-thermal Method
  - Withdrawal method
  - Post-partum family planning
  - Lactational Amenorrhoe Method (LAM)
  - Post miscarriage family planning

### **NATURAL FAMILY PLANNING: ADVANTAGES**

- It does not influence the health status, it does not constitute a risk for health
- It can be used by anyone, its use does not imply boundaries
- There are no side-effects
- It is cost-free
- It is immediately reversible
- It facilitates acknowledgement of own body
- After it has been learned, the method no longer needs help from the medical staff or from other trained personnel
- Once it is correctly understood, the method can be used for avoiding, as well as for obtaining a pregnancy, depending on the couple's interest
- It involves both partners in assuming pregnancy related responsibilities
- The method is accepted by some religious groups which refuse other contraceptive methods

### **NATURAL FAMILY PLANNING: DIS-ADVANTAGES**

- Within the common use, these methods are more or less efficient: up to 20 pregnancies in 100 women in the first year of use
- The method based on calendar implies keeping track of data about the menstrual cycle over a period of many months
- The methods based on recognizing the fertile period need a time period for learning the signs which indicate the fertile period
- Touching the genitals is unacceptable to some women, thus self-exploration of the genital sphere possibly being a difficult process to some persons
- Temporary abstinence might be unacceptable or difficult for some couple/ the male partner
- Natural methods could become unsure and hard to use when the woman's health status goes through changes (fever, vaginal infections, breastfeeding or others conditions that can affect the body temperature, the aspect of cervical mucus or the length of the menstrual cycle)
- In situations in which the menstrual cycles are irregular, the efficiency of temporary abstinence is unclear
- It does not protect against sexually transmitted infections.

- **Material for the trainees**
  1. Participant's handout
  2. Vanuatu National family planning guideline- 2016
  3. Paper and pens
- **Other materials**
  1. Flipchart paper sheets
  2. Markers

### **Activities**

- Between each presentation, ask participants if they have any question
- Invite participants to address questions; ask the group if any one of them knows the answer; if the answer is wrong, request other opinions. If there are more answers, precise the correct answer.
- Ask participants what is the efficiency of each method.
- Divide participants into 4 groups; two groups will list the advantages of using fertility awareness methods; the other two groups will list the disadvantages.
- Explain participants the task they are assigned and mention that they have 10 minutes in order to complete it.
- During the exercise, the two trainers pass in order to make sure that they have correctly understood the task they have been assigned.

## **LESSON 6: Contraception**

### **Objectives**

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

- Steps in decision making at a Family Planning visit
- Characterize the following contraceptive methods based on mechanism of action, effectiveness, side effects, benefits, eligibility criteria and interventions for certain problems during use;

**Time: 3h 75mn**

**Techniques:** Presentations, discussions, listing, brainstorming

## Materials:

- **Material for the trainer**

1. Vanuatu national family planning guideline 2016
2. Participant's handout
3. Power point presentation (refer to power point presentation)

### **Subjects should be included in power point presentation:**

- Steps in decision making at a Family Planning visit
- Combined oral contraceptives
- Progestin only pills
- Injectable contraceptives
- Hormonal implants
- Tubal ligation and vasectomy
- IUCD
- Barrier methods
- Emergency contraception

### **Note:**

Each method should present on: type/available in Vanuatu, effectiveness, return to fertility, Side effects, management of side effects and Instruction on how to Use.

- **Material for the trainees**

1. Participant's handout
2. Vanuatu National family planning guideline- 2016
3. Paper and pens

- **Other materials**

1. Flipchart paper sheets
2. Markers

## Activities

### **1. Combined Oral Hormonal Contraceptives**

- Divide participants in pairs of two
- Hand each pair a sample of COC and ask them to demonstrate the way in which clients are given the information they need
- Tell them that they have 5 minutes in order to complete this.

- The co-trainer hands each pair of participants a checklist and the trainer asks participants, still divided in pairs, to check –using the list (see in participant manual, annex 1) - if all necessary information has been offered to the clients
- Ask if there have been many oversights compared to the list

## **Role play**

(Use the client roleplay description in participant manual)

### **COCs Scenario 1:**

#### **Client Description**

You are a 17-year-old female who has been counseled about the benefits of using family planning by a nurse at the antenatal clinic. You were pregnant but miscarried one month ago. You read the pamphlet on family planning method options that was given to you by the provider at the clinic and have made a decision about which method you believe best suits your needs.

### **COCs Scenario 2**

#### **Client Description**

You are a 23-year-old woman and have come to the clinic because your seven-month-old baby has a mild fever. You use this visit to ask about pregnancy spacing. You do not want another child for at least two years.

### **COCs Scenario 3**

#### **Client Description**

You are a 20-year-old woman who has never been pregnant. A month ago you purchased COCs from a nearby pharmacy. You have been taking the pills every day for one month but have been experiencing nausea and spotting. When you told your friend about this, she suggested that you stop taking the pills because you might be pregnant. You stopped taking the pills two days ago and have come to the clinic to see if you are pregnant.

## 2. Progestin only pills

- Divide participants in pairs of two
- Hand each pair a sample of POP and ask them to demonstrate the way in which clients are given the information they need
- Tell them that they have 5 minutes in order to complete this.
- The co-trainer hands each pair of participants a checklist and the trainer asks participants, still divided in pairs, to check –using the list (see in participant manual, annex 1) - if all necessary information has been offered to the clients
- Ask if there have been many oversights compared to the list

### **Role play**

(Use the client roleplay description in participant manual)

#### **POPs Scenario 1:**

##### **Client Description**

You are a 25 years old female who have been counseled about the benefits of using family planning by a nurse at the antenatal clinic. You were pregnant but miscarried one month ago. You read the pamphlet on family planning method options that was given to you by the provider at the clinic and have made a decision about which method you believe best suits your needs.

## 3. Injectable contraceptives

- Divide participants in to three groups
- Hand each group a sample of progesterone injection and ask them to demonstrate the way in which clients are given the information they need
- Tell them that they have 5 minutes in order to complete this.
- One participant will act as a client and one will act as an health care provider. The rest of participants will act as an observer.
- Tell them that they have 5 minutes in order to complete this.
- At the end, check with everyone if they have any information to share with the big group

## **Role play**

### **Injectable FP Scenario 1:**

Kaneisha is a 20-year-old mother of a two-month-old infant. Kaneisha has heard that spacing children about three years apart is good for her health and for her family's well-being. Many of her friends are using Depo and say it is a simple, good, affordable method. She has come to the clinic with her husband to learn more about it.

## **4. Hormonal implants**

### **CASE STUDES:**

- Divide participants in to three groups
- Give each group a task to discuss on one case scenario and present their discussion/decision to big group.

#### **Scenario 1:**

Your client is a healthy 24-year-old woman who gave birth to her first child five months ago. She has been fully breastfeeding and has not had a menstrual period since giving birth. She is returning to work in two weeks and will begin supplementing with formula.

#### **Scenario 2:**

Your client is a 30-year-old woman who is married, monogamous, and has three children. She has HIV but has no symptoms and has no other health problems. She has been using condoms consistently and correctly but is still concerned that she might become pregnant.

#### **Scenario 3:**

Your client is a 42-year-old woman with five children. Six months ago, she was admitted to the hospital with severe chest pain and shortness of breath. She was diagnosed with a blood clot in her lung. She is now on anticoagulant therapy (blood thinners). She has no other health problems. She has not had sex since her last menses.

## **ROLE PLAY**

### **Role Play Scenario 1—Client with HIV is interested in and is eligible for implants**

#### **Scenario 1**

##### **Client Description**

You are a 29-year-old married woman with HIV. You are monogamous and have three children. You have met previously with a provider at the PMTCT clinic, have learned about different methods of contraception, and are very interested in implants.

### **Role Play Scenario 2—Client without children is interested in but is *not* eligible for implants**

#### **Scenario 2**

##### **Client Description**

You are a 28-year-old married woman with a busy professional career. You do not want to have children. You have been married and monogamous for over eight years. You have recently seen a promotion for progestin-only implants and have come to the family planning site to learn more about them.

### **Role Play Scenario 3—Postpartum, breastfeeding client is interested in but is not currently eligible for implants**

#### **Scenario 3**

##### **Client Description**

You are a 20-year-old woman who gave birth to your first child four weeks ago. You are unmarried and are not in a serious relationship. You read about progestin-only implants in a family planning brochure, and you have come to the family planning site to learn more.



## 5. Tubal ligation and Vasectomy

### Tubal ligation

#### **CASE STUDIES:**

- Divide participants in to two groups
- Give each group a task to discuss on one case scenario and present their discussion/decision back to the big group.

#### **Case study 1:**

A woman, 35 years old, married with 3 children arrives at the clinic. She relies on her husband's income from factory work to support the family. During the consultation, she said she would like to have tubulisation.

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

#### **Case study 2:**

A man, 35 years old, married with 3 children arrives at the clinic. He is very keen for his wife to have tubaligation because he doesn't want to have any more children.

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

### Vasectomy

- Divide participants in to two groups
- Give each group a task to discuss on one case scenario and present their discussion/decision back to the big group.

#### **CASE STUDIES:**

#### **Case study 1:**

A man, 30 years old, married with 3 children arrives at the clinic. He is the only person have regular income to support his family. During the consultation, he said she would like to have vasectomy.

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

## Case study 2:

A man, 45 years old, married with 3 children arrives at the clinic. He is very keen for his vasectomy done today because he doesn't want to have any more children.

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

## 6. IUCD

- In the beginning, pass the IUD to the first participant on your left in order for him/her to examine it and to express his/ her opinions about it. Exercise will continue until all participants will express their opinions on it.
- Ask the group what are the IUD advantages and disadvantages.
- Write down the statements on the flipchart. Make clarifications if needed
- Compare this method with the ideal contraceptive.

### IUD Eligibility Criteria

- Ask: "Who can use this method?" and invite participants to give the answers.

### IUD insertion

- Ask participants to list all necessary equipment use for IUD insertion
- Ask to describe the step for insertion and removal

## ROLE PLAY

### Scenario 1: Client is interested in and is eligible for an IUD

#### Client Description:

You are a 23-year-old woman who gave birth to your first child six weeks ago, and you have abstained from sexual intercourse since the birth. You and your husband are mutually monogamous. You are interested in IUDs.

### Scenario 2— Client is interested in and is not yet eligible for an IUD

#### Client Description

You are a 32-year-old married woman. You do not want to have children. You have been married and monogamous for over eight years. You have recently seen a promotion for IUDs and have come to the family planning site to learn more about them.

### **Scenario 3— Client is interested in but is not eligible for an IUD**

#### **Client Description**

You are a 20-year-old woman who gave birth to your first child three weeks ago. You are unmarried and are not in a serious relationship. You read about IUDs in a family planning brochure, and you have come to the family planning site to learn more.

## **7. Barrier methods**

### **MALE CONDOMS**

- Divide participants in to two groups
- Give each group a task to discuss on one case scenario and present their discussion/decision to big group.

### **ROLE PLAY**

#### **Scenario 1—Client is interested in and eligible for male condoms**

#### **Client Description**

You are a 41-year-old man. You have two teenage daughters with your wife and a two-year-old son by your current girlfriend, who was using oral contraceptive pills, but forgot to take them for several days and became pregnant. Your wife now has an IUD. You are interested in using condoms with your girlfriend until she decides on a reliable contraceptive method that suits her better.

#### **Scenario 2—Allergy to latex condoms**

#### **Client Description**

You are a 23-year-old married man with one child. You have come to the clinic because after having sex with your wife your genitals became very red and itchy, there were red spots in several other places on your body, and you felt dizzy.

### **FEMALE CONDOMS**

- Divide participants in to three groups

- Give each group a task to discuss on one case scenario and present their discussion/decision to big group.

## **ROLE PLAY**

### **Scenario 1—Client is interested in and eligible for female condoms**

#### **Scenario 1**

##### **Client Description**

You are a 17-year-old female who has been referred for contraception from an HIV care and treatment provider. You were pregnant but miscarried two months ago. You read the pamphlet on family planning method options given to you by the provider and have made a decision about which method you believe best suits your needs.

### **Scenario 2—Client is pregnant and wants protection from STIs**

#### **Scenario 2**

##### **Client Description**

You are a 22-year-old woman and you are pregnant. You have come to talk with the provider about condoms, because you want protection from sexually transmitted infections (STIs). Your boyfriend previously gave you an STI, for which you received treatment, and you don't want to risk getting another STI while you are pregnant.

### **Scenario 3—Managing problems with female condoms; negotiating condom use**

#### **Scenario 3**

##### **Client Description**

You are a 20-year-old woman who has never been pregnant. You and your boyfriend have been using male condoms, but he often doesn't have any with him, so you use withdrawal. A few days ago you bought female condoms from a pharmacy. You have had trouble inserting the condoms and something feels wrong when your boyfriend inserts his penis inside your vagina.

## 8. Emergency contraception

- Check whether the participants have understood how they can use the brand of contraceptives that they will receive for distribution to provide emergency contraception.
- State the fact that when they will provide this method to a woman, she has the right to know what kind of pills the method supposes.
- Ask participants to define the situations of unprotected sex. List the answers on the flipchart.

Expected Answers:

- The woman has had sexual intercourse without contraception
  - The woman has had sex against her will
  - The woman has used a contraceptive method, but it has failed: e.g. the condom broke, the diaphragm has slide out of the vagina before 6 hours, the IUD has been expelled, pills were trough out after less than 1 hour after administration.
  - The woman has incorrectly used the contraceptive method: e.g. she has run out of pills or she has forgotten to take them
- State the fact that in any of these situations emergency contraception can be used.
  - Emphasize that this type of contraception should not be used as routine. if a woman repeatedly requests emergency contraception, she needs in fact a family planning method and she should be counseled for choosing one.

## Frequently Asked Questions and Their Answers

Go through question below with participants. This exercise should be done with the big group.

### 1. What if the ECPs don't work and I don't get my period?

**Answer:** If you have not menstruated for a week after your expected menstruation, you may be pregnant. Your provider will give you a pregnancy test to see if you are pregnant. If you are pregnant, your provider will discuss options with you.

## **2. If a woman is breastfeeding can she use ECPs?**

**Answer:** YES. A woman who is exclusively breastfeeding and who has not had a menstrual period since delivery is unlikely to be at risk of pregnancy and therefore may not need ECPs. However, a woman who is providing supplemental feeding to her infant or who has had menses since delivery may be at risk for pregnancy. A single treatment with ECPs is unlikely to have an important effect on milk quantity or quality. Some hormones may pass into the breast milk, but they are unlikely to affect the infant adversely.

## **3. Are ECPs safe?**

**Answer:** YES, emergency contraceptive pills can be given even to women who cannot use oral contraceptive pills regularly, such as those with a history of hypertension or severe migraine.

This is because emergency contraceptive pills are taken for a short span of time and, consequently, will have fewer side-effects than oral contraceptive pills. It will not have side effects that may have developed due to use of oral contraceptive for long periods.

## **4. How will emergency contraceptive pills affect a woman's menses?**

**Answer:** Emergency contraceptive pills have no significant impact on a woman's menses. Only 10-15 percent of the women who use emergency contraceptive pills will have menstrual problems. A woman's menses will be at about the expected time, or at most a week early or late (usually 2-3 days). In a few cases, menstrual flow might be heavier, lighter or more spotty than usual.

## **5. Will emergency contraceptive pills protect a woman from future unprotected intercourse?**

**Answer:** NO. Emergency contraceptive pills do not protect a woman from any future unprotected intercourse.

## **6. Will emergency contraceptive pills harm an existing pregnancy or a pregnancy caused by the failure of emergency contraceptive pills?**

**Answer:** ECPs cannot terminate or interrupt an established pregnancy and will not stop a fertilized egg from implanting in the uterus, nor can they harm a developing embryo. ECPs are ineffective once implantation has begun.

**7. What should a woman do if vomiting is severe after the first dose of ECPs and she cannot take her second dose?**

**Answer:** Non-prescription, anti-nausea medication generally is not effective once nausea is present. If vomiting is severe, one option is for her to place the second dose of pills high into the vagina. Although studies are not complete about how effective this is, LNG is absorbed through the vaginal wall and she will get some benefit. If the woman has no other options, (vomiting being severe) vaginal placement seems more reasonable than not taking the second dose. Inform the woman that the treatment may be less effective if the second dose is not taken.

**8. Can emergency contraceptive pills be taken if there is problem in the leg (such as varicose veins)?**

**Answer:** YES. As the dose of hormones in emergency contraceptive pills is relatively low, the short exposure to estrogen and/or progestin does not appear to alter blood-clotting mechanisms, as in the case of combined oral contraceptives, which are used over a longer period.

**9. Should we provide ECPs if the woman had unprotected sex on a day when her risk of pregnancy was not very high?**

**Answer:** Yes, often a woman cannot be sure she is infertile at any one time during her cycle. Therefore, ECPs should be provided any time unprotected sex occurs and the woman is concerned that she is at risk of pregnancy.

**10. How many times can one take emergency contraceptive pills in a month?**

**Answer:** Emergency contraceptive pills are not intended for repeated use. These pills should be used only as an emergency method for back-up support. However, given that there is little likelihood that limited repeated use will cause harm, emergency contraceptive pills should not be denied only because a woman has used them before, even within the same menstrual period. All women who use ECPs, particularly those who use them repeatedly, should be informed that ECPs are less effective and have more side-effects than regular contraceptives.

**11. How soon after taking ECPs should a regular contraceptive be started?**

**Answer:** Regular contraceptive methods (such as condoms, DMPA and pills) can be resumed immediately after taking ECPs. Alternatively, clients could switch over to

condoms till the start of the next menstrual cycle. Other regular contraceptives such as IUCD or implants, can be started within 7 days of the next menstrual period.

**12. Can ECPs be taken before intercourse?**

**Answer:** Yes. No data is available about how long the contraceptive effect of ECPs persists after the pills have been taken. Presumably ECPs taken immediately before intercourse are as effective as ECPs taken immediately afterwards. However, if a woman has the opportunity to plan to use a contraceptive method before intercourse, a method other than ECPs, such as condoms or another barrier method, it is recommended.

**13. Is emergency contraception the same as abortion?**

**Answer:** NO. Emergency contraception and abortion are entirely different. Emergency contraceptives only prevent pregnancy from unprotected sex by preventing or delaying ovulation. In an abortion, a fertilized fetus is removed.

**14. Do ECPs interact with other drugs?**

**Answer:** No specific data is available about the interaction of ECPs with other drugs that the client may be taking. However, it seems reasonable that drug interactions would be similar to those with regular oral contraceptive pills. Women taking drugs that may reduce the effectiveness of oral contraceptives (including, but not limited to, Rifampin, and certain anticonvulsant drugs) should be advised that the effectiveness of ECPs may be reduced.

## **LESSON 7: Sexual Transmitted Diseases (including HIV) and their Consequences on Reproductive and Sexual Health**

### **Objectives**

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

- Identify and describe the difference types of **STIs**
- Define conduct **risk assessment** for STIs
- Conduct **history taking** and **physical examination**
- Making **diagnostic** of STIs

**Time:** 1h 45mn

**Techniques:** Presentations, discussions, listing, brainstorming



## Materials:

- **Material for the trainer**

1. Vanuatu national family planning guideline 2016
2. Participant's handout
3. Power point presentation

### **Subjects should be included in power point presentation:**

- Objectives of the session
- The transmission of STIs
- The Common sexually transmitted pathogens and their clinical presentation
- Risk assessment for STIs
- History taking and physical examination
- Making diagnostic of STIs
- Management FP planning clients with STIs

- **Material for the trainees**

1. Participant's handout
2. Vanuatu National family planning guideline- 2016
3. Paper and pens

## Activities

- Divide participants in to three or four groups
- Give each group a task to discuss the subjects listed below.
- After discussion, participants need to present their discussion/decision back to the big group.

## Subjects for discussion:

### **Set 1 Questions:**

1. The burden and transmission of STIs in the country
2. Examples of the social and economic effects of STI
3. What makes the control of STIs so difficult, factors affecting the control of STIs and what can we do to control STIs in Vanuatu?
4. How STI services may be linked to other services at the primary-care level
5. Where are STI services available in difference locations

**Set 2 Questions:**

1. Modes of transmission of STIs
2. Comprehensive STI case management
3. Etiological and syndromic diagnosis: local problems and advantages
4. To what extent are privacy and confidentiality possible at health centres?
5. Culturally acceptable ways of asking questions; history-taking

**Set 3 Questions:**

1. Discuss on the local risk assessment criteria for vaginal discharge syndrome
2. Discussion on most-at-risk population groups
3. Discuss about syndromic management for STIs in the country
4. Dugs treatments for STIs in Vanuatu
5. Laboratory services available locally

**Set 4 Questions:**

1. Partner management
2. Local investigation into the possibility of partner referral
3. Outreach activities
4. Role-play on how to arrange for partners to be treated

**LESSON 8: Legal and Ethical Issues****Objectives:**

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

- understand the legal right of individual in access to RH including family planning services

**Time:** 1h 45mn

**Techniques:** Presentations, discussions, listing, brainstorming

## Materials:

- **Material for the trainer**

1. Vanuatu national family planning guideline 2016
2. Participant's handout
3. Power point presentation

### **Subjects should be included in power point presentation:**

- Reproductive rights
- Who should access to FP services
- Family planning for young people

- **Material for the trainees**

1. Participant's handout
2. Vanuatu National family planning guideline- 2016
3. Paper and pens

- **Other materials**

1. Flipchart paper sheets
2. Markers

## Activities: - brainstorming activity

Discuss the following topics in the big group:

1. FP planning services for young people
2. Barrier accessing for FP for young people
3. Why should be done to improve FP services for young people



Family Planning training in Torba



Family Planning course participants doing presentation

## **Part 3: The evaluation criteria and monitoring components.**

### **Objectives**

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

- Understand difference level of indicators for monitor the RH program
- Calculate the minimum indicated recommended in the Pacific

**Time:** 1h 15mn

**Techniques:** Presentations, discussions, listing, brainstorming

### **Materials:**

- **Material for the trainer**

1. Vanuatu national family planning guideline 2016
2. Participant's handout
3. Power point presentation

<b>Subjects should be included in power point presentation:</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>- Indicator measured RH in difference level of health system</li><li>- FP and Millennium Development Goal indicators</li></ul> |
|--|

- **Material for the trainees**

1. Participant's handout
2. Vanuatu National family planning guideline- 2016
3. Paper and pens

- **Other materials**

1. Flipchart paper sheets
2. Markers

### **Activities:**

Discuss the following topics in the big group:

- Indicator measured RH in difference level of health system

## Annexes

### **Annex 1: Pre-Test Answers Key- FOR TRAINERS**

(Note to the trainer: The correct answers are bolded. Total score is 50)

- 1. The benefits of the family planning services mean:**
  - a. reduced number of abortions**
  - b. women with a better health state**
  - c. desired pregnancies and well care of children**
  - d. decrease in number of persons infected with sexually transmitted infections**
  - e. more time granted for curative medical assistance**
  - f. less social problems**
- 2. Ovulation takes place:**
  - a. at mid-time of menstrual cycle
  - b. 14 days before the next period**
  - c. days 12-14 after the first day of the period
- 3. Switching one contraceptive method to a combined oral contraceptive can be done:**
  - a. immediately, without waiting the next period**
  - b. after the interruption of the previously used method, the woman will wait for her next period and she will start taking the pills from the first day
  - c. after a 3 months break necessary for full recovery of the organism
  - d. anytime, if the woman is certain that she is not pregnant**
- 4. FP counselling means:**
  - a. helping a person/ couple choose whether they want children or not**
  - b. helping a person/ couple choose a contraceptive method**
  - c. facilitating the safe use of the contraceptives**
  - d. helping a person identify his/ her problems within the reproductive health sphere**
  - e. helping a person/ couple assume their responsibility about maintaining their health**

**5. List 5 advantages of the contraceptive pills**

- a. Increased efficiency if used correctly
- b. Do not interfere with sexual intercourse
- c. Are immediately reversible
- d. Can be used by many categories of women, at any age
- e. Prevent the iron deficiency anemia
- f. Prevent some genital disorders: ectopic pregnancy, endometrial cancer, ovarian cancer, ovarian cysts, pelvic inflammatory disease
- g. Prevent benign breast affections
- h. Can be used as emergency contraception

*Any statement will be awarded 1 point.*

**6. Which are the methods which protect against unwanted pregnancy, as well as against STIs?**

Condom

**7. If a client request changing the family planning method, you must:**

- a. Change her method, because she knows best what she wants;
- b. **Ask her why she wants to change the method and try to discover the reason, in order to make sure that she has taken a well-informed decision;**
- c. Try to find a medical reason in order to change the method and if this is not found, try to convince her to continue with the method she is already using.

**8. The most important aspect of counseling is:**

- a. Offering brochures about FP methods, so that the client will be able to discuss them with his/ her partner
- b. **Identifying the client's needs and concerns regarding the use of contraception and the answer to these;**
- c. Obtaining the written consent of the client regarding the use of contraception;
- d. Describing all side-effects of the FP methods.

**9. The following statements, except for one, are important elements of the information necessary for a client in order for her to take an "informed decision". Which of the following is not important?**

- a. Major advantages and disadvantages of the contraceptive methods that present interest to the client
- b. Short description of all the available contraceptive methods
- c. Personal experience of the provider regarding the available methods**
- d. Possible side-effects
- e. Relative efficiency of the methods.**

10. It is recommended to give family planning to married women only

Tue

**False**

## **Annex 2: Pre-Test questionnaires for PARTICIPANTS**

(To be printed for participants)

Name, Surname: .....

Date: .....

**Please circle the letters that correspond to the answers which you consider correct (there can be more than one correct answer):**

**1. The benefits of the family planning services mean:**

- a. reduced number of abortions
- b. women with a better health state
- c. desired pregnancies and well care of children
- d. decrease in number of persons infected with sexually transmitted infections
- e. more time granted for curative medical assistance
- f. less social problems

**2. Ovulation takes place:**

- a. at mid-time of menstrual cycle
- b. 14 days before the next period
- c. days 12-14 after the first day of the period

**3. Switching one contraceptive method to a combined oral contraceptive can be done:**

- a. immediately, without waiting the next period
- b. after the interruption of the previously used method, the woman will wait for her next period and she will start taking the pills from the first day
- c. after a 3 months break necessary for full recovery of the organism
- d. anytime, if the woman is certain that she is not pregnant

**4. FP counseling means:**

- a. helping a person/ couple choose whether they want children or not
- b. helping a person/ couple choose a contraceptive method
- c. facilitating the safe use of the contraceptives
- d. helping a person identify his/ her problems within the reproductive health sphere
- e. helping a person/ couple assume their responsibility about maintaining their health

**5. List 5 advantages of the contraceptive pills**

- a. Increased efficiency if used correctly
- b. Do not interfere with sexual intercourse
- c. Are immediately reversible
- d. Can be used by many categories of women, at any age
- e. Prevent the iron deficiency anemia



- f. Prevent some genital disorders: ectopic pregnancy, endometrial cancer, ovarian cancer, ovarian cysts, pelvic inflammatory disease
- g. Prevent benign breast affections
- h. Can be used as emergency contraception

6. **Which are the methods which protect against unwanted pregnancy, as well as against STIs? :** .....

**7. If a client request changing the family planning method, you must:**

- a. Change her method, because she knows best what she wants;
- b. Ask her why she wants to change the method and try to discover the reason, in order to make sure that she has taken a well-informed decision;
- c. Try to find a medical reason in order to change the method and if this is not found, try to convince her to continue with the method she is already using.

**8. The most important aspect of counseling is:**

- a. Offering brochures about FP methods, so that the client will be able to discuss them with his/her partner
- b. Identifying the client's needs and concerns regarding the use of contraception and the answer to these;
- c. Obtaining the written consent of the client regarding the use of contraception;
- d. Describing all side-effects of the FP methods.

**9. The following statements, except for one, are important elements of the information necessary for a client in order for her to take an "informed decision". Which of the following is not important?**

- a. Major advantages and disadvantages of the contraceptive methods that present interest to the client
- b. Short description of all the available contraceptive methods
- c. Personal experience of the provider regarding the available methods
- d. Possible side-effects
- e. Relative efficiency of the methods.

**10. To maximise the benefit, it is recommended that Family planning should be given to married women only**

- a. True
- b. False

## Annex 3: Instructions for Role Plays

### Provider Instructions for Role Plays

Pretend that you are meeting the client for the first time. Ask the client for his or her name, gender (male or female) and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Assess the client's reproductive health (RH) goals, concerns, and fertility intentions.
- Address the primary and secondary reasons for the client's visit.
- Facilitate the client's decision-making process.
- Integrate information and services related to other RH issues as appropriate.
- Help the client act on her or his decision(s).

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

### Observer Instructions for Role Plays

Prior to the start of the interaction:

- Review the Role Play Observation Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist.
- Review the case-specific issues on the observer information sheet for the role play.

While observing the interaction between the provider and client, remember to:

- Use the observation checklist to take notes on what happens during the interaction.
- Record how well the provider addresses the case-specific issues in the space provided.
- Be prepared to give feedback to the provider regarding how well he or she addressed the client's needs.

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Ensured that the client met the medical eligibility criteria for the method she chose
- Helped the client carry out her decision

### Client Instructions for Role Plays

Prior to the start of the interaction:

- Read the client information sheet and make sure you understand your character's situation.
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female.

During the interaction, offer information *only* when the provider asks relevant questions. Use the information given your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.