



FAMILY PLANNING AND INTERPREGNANCY INTERVAL

Trainer Guide:

1. Sentences in *italics* are instructions for the trainer. Sentences in *italics* and quotation marks can be read verbatim by the trainer.
2. Before the training, words in brackets [] should be replaced by words that match the context; for example, replace [COUNTRY] with “Mali” if the training is to be implemented in Mali.
3. The training is organized around different types of activities: brainstorming, simulation/role-plays, practice exercises (individual or group), and case studies.
4. **General training tips:**
 - Encourage the participation of all participants, at all times, and encourage them to comment on different topics.
 - Listen to all answers without judgment and make sure all participants have the opportunity to speak.
 - Encourage participants to share their experiences as a parent or caregiver when applicable.
 - Share a summary statement at the end of an activity to review the important points or the main idea that the activity was intended to highlight.
 - Ask participants regularly if they have any questions or would like a concept to be clarified.
 - For group work:
 - Form groups based on the total number of participants, small enough to encourage participation, but large enough to meet the requirements of the activity.
 - Ask each group to present their work to the other groups.
 - Ask participants to share their reflections about the other groups’ work.
 - Point out the strengths and areas for improvement of each group’s work.
 - Wrap up the group work by summarizing the key takeaways.
5. **Tips for brainstorming:** Brainstorming is a technique that involves asking questions before presenting concepts to initiate reflection and discussion on the training topic. It allows you to take stock of participants’ proficiency in a topic as well as their knowledge gaps in advance in order to frame the training and target certain concepts.
 - Emphasize that the purpose of a brainstorming discussion is to help encourage reflection among participants rather than to identify the best answers.
 - If possible, write participants’ answers on a large sheet of paper to encourage discussion and give value to everyone’s comments.
 - Ask the questions one at a time, and pause after each question to encourage participation.
 - Make sure that the correct answers are clearly identified after each discussion.
6. **Tips for simulation/role-plays:** Simulation and role-plays put participants in real-life situations to practice a procedure, method, or communication technique. They help create a realistic environment for anticipating and preventing possible errors in a setting with no harmful consequences for the patient.
 - Clearly describe the simulated situation or role-play.
 - Provide time for participants to immerse themselves in the situation/their role.
 - Encourage everyone to participate as realistically possible.
 - Do not intervene until the simulation or role-play is complete.

- At the end of each role-play, congratulate the actors.
 - Have other actors repeat the role-play again as many times as necessary.
7. **Tips for practice exercises:** practice exercises require participants to apply theoretical concepts to practical situations. They help check participants' level of understanding of an abstract concept in the way that will be expected in the field.
- Prepare the materials and tools needed for the exercise in advance.
 - Clearly define the instructions for the exercise.
 - Make sure the correct answer is clearly identified at the end of the exercise.
8. **Tips for case studies:** Case studies describe a story/situation to introduce or dig deeper into a theoretical concept. They help illustrate abstract concepts through familiar situations to make them more understandable and easier to remember.
- Share the case study clearly.
 - Ask the questions one at a time, pausing after each question to encourage participation.
 - Make sure the correct answers are clearly identified after each discussion.
 - Summarize the concept illustrated by the case study.
9. Review the tips for each activity type above before starting an activity of that type.

Abbreviations and Acronyms:

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal consultation
BP	Blood pressure
CAT	Course of action
CHW	Community Health Worker
CVA	Cerebrovascular accident
F	False
FP	Family Planning
HIV	Human Immunodeficiency Virus
HV	Home visit
IUD	Intrauterine device
KG	Kilogram
LAM	Lactational amenorrhea method

PNC	Postnatal consultation
RDT	Rapid Diagnostic Test
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
T	True
WHO	World Health Organization

Course Introduction:

- **Inform participants:**
 - *This module covers reproductive health, specifically FP and interpregnancy interval.*
 - *In this module, some words, situations, pictures, and/or videos may make participants uncomfortable, be troubling, or cause emotions such as sadness. All these emotions are normal and welcome in the room.*
 - *If a participant feels uncomfortable and wishes to take a break, they should feel free to do so.*
- **Encourage participants to:**
 - *Commit to ensuring confidentiality, as some could share sensitive or personal information with the group, and we want to create a space where all participants will feel safe and comfortable. Any personal information shared during this training should not be shared with anyone outside of this training.*
 - *Share their thoughts on this issue of confidentiality.*

Present training objectives, plan, and activities. Make sure all the necessary materials are present.

Objectives:

At the end of this session, participants should be able to:

- Define FP and interpregnancy interval.
- Describe the benefits of FP.
- Describe FP methods and their effectiveness.
- Explain the side effects of birth control methods and apply the COA when dealing with these situations.
- Explain how to use FP methods.
- Describe and apply the knowledge, skills, and attitudes of a good CHW/counsellor.
- Explain the decision-making process.

Plan:

1. Theoretical knowledge of FP and interpregnancy interval;
2. Description of birth control methods;
3. Knowledge and management of misconceptions and misinformation;
4. Knowledge and management of side effects;
5. FP counselling procedure;
6. Assessment.

Activities: brainstorming; practice exercises; simulation/role-plays; case studies.

Materials:

- Common to all activities: video projector; laptop; large sheet of paper; multicolored markers; multimedia tools (images, forms, videos, etc.), suggestion box.
- Additional: sample of birth control methods.

Pre-test:

“We will proceed with the pretest before diving into the subject in order to assess participants’ level of understanding before and after the session is completed.”

Provide a copy of the pretest to all participants. Remind them that the pretest is not a judgment and that it is a private exercise that helps us have a better idea of their basic level of understanding of the topic that will be discussed. Read and explain the questions one at a time pausing (30 seconds/question) to encourage participation. At the end of the pretest, thank the participants, collect the forms, and move forward with the training.

First and Last Name: _____

Some of the following statements are false and some are true. In the first column, circle (T) for those that are “true” and (F) for those that are “false.” The correct answer is listed in the second column.

1	FP is a way to completely prevent births.	T F	F
2	Exclusively breastfeeding for up to six months is a birth control method.	T F	T
3	A woman who wants to have a baby within two years should not use FP methods.	T F	F
4	CHWs are allowed to administer certain FP methods at home.	T F	T
5	FP helps a family better control the use of its family resources.	T F	T
6	Birth control methods may have side effects.	T F	T
7	A woman who chooses a FP method that can be used for 10 years may stop using it after two years and have a baby.	T F	T
8	Implants may disappear in a woman’s body.	T F	F
9	If a woman who is on the pill forgets to take it for five days, she can take six on the 6 th day.	T F	F
10	All birth control methods protect against STIs.	T F	F
11	A CHW should provide FP tips and offer a method to a woman based on the methods available to her and not on how it can effectively prevent pregnancy or STIs.	T F	F
12	A CHW must require a woman to choose a FP method.	T F	F
13	The husband must agree to a CHW giving a FP method to a woman, regardless of the birth control method.	T F	F
14	FP is a way of spacing births.	T F	T
15	Some of the planning methods available to CHWs protect against STIs.	T F	T

The form above contains the answers. Before printing the forms for participants, make sure to remove the last column which contains the answers.

**PART 1: INFORMATION ON FP, INTERPREGNANCY INTERVAL, BIRTH CONTROL METHODS,
AND PRACTICES FOR USING BIRTH CONTROL METHODS AVAILABLE TO CHWs**

Section 1: Theoretical knowledge of FP and interpregnancy interval

“Now we will discuss some theoretical concepts about FP and interpregnancy interval.”

Inform participants that, at the end of this session, they should be able to:

- *Define birth control, FP, interpregnancy interval, and explain the connection among these three (3) concepts;*
- *Explain the benefits of FP and interpregnancy interval;*
- *Introduce and answer questions about the various FP methods;*
- *Discuss side effects that some women experience due to the use of certain methods;*
- *Introduce and facilitate counselling about FP in several settings, including HVs, after a urine pregnancy test, during follow-up of pregnant women, and after delivery.*

1. Definition of Birth Control, FP, and Interpregnancy Interval.

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What is FP?
2. What is birth control?
3. What is interpregnancy intervals?

Answers:

1. FP:

FP includes all birth control methods, with the goal of allowing anyone to choose whether or not to have a baby and when. FP should not have the sole goal of preventing unwanted pregnancies, as this does not apply to all people. However, the goal of FP is simply to help individuals achieve their reproductive goals by helping them make informed decisions.

To this end, it is important to practice abstinence, use birth control methods, have access to abortion, and/or understand the risk of sexual intercourse without a birth control method.

2. Birth Control:

Birth control includes all natural or artificial methods used by a couple or individual to temporarily or permanently prevent pregnancy. **(WHO, MAY2015).**

3. Interpregnancy Interval:

Interpregnancy interval can be the result of FP with an interval of at least two years between births for a mother (this is the WHO's recommendation to optimize the health of the mother and baby).

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: None.

Instructions: Ask a volunteer to make a sentence using the three concepts that have just been covered (FP, Birth Control, Interpregnancy Interval).

Answer: FP allows populations to reach the desired number of children and space out births using birth control methods.

2. Benefits of FP and Interpregnancy Interval

CASE STUDY - Share the story with participants. Make sure to answer all the comprehension questions. Then ask one question at a time to the participants. Specify whether the work should be done together, as a team, or individually. Advise participants as to whether they should share their answers. Provide a timeframe in which to do this work. Summarize the concept illustrated by this story at the end of the study.

Story: Ousmane and Harouna are brothers. Their dad gives them each one hectare of land to farm and five hundred thousand (500,000) CFA francs. He asks them to grow corn.

Ousmane decides to farm 1/4 of his hectare, given the money he received. Prior to wintering, he invests one hundred thousand (100,000) CFA francs in fencing. While sowing the seeds, he respects the distance between the corn rows. At harvest time, the yield is very good with five bags of corn.

Harouna, wanting to have more bags of corn, decides to farm one hectare and not use fencing, given the money his father gave him. Also, he decided to sow over the entire surface of the land that he was given. To have a generous harvest, he decides to bring the plants closer together. To save money, he did not feel the need to make a protective fence.

Well before the harvest, he lost a third of his crop, eaten by the neighbor's sheep. Despite everything, his farmed surface area was larger than Ousmane's. At harvest time, he had only two bags of corn.

Questions:

- What is the difference in these two brothers' practices?
- How can Ousmane's success be explained?
- How can Harouna's weaknesses be explained?

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What are the benefits of FP and Interpregnancy Interval for the mother?
2. What are the benefits for the child?
3. What are the benefits for the family?

Answers:

1. For the Mother:

- Allow her body to recover after delivery;
- Reduce the risk of unwanted pregnancies;
- Reduce the need for induced abortions in poor and unsafe conditions;
- Foster economic and social growth;
- Reduce maternal mortality during pregnancy and childbirth;
- Reduce postpartum bleeding and tearing of the uterus during childbirth;
- Promote the education of girls and women;
- Create opportunities for women to more actively participate in other activities beyond motherhood, including paid employment;
- Reduce the risk of developing certain gynecological cancers;
- Treat certain symptoms and disorders related to menstruation.

2. For the Child:

- Reduce infant mortality;
- Promote healthy growth;
- Enjoy more parental affection.

3. For the Family:

- Have more control over family economic resources and carrying out certain projects;
- Maintain good mental health.

Emphasize the points below, then ask participants to provide feedback on these points. Encourage volunteers to share examples of cases where a pregnancy has led to young people dropping out of school.

- FP is not only for married men and women, but for anyone with childbearing potential.
- Many young people (men and women) use FP to delay pregnancy until they have completed their studies and are ready to start a family.
- After having a child, it is healthier to wait at least two years before trying to have another child.
- After four pregnancies, childbirth is riskier.

3. Introduction to Counselling for FP and Interpregnancy Interval.

“We will introduce an important concept in the process of FP and interpregnancy interval. It addresses the following question: how do you provide counselling to help a woman, man, or couple choose a birth control method?”

“We will discuss this again another time with a lot of practice when we have more information about birth control methods.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. How do you provide counselling to help a woman, man, or couple choose a birth control method?

Answers:

1. The guiding principles for providing counselling about FP and interpregnancy interval are as follows:
 - Respect the patient’s autonomy to make the best choice for him/her;
 - Recognize that the patient’s preferences are paramount;
 - Understand that the role of the CHW, midwife, or other healthcare provider is to share his/her knowledge about the different options and how they match the patient’s individual preferences.

Section 2: Description of Birth Control Methods

1. Introduction to Birth Control

“We will now discuss birth control methods.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. Define birth control (Reminder).
2. What birth control methods are you familiar with?

Answers:

1. As a reminder, birth control includes all natural or artificial methods used by a couple or individual to temporarily or permanently prevent pregnancy (**WHO, MAY2015**).
2. See the methods below.

“We will discuss some of the introductory concepts about birth control, including the efficacy of different methods, as well as the necessary conditions to start using a birth control method.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. How do you feel about the efficacy of the methods?

Answers:

1. The efficacy of birth control methods is a key part of FP and can help with deciding which method to use. Other aspects to consider include:
 - Some are more effective than others against both pregnancy and STIs, including HIV;
 - Some are easier to use than others;
 - Some are reversible and others are not;
 - Some are long-acting and some are short-acting;
 - Some have side effects that may be beneficial in certain situations (for example, to control painful or heavier periods) and may also be beneficial or uncomfortable depending on the person;
 - Some are associated with contraindications and therefore cannot be used by the individuals in question;
 - The most difficult birth control methods to use are sometimes less effective if not used correctly.

“We will look at all of these points in detail for each of the birth control methods.”

Continue the explanations by sharing the points below regarding the conditions necessary to begin using a birth control method.

As soon as a woman, man, or couple chooses a birth control method, there are three standard aspects that the CHW must consider before providing the chosen method.

No Contraindication for the Patient:

Confirm that there is no contraindication for the method chosen for this person.

Contraindications differ from one method to the next and will subsequently be discussed in detail.

No Pregnancy:

Confirm that the woman is not pregnant. There are several approaches to this. In some cases, this confirmation is obtained from home urine pregnancy tests provided by the CHWs. In other cases, the pregnancy will be confirmed by a urine pregnancy test.

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. When should it be confirmed that the woman is not pregnant before providing a method?
2. When can a method be provided without confirming that the woman is not pregnant?
3. What are some ways to check that the woman is not pregnant?

Answers:

1. The CHW should verify via pregnancy test that the woman is not pregnant in the following cases:
 - A woman who does not currently use a birth control method and wishes to start birth control with an IUD, an implant, an injectable birth control method, or the pill;
 - A woman who wishes to renew her current method for which the renewal date has passed;
 - A woman who thinks she may be pregnant due to her symptoms or for any other reason.

Note: if the birth control method will be retrieved at the health center, the CHW should check if the woman is pregnant before referring the patient to the health center.

2. Checking that the woman is not pregnant may not be necessary in these cases:
 - A woman who does not currently use a birth control method and wants to start a method not listed above.
 - A woman who wishes to renew her current method for which the renewal date has not already passed (right away).
3. How do I know if a patient is pregnant?
 - Perform a urine pregnancy test,
OR
 - Check for signs and symptoms of pregnancy,
AND
 - Check that there is at least one positive answer to one of the sentences below:
 - No sexual intercourse since her last period.
 - Proper use of a birth control method and desire to renew the method right away.
 - Less than seven days since the first day of her last menstrual period.
 - Exclusive breastfeeding + no menstrual period + less than six (6) months since delivery.

Time to Onset of Action in the New Method Used:

Some birth control methods take some time to take effect. Sometimes, women can become pregnant immediately after using certain birth control methods.

To prevent this, the person is advised to abstain from sexual intercourse or use a second method (for example, condom or withdrawal method) during the period when the method is not yet effective. This should be part of the counselling provided by the CHW.

Note: This rule is valid not only for the first use of a birth control method, but also when a woman changes birth control methods. (For example, she currently uses the pill, but she wants to switch to an injectable method).

This time to onset of action differs for each method, but, to make it simple, it is recommended to consider that a method may not be effective before seven days of use.

*Ask for volunteers to come in front of the group to explain these three points above.
Make sure all participants have understood this very important part for the next portion of training.*

2. Description of Birth Control Methods

"We will discuss birth control methods in detail."

There are several birth control methods, and we will discuss the following ones:

- IUD.
- Implants.
- Female Sterilization.
- Vasectomy.
- LAM.
- Injectable birth control (Depo-Provera® and Sayana Press®).
- Pills (progestin-only pill, estrogen-progestin pill, and emergency birth control pill).
- Barrier methods of birth control (male condom and female condom).
- Birth control methods based on fertility awareness (calendar and necklace).
- Withdrawal or discontinuation of coitus.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: Divide participants into groups of five and give each group a large sheet of paper divided into four columns: 1) method usage, 2) method efficacy, 3) misconceptions, beliefs, and misinformation about the method, 4) other information. Assign a few methods to each group so that all of the above methods are distributed.

Instructions: In groups, fill out the four columns for each assigned method with the prior knowledge of the members of each group.

"We will discuss all birth control methods one at a time, starting with the IUD.

- *For each birth control method, we will discuss its mechanism of action, benefits, and limitations.*
- *For each method, we will start by brainstorming about all of the information you know and add it to the large sheet of paper from the previous exercise.*
- *You can also share your personal experience with a method.*
- *We will then review a tabulated summary for each method together. A volunteer will be asked to read each row in the table.*
- *We will end the discussion on each method with a reminder by correcting the information recorded during the previous group exercise."*

a. IUD:

The IUD is a small, "T"-shaped, flexible plastic or copper-coated device that is placed in the uterus.

It harms sperm that are in the uterus, may prevent the sperm from meeting with the egg, or may prevent implantation of the egg. However, IUDs cannot disrupt implantation once it has taken place (if the embryo is already implanted).

There are several models, but not all are available in all contexts.

Questions/Points	Answers
How is it used?	The IUD must be placed and removed by a qualified provider, usually at a health center.
What is the ideal time to start?	<ul style="list-style-type: none"> •Immediately after delivery. •From six weeks after delivery. •Any time outside of pregnancy.
How effective is it against pregnancy?	<p>It is one of the most effective reversible methods, with an efficacy of up to approximately 99%. (WHO, MAY2015).</p> <p>The method can be used for up to 10 years, but the duration differs depending on the type of IUD.</p> <p>Examples: Copper IUD: 10 years, hormonal IUD: Eight years.</p>
Benefits	<ul style="list-style-type: none"> •Highly effective and long-acting method. •There is no risk of forgetting to use it. •Effective as an emergency birth control if implemented within the first five days after sexual intercourse. •Rare side effects (no effect on sexual intercourse or breastfeeding). •Corollary benefits on cancer and menstrual disorders. •May be used confidentially.
Some information to remember about the IUD	<ul style="list-style-type: none"> •Only requires a gynecological examination. •Can be used by all women (regardless of age or previous pregnancies). •Does not protect against STIs and HIV/AIDS.

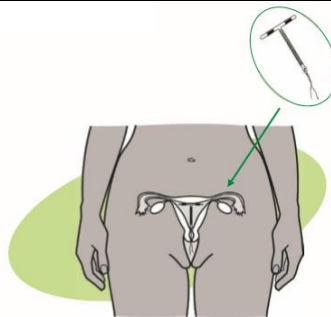


Figure 1: Illustration of IUD placement (WHO)

b. Implants:

Implants are small plastic tubes placed under the skin on the inside of the arm and block ovulation and the passage of sperm.

There are several types of implants and not all are available in all settings.

Questions/Points	Answers
How are they used?	Implants should be placed and removed by a qualified provider, usually at a health center.
What is the ideal time to start?	<ul style="list-style-type: none">• Immediately after delivery.• Any time outside of pregnancy.
How effective is it against pregnancy?	It is one of the most effective reversible methods, with an efficacy of up to approximately 99%. (WHO, MAY2015).
Benefits	<ul style="list-style-type: none">• Highly effective and long-acting method.• There is no risk of forgetting to use it.• No side effects on sexual intercourse or breastfeeding.• Can be used discreetly (palpable and minimally bothersome rods).
Some information to remember about implants:	<ul style="list-style-type: none">• Can be used by all women (regardless of age or previous pregnancies),• No gynecological examinations or blood draw required,• Do not protect against STIs, including HIV/AIDS.

“It is important to inform women that the length of time implants are used depends on their weight.”

The duration of use of implants depends **on the type of implant and the patient’s weight**.

Remember that any of implant will be effective for:

- Five years in women weighing less than 70 kg.
- Three years in women weighing over 70 kg.

“Although this point will be explained to the woman at the time of insertion at the health center, the CHW has a role to play.”

The CHW’s role will be to:

- Identify women who use implants.
- Discuss with them the risk of non-efficacy of their method after three years of use if the patient’s weight exceeds 70 kg.
- Encourage them to visit the health center for more information and to learn about the best COA.



Figure 2: Illustration of placement of implants (WHO)

c. Female Sterilization:

Female sterilization involves cutting, blocking, or removing the tubes that carry eggs to the uterus in women.

This is an Irreversible Birth Control Method.

Questions/Points	Answers
How is it used?	Female sterilization should be performed by a qualified provider at a healthcare facility where there is an operating room.
What is the ideal time to start?	<ul style="list-style-type: none">•Immediately after delivery.•From six weeks after delivery.•Any time outside of pregnancy.
How effective is it against pregnancy?	The efficacy of female sterilization varies slightly depending on how the tubes have been blocked and can reach approximately 99%. (WHO, MAY2015).
Benefits	<ul style="list-style-type: none">•Highly effective and permanent method.•There is no risk of forgetting to use it.•No side effects on sexual intercourse or breastfeeding.•Can be used secretly: the scar is not specific to sterilization.
Some information to remember:	<ul style="list-style-type: none">•The surgery does not require general anesthesia, so returning home on the same day is often possible.•Possible pain for a few days after surgery.•Does not protect against STIs, including HIV/AIDS.

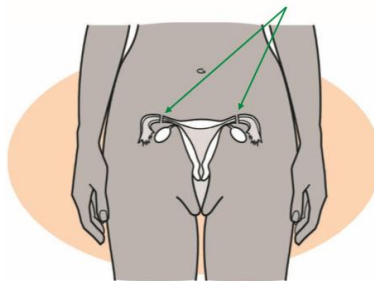


Figure 3: Female Sterilization (WHO)

d. Vasectomy:

Vasectomy involves cutting the tubes that carry sperm. This is a permanent birth control method.

Questions/Points	Answers
How is it used?	The vasectomy should be performed by a qualified provider at a healthcare facility where there is an operating room.
What is the ideal time to start?	At any time.
How effective is it against pregnancy?	It is one of the most effective methods, but the risk of failure can be as high as 97% three months after surgery (WHO, MAY2015) . Vasectomy will only be fully effective after three months and the couple should use another birth control method during those three months.
Benefits	<ul style="list-style-type: none">•Highly effective and permanent method.•There is no risk of forgetting to use it.•No side effects on sexual intercourse or breastfeeding.•Can be used secretly.
Some information to remember:	<ul style="list-style-type: none">•The procedure does not require general anesthesia, and the pain is very minor.•Usually, people can return home soon afterwards.•Does not affect libido, erection, or ejaculation.•It is a much lighter and less invasive surgery than female sterilization.•Does not protect against STIs, including HIV/AIDS.

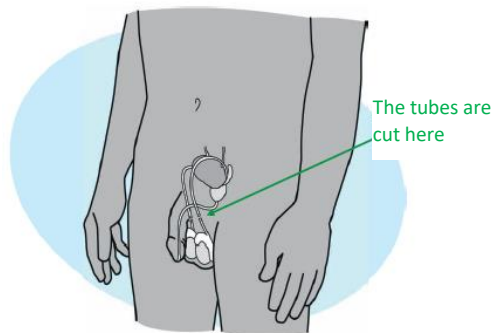


Figure 4: Image showing the tubes to be cut during vasectomy (WHO)

e. LAM:

Exclusively breastfeeding can prevent pregnancy by preventing ovulation. Temporary infertility during breastfeeding is a highly effective method when used correctly.

Questions/Points	Answers
How is it used?	<p>This method is based on three conditions:</p> <ul style="list-style-type: none">•The mother has not yet had her period (no vaginal bleeding within six weeks of childbirth).•The baby is breastfed exclusively, every two to three hours, day and night (at least eight to 12 feedings). No other solid or liquid food is given to the child.•The baby is less than six months old. <p>Note: if any of these conditions are not met, this method will not be effective.</p>
What is the ideal time to start?	Immediately after delivery, not to exceed six months.
How effective is it against pregnancy?	The efficacy of this method depends on the user, and the risk is higher when breastfeeding is not exclusive. Its efficacy can reach approximately 98% during the first six (6) months after delivery.
Benefits	<ul style="list-style-type: none">•No direct FP cost or feeding the baby.•No side effects.•Breastfeeding protects the child against many diseases and also has many benefits for the mother. It strengthens the affection between mother and child.
Some information to remember:	<ul style="list-style-type: none">•The woman should be prepared to use another method after six months.•Women should choose an alternative method in the event that their menstrual period returns or that there is a change in the baby's breastfeeding habits (decreased frequency of feedings by the child), which may occur at any time.•Does not protect against STIs and HIV/AIDS.



Figure 5: Breastfeeding (WHO)

f. Injectable Birth Control:

f.1. Overview of Injectable Birth Control:

Injectable birth control consists of hormone injections and works mainly by preventing ovulation.

We will use two types of injectable methods: **Depo-Provera®** and **Sayana Press®**.

1. Depo-Provera® is an intramuscular injection. There are two types of **Depo-Provera®**: one that is effective for three months and one that is effective for only two months.

Sayana Press® is effective for three months and is a subcutaneous injection.

Advise participants that they will always be informed of the type of Depo-Provera® that will be made available to them.

CHWs should be mindful of this different renewal period depending on the type available.

Questions/Points	Answers
How are they used?	<ul style="list-style-type: none">• Use the injections correctly (intramuscular or subcutaneous) and regularly, according to the established schedule.• This injection can be done by a CHW or at a health center. In certain settings, self-injection by the patient is possible, and the patient stores subsequent doses.• The injection should be done in:<ul style="list-style-type: none">○ The upper arm (deltoid muscle); note: first-line site;○ The buttocks (gluteus maximus, upper outer portion).
What is the ideal time to start?	<ul style="list-style-type: none">• Immediately after delivery.• Any time outside of pregnancy.
How effective is it against pregnancy?	<p>The efficacy of this method depends on maintaining a regular schedule for injections: the risk of pregnancy increases when women miss an injection. Its efficacy can reach approximately 97% in the first year of use.</p> <p>In case of delayed injections:</p> <ul style="list-style-type: none">• Three months type: it is still possible to give an injection up to four weeks late, still remaining effective.• Two months type: it is still possible to give an injection up to two weeks late, still remaining effective.• If the delay is longer, use a condom and get an injection as soon as possible.
Benefits	<ul style="list-style-type: none">• Highly and quickly effective.• Easy and discreet administration.• Well tolerated, with no side effects on sexual intercourse or breastfeeding.• Reversible method.• Can be stopped without the help of a service provider.• Self-administration is possible (Sayana Press®).• Hormonal alternative in case of intolerance to estrogen-based methods.
	<ul style="list-style-type: none">• Causes menstrual changes in all women (irregular periods or cessation of periods).• CHWs should provide candid counselling on this topic.

Some information to remember:

- Does not cause sterility.
- Injections must be done in time to be effective.
- Does not protect against STIs, including HIV/AIDS.

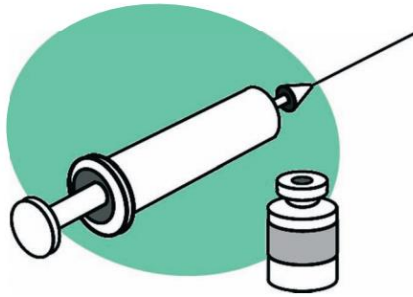


Figure 6: Injectable birth control (WHO)

f.2. Injectable Birth Control Administration Method:

“We will now look at how to administer an injectable birth control.”



Figure 14: Performing an injection in the arm



Figure 15: Performing an injection in the buttocks

To administer a Depo-Provera® injection, proceed as follows:

- Wash hands with soap and water. If the person’s skin is visibly dirty, clean the injection site;
Note: An alcohol swab is not required.
- For each injection, the syringes and needles must be new and not damaged or expired.
Note: Never reuse disposable syringes or needles.
- If possible, use a mini-dose vial. Check the expiration date. Gently shake the vial.
- Fill the syringe with the product.
- Stick her in the upper arm (deltoid) or buttock (outer upper part of the gluteus muscle). Inject the product
- Do not massage the injection site.
- For safety reasons, dispose of used needles and syringes in a safe place.
- After injection, **DO NOT PUT THE NEEDLE CAP BACK ON** to avoid needle sticks. Put them in a sharps container immediately after use.

To perform a Sayana Press® injection, the same steps can be followed, but the product is automatically loaded into a single-use injection device and the injection is not as deep because the needle is shorter.

After the injection, it is important to help the woman remember the date of the next injection or to use another birth control method.

Several options are available:

- **To make the woman primarily responsible for her reminder:** the CHW should help the woman write down the reminder date somewhere or help the woman remember it through an upcoming event (personal to the woman: a birthday for example, or general: a party, etc.).
- **Put the CHW primarily in charge of reminding the woman:** the CHW will be able to use their app's reminder system to help women remember.
- **Combine the first two options:** don't just help the woman write down the renewal date, but also use the means available to remind the woman.

f.3. Exercise: Administration of Depo-Provera® or Sayana Press®:

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.
Preparation: select one volunteer to start and repeat this simulation with other participants as many times as necessary for everyone to understand.
Simulation: Simulate the administration of an injectable birth control by explaining how to protect oneself to administer the injection, going over the packaging of the product before administration (check the expiration date), preparation of the person to receive the product (information), as well as what should and should not be done (clean the injection site, do not massage or rub the injection site).

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.
Preparation: Look for mangoes or oranges that will serve as the deltoid muscle and dispense real products or empty syringes. If there is a large number of participants, break up them into groups with one group per trainer.
Simulation: Use a pen to mark the spot on the fruit where the injection should be done and simulate administration of an injectable birth control.

g. Pills:

"Now we'll discuss pills."

Pass around a sample of each type of pill or any useful tools to help participants better understand.

The pills contain one or two hormones that prevent ovulation and the sperm from meeting the egg.

There are three types of pills: the Progestin-only pill, the Estrogen-progestin pill, and the Emergency Contraceptive pill.

g.1. Progestin-only pill:

Questions/Points	Answers
How is it used?	<p>Take one pill every day at the same time. Start a new box as soon as one box is finished.</p> <p>If the pill is taken more than three hours late:</p> <ul style="list-style-type: none"> ● Take the pill as soon as possible and continue taking it. Take two pills at once if the pill was forgotten the day before.

	<ul style="list-style-type: none"> •Use a condom or abstain from sexual intercourse for at least two days and continue taking the pill normally. <p>Pills are available through CHWs or at health centers.</p>
What is the ideal time to start?	<ul style="list-style-type: none"> •Immediately after delivery. •Any time outside of pregnancy.
How effective is it against pregnancy?	Efficacy during the first year of use is approximately 97% for lactating women and 92% for non-lactating women.
Benefits	<ul style="list-style-type: none"> •Does not affect milk production. •Use can be stopped at any time without the help of a healthcare provider.
Some information to remember:	<ul style="list-style-type: none"> •Effective but requires taking the pill every day at the same time to be effective. Forgetting also increases failure. <p>Note: CHWs should discuss ways to remember to take the pill. For example, the woman may associate taking the pill with daily activities, such as brushing her teeth.</p> <ul style="list-style-type: none"> •Does not protect against STIs, including HIV/AIDS.

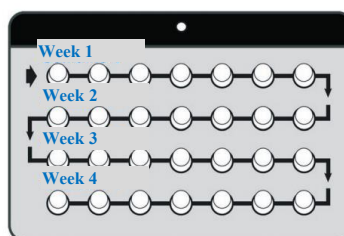


Figure 7: Progestin-only pill (WHO)

g.2. Estrogen-progestin pill:

Questions/Points	Answers
How are they used?	<p>Take one pill a day. Start a new box when one box ends.</p> <p>If you forget:</p> <ul style="list-style-type: none"> •If you forget for one or two days, take the pill as soon as possible and then continue normally. •If you forget for more than two days in a row, use a condom for seven days while continuing to take the pill. •If you forget during the 3rd week, DO NOT take the 4th week's inactive pills and start a new box after you finish the 3rd week. (So throw away the pills for the 4th week.) <p>Estrogen-progestin pills are available through CHWs or at health centers.</p>
What is the ideal time to start?	<ul style="list-style-type: none"> •Six months after delivery if breastfeeding (estrogen-progestin pills can affect breastfeeding). •Six weeks after delivery.

	<p>Note: Under no circumstances should pills be taken until three weeks after giving birth because taking pills (containing Estrogen and Progestin) during this time increases the risk of blood clots.</p> <ul style="list-style-type: none"> •Any time outside of pregnancy; outside of the above-mentioned periods.
How effective is it against pregnancy?	The efficacy of the pills depends on the user: the risk of pregnancy is highest when a woman forgets the pill for three days. During the first year of use, efficacy is approximately 92% (WHO, MAY2015).
Benefits	<ul style="list-style-type: none"> •Effective if no doses are forgotten. •Can be discontinued at any time without the intervention of a healthcare provider. •Rapid return of fertility upon discontinuation. •Helps control certain menstrual disorders (irregularity, heavy, pain).
Some information to remember:	<ul style="list-style-type: none"> •More effective than the progestin-only pill but less effective than IUDs, implants, or injectable birth control. •More contraindications than other birth control methods because it contains estrogen. •Does not protect against STIs, including HIV/AIDS.

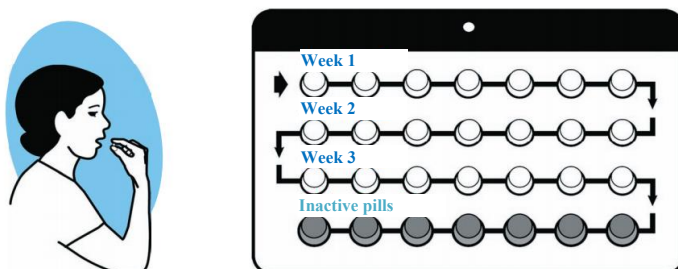


Figure 8: Estrogen-progestin pill (OMS)

g.3. Taking progestin-only pills and estrogen-progestin pills:

“We will now discuss how to correctly take progestin-only pills and estrogen-progestin pills.”

We have several types of pills determined by the number of pills in the blister pack (packs of 21 pills and packs of 28 pills).

For packs of 28 pills, if the last seven pills are a different color, they do not contain hormones. Also, some manufacturers replace these last pills with iron combined with folic acid or even just sugar.

Tell participants that these last seven pills are just there to help the woman remember to start the next pack on time. Emphasize to participants that taking the pills should not start with these seven tablets.

For packs of 21 pills, all of the pills contain hormones, and they must all be taken regularly and in their entirety to ensure efficacy of the method.

On most packs, an arrow indicates the direction in which the pills should be taken.

To start a new pack, you must:

- **For packs of 28 pills:** start a new pack the next day.
- **For packs of 21 pills:** wait seven days after the last pill to take the first pill from the next pack (on the 8th day).

Example: if the pack is finished on a Monday, start a new pack the following Monday.

It is very important to start the next pack on time, because there is a risk of pregnancy if a pack is started too late.

Note: sometimes, women will need to use another method (abstinence, condom, withdrawal, or interrupt coitus) temporarily if they forget.

g.4. Correctly Taking the Pill:

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: Dispense one pack of 28 pills to one volunteer and one pack of 21 pills to another volunteer.

Repeat the exercise with other volunteers as many times as necessary for everyone to understand.

Directions: Ask each volunteer to explain how to take the pill in each of the situations below:

- Taking the pill in general,
- Taking the pill depending on the type of pack that was dispensed (21 or 28 pills),
- How to proceed if one, two, or three pills are missed (not taken),
- How to proceed if the pill was not taken at the same time (Estrogen-progestin pill or Progestin-only pill).

h. Barrier Methods of Birth Control :

h.1. Overview of Barrier Methods of Birth Control:

“Together, we will discuss barrier methods of birth control.”

Barrier methods of birth control prevent pregnancy by preventing sperm from reaching the eggs.

Barrier methods include:

- External condoms (called male) and internal condoms (called female).
- Diaphragms.
- Spermicides: creams, gels, suppositories, or foaming tablets, and aerosols.

“For this training, we will only discuss male condoms.”

The **external condom (male)** is a rubber cap-shaped contraceptive that is placed on the erect penis.

Condoms collect sperm during ejaculation; they are a barrier to the passage of sperm and provide protection against STIs, including HIV/AIDS.

Questions/Points	Answers
How are they used?	Put a new condom on the erect penis (male condom) before each sexual act. After intercourse, discard it in the trash or in a latrine.

	<p>Note: never use a male condom and a female condom at the same time as this decreases efficacy.</p> <p>Condoms are available through CHWs and health centers.</p>
What is the ideal time to start?	<ul style="list-style-type: none"> •Immediately before sexual intercourse and each sexual act.
How effective is it against pregnancy?	<p>The efficacy of condoms depends on the users: the risk of pregnancy or STIs increases if the condom is not used with each sexual act or is used incorrectly; its efficacy may reach approximately 85% (WHO, MAY2015).</p>
Benefits	<ul style="list-style-type: none"> •Easy to use without a healthcare provider. •Provide dual protection against pregnancies and STIs. •Can be used at the same time as other methods of FP. •For some users, may correct premature ejaculation (delay ejaculation).
Some information to remember:	<ul style="list-style-type: none"> •They are more effective if combined with spermicides. •Prevent STIs, including HIV/AIDS. •Must be used correctly with each sexual act. •Do not tear the condom when putting it on or opening the package. •The two partners must agree to use it. •Possibly decrease pleasure and sexual drive for some people. •Not confidential.



Figure 9: Male condom (WHO)

h.2. How to use the Male Condom:

“Together, we will discuss how to correctly wear a male condom.”

Inform participants that this exercise seems simple, but it requires taking precautions to keep the method effective.

The correct use of the male condom includes five basic steps that are described in the table below.

Basic steps	Important Explanations
1. Use a new condom with each sexual act.	<ul style="list-style-type: none"> • Verify that the packaging is not used, damaged, or expired. If it is, do not use that condom. • If possible, wash your hands with soap and water before putting on the condom. • Carefully tear the packaging open (without nails or teeth in order not to damage the condom).

2. Before each physical contact, put the condom on the erect penis with the rolled side out.	<ul style="list-style-type: none"> ● For maximum protection, put the condom on before the penis comes into contact with the genitals, mouth, or anus.
3. Unroll the condom to the base of the penis.	<ul style="list-style-type: none"> ● The condom should unroll easily. ● If the condom does not unroll easily, check that it is not damaged or expired. ● If the condom has been put on inside out and no other condom is available, flip it around and unroll it again onto the penis.
4. Immediately after ejaculation, hold the edge of the condom at the base of the penis while it is still erect.	<ul style="list-style-type: none"> ● Withdraw the penis. ● Slide the condom off the penis, being careful not to spill any semen. ● A new condom must be used for each act.
5. Dispose the condom taking proper precautions.	<ul style="list-style-type: none"> ● Put the condom back in its packaging and discard it in the trash. Do not discard the condom in the toilet as this may clog it.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: set up a model or banana to practice using the male condom.

Directions: ask a volunteer to demonstrate putting on a male condom while explaining the five steps described above.

i. Birth Control Methods based on Fertility Awareness:

i.1. Overview of Birth Control Methods based on Fertility Awareness:

"We will now discuss birth control methods based on fertility awareness."

Methods based on fertility awareness help women know which days of the month they are at risk of becoming pregnant (fertile days). They require the partner's cooperation in abstaining from sexual intercourse or using another method during fertile days (for example, condoms or withdrawal).

There are several techniques for recognizing fertile days in women, such as:

- Calendar methods.
- Symptom-based methods.
- Breastfeeding method.

"For this birth control method, we will use the calendar method of using either a regular calendar (for people who are comfortable with this method) or just a necklace."

Two conditions are essential for choosing the calendar method:

- A regular cycle (between 26 and 32 days) in women.
- The couple's agreement to avoid sexual intercourse on days when she is at risk of becoming pregnant or using another method on those days.

To find answers to the two conditions above, the CHW can ask the woman and couple the following questions:

- Are your menstrual periods usually about a month apart?

- Do your menstrual periods usually occur when you expect them?
- Would you both be able to avoid having sex for several days when the woman is fertile and at risk of becoming pregnant?
- Can you talk to each other openly about when you want to have sexual intercourse and when you should avoid it?

If the woman or couple answers “NO” to any of these questions, the CHW should encourage the woman or couple to choose another birth control method. However, if the woman insists, she can still be taught by simply informing her that this method may not be effective for her.

Questions/Points	Answers
How are they used?	<ul style="list-style-type: none"> •Place the ring in the correct place (over the red bead). •Move the ring EVERY DAY in the direction the arrow is pointing. •Apply the COA according to the position of the ring. •Necklaces are available through CHWs or at health centers.
How effective is it against pregnancy?	The efficacy of the calendar or necklace usually depends on the users: the risk of pregnancy is higher when couples have sex on fertile days without using another method. This efficacy can reach 86% to 96% during the first year of use (WHO, 2018).
Benefits	<ul style="list-style-type: none"> •These are natural methods. •Allow some couples to adhere to their religious or cultural norms.
Some information to remember:	<ul style="list-style-type: none"> •The two partners must agree to avoid intercourse or use another method on fertile days. •If her menstrual periods become irregular, these methods are not reliable, and it is best to choose another method. •Do not protect against STIs, including HIV/AIDS.



Figure 10: Some tools used by women to gain awareness of fertile days (WHO)

i.2. How to use the Necklace:

"We will now look at how to use the necklace."

The contraceptive necklace includes:

- Different colored beads:
 - White beads represent days when women can become pregnant if they have unprotected sexual intercourse (only 12 days per cycle).
 - Brown beads represent days when women are unlikely to become pregnant after having unprotected sexual intercourse.
 - The dark brown bead indicates whether the woman's menstrual cycle lasts less than 26 days.
 - The red bead marks the first day of her menstrual period.
- A rubber ring that must be moved over the beads every day.
- An arrow indicating the direction in which the ring should be moved.

Note: Day one of the cycle is the first day of red bleeding, not spotting.

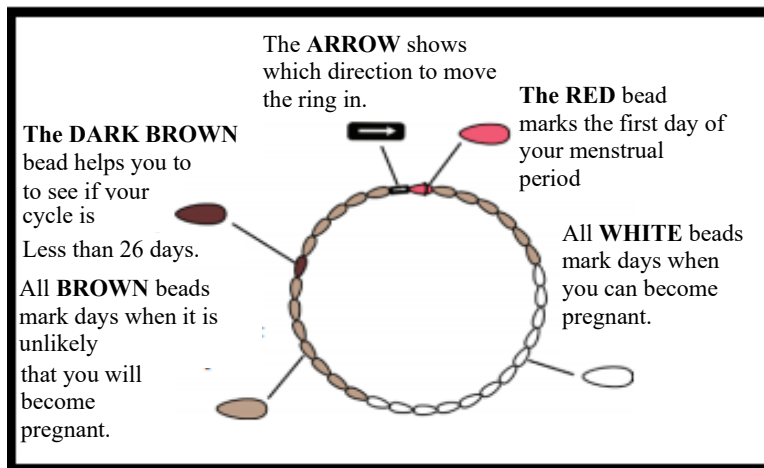


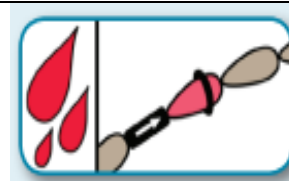
Figure 11: Overview of the Necklace

To avoid forgetfulness, it is recommended that the patient mark the first day of her menstrual period, i.e. the day she puts the ring on the red bead, on a calendar, or on a sheet that she should keep.

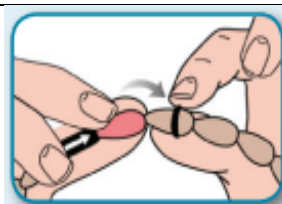
Note: the CHW should help the patient record this date.



On the first day of your menstrual period, put the rubber ring on the RED bead. As a reminder, day one of the cycle is the first day of red bleeding, not spotting.



Keep moving the ring every day, from one bead to the next, even on the days you have your menstrual period.

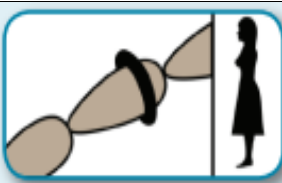


On days when the ring is on a WHITE bead, refrain from having sexual intercourse or use another method. You can become pregnant on these days.

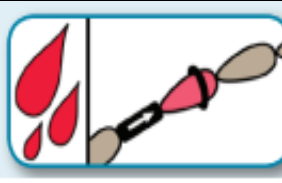


When the ring is on a BROWN bead, you can have sexual intercourse. It is unlikely that you will become pregnant on these days.

Note: you are not protected against STIs/HIV.



On the day your menstrual period starts, move the ring back to the RED bead. Skip all the other beads. Starting your menstrual period indicates the start of a new cycle.



- If your menstrual period starts before you move the ring to the DARK BROWN bead, your menstrual period started too early and this method is not reliable for this cycle.
- If your menstrual period has not yet started on the day you move the ring to the last BROWN bead, your menstrual period started too late and this method is not reliable for this cycle.
- The CHW should recommend that patients consult with them or a provider if they have more than one irregular cycle within a year.

i.3. Use of the Necklace:

"We'll move on to applying what we've learned about using the necklace."

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Preparation: select one volunteer and give him/her a necklace; repeat this simulation with other participants as many times as necessary for everyone to understand.

Simulation: simulate the use of the necklace by explaining the essential conditions and the steps.

j. Withdrawal or Coitus Interruptus:

"We will now discuss withdrawal or coitus interruptus."

Withdrawal or coitus interruptus involves the man removing his penis from the vagina and ejaculating outside the vagina so that sperm does not enter her genitals.

Questions/Points	Answers
How effective is it against pregnancy?	<p>Withdrawal or coitus interruptus is one of the least effective methods; its efficacy is approximately 80% during the first year of use (WHO, 2018).</p> <p>Its efficacy also depends on the users: the risk of pregnancy increases when men do not remove their penis from the vagina before ejaculating with each sexual act and when the method is not routinely used.</p>

k. Exercise on the Efficacy of Birth Control Methods against Pregnancy and STIs, including HIV:

"We just looked at birth control methods and talked about the efficacy of each of these methods. To assess your understanding of the efficacy of the birth control methods, we will do an exercise."

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation:

1. Write down all the birth control methods seen in this training on sheets of paper. Write each method more than once.
2. Put two large sheets of paper on the board. Divide the first large sheet of paper for pregnancy into four columns: "High Efficacy," "Medium Efficacy," "Low Efficacy," and "No Efficacy". Divide the second large sheet of paper for STIs and HIV into two columns: "Effective" and "No Efficacy."
3. Hand out the first half of the sheets of paper to the participants (one per participant).

Instructions:

1. Ask participants to determine the efficacy level against pregnancy imparted by the method written on their sheet of paper and stick their sheet of paper to the corresponding column. The other participants can move the sheet of paper into another column in case of disagreement.
2. Then hand out the second half of the sheets of paper to the participants (one per participant). Ask participants to determine the efficacy level against STIs, including HIV, imparted by the method written on their sheet of paper and stick their sheet of paper onto the large sheet of paper in the corresponding column. The other participants can move the sheet of paper into another column in case of disagreement.

- Continue the discussions by asking participants the following questions:
 - When you look at the chart, what do you notice?
 - What are the most effective methods to prevent pregnancy?
 - What are the most effective ways to prevent STIs and HIV?
- Emphasize the concept of double protection (use of two birth control methods), one against pregnancy and the other against STIs and HIV.

Sort out the birth control methods that we have gone over by efficacy against pregnancy.

High Efficacy	Medium Efficacy	Low Efficacy	No Efficacy
<ul style="list-style-type: none">•IUD•Implants•Vasectomy•Female sterilization	<ul style="list-style-type: none">•Injectable birth control (Depo-Provera® and Sayana Press®)•Estrogen-progestin pill•Progestin-only pill•LAM•Male condom•Emergency contraception	<ul style="list-style-type: none">•Methods based on fertility awareness (calendar and necklace)•Withdrawal	<ul style="list-style-type: none">•No method

Separate the birth control methods that we have seen by efficacy against STIs, including HIV.

Effective	No Efficacy
<ul style="list-style-type: none"> •Male condom 	<ul style="list-style-type: none"> •IUD •Implants •Vasectomy •Female sterilization •Injectable birth control (Depo-Provera and Sayana Press). •Estrogen-progestin pill •Progestin-only pill •LAM •Male condom •Emergency contraception •Methods based on fertility awareness (calendar and necklace) •Withdrawal

I. Emergency Contraception:

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What is emergency contraception?
2. In what situations is emergency contraception used?
3. Are you aware of any methods that can be used as emergency contraception?

Answers:

1. Emergency contraception is defined as birth control methods that can be used to prevent pregnancy after risky sexual intercourse and must be used within five days of risky sexual intercourse. The sooner they are used after intercourse, the more effective they are (up to 95%).
Emergency contraceptive pills prevent or defer ovulation and do not induce abortion. Copper IUDs prevent fertilization by causing chemical changes. Emergency contraception does not interrupt an established pregnancy or harm an embryo [1].
2. Emergency contraception is used to prevent pregnancy after risky sexual intercourse, such as:
 - No birth control (or late taking the pill or injectable birth control or expulsion of the IUD)
 - Sexual assault or rape
 - Tearing or breakage of the condom
 - Failure to interrupt coitus
 - Error in calculating the abstinence period
 - Add additional examples that participants mention.

There are several methods of emergency contraception, but two methods are available from the CHW and the others from community health centers.

It should be noted that the choice of one method over another depends not only on the patient's choice, but also on some factors that we will discuss together.

The two emergency contraception methods available from CHWs are:

1. Ulipristal Acetate-based pill (EllaOne): one single-dose tablet
2. Levonorgestrel-based pills:
 - o NorLevo or Postpill: one single-dose tablet (dosed at 1.5 mg)
 - o Norvel: one tablet/day x 2 (dosed at 0.75 mg)

Estrogen-progestin pills and copper IUDs may also be used for emergency contraception. These are the same methods as those discussed previously, but taken in a different way. The use of an IUD or Estrogen-progestin pills as emergency contraception requires referral to the health center.

1.1 Ulipristal Acetate or Levonorgestrel progestin-based pills:

“We will go over more specific information about emergency contraceptive pills.”

Assign participants to read each row in the table below, as was done for the other birth control methods. Then, correct the information on the large sheet of paper for this method during the initial group exercise.

Questions/Points	Answers
How are they used?	Emergency pills should be taken no later than five days after having unprotected sex but are most effective if taken as soon as possible after having unprotected sex and ideally within the first three days. Pills are available from CHWs or at health centers.
What is the ideal time to start?	<ul style="list-style-type: none"> •Immediately after unprotected sexual intercourse.
How effective is it against pregnancy?	The efficacy of emergency contraceptive pills depends on the time elapsed before the pill is used and can reach approximately 95% (WHO, MAY2015). Efficacy is lower in women weighing 75 kg or more; these pills are not usable in women weighing more than 80 kg (2) .
Benefits	<ul style="list-style-type: none"> •Effective if they are taken within three days (for Levonorgestrel-based pills) and within five days (for Ulipristal Acetate-based pills) after unprotected sexual intercourse. •Without contraindications. •Do not require a healthcare provider. •Give the patient complete control of fertility.
Some information to remember:	<ul style="list-style-type: none"> •Can be used after recent unprotected sexual intercourse or when another FP method has failed. •Often effective but less effective and associated with more harmful effects than other methods. •Much more effective if they are used immediately after sexual intercourse. •Do not protect against STIs, including HIV/AIDS. •Another method may be used to replace these emergency contraceptive pills.



Figure 12: Emergency contraception (WHO)

I.2. Copper IUD for Emergency Contraception.

The same copper IUD that was previously discussed can be used as emergency contraception if used within five days of risky sexual intercourse. It may be up to 99% effective to prevent pregnancy in this situation.

This method is particularly suitable for three situations:

- 1) Women who not only want an emergency birth control method, but also wish to start a long-lasting, reversible, highly effective birth control method,
- 2) Women seeking an emergency birth control method, having a contraindication to pills containing Ulipristal Acetate or Levonorgestrel, such as women who weigh over 80 kg,
- 3) Women who want an emergency birth control method and have had unprotected intercourse more than three days prior (the efficacy of other emergency contraception methods is lower than the efficacy of the IUD in this situation).

CHWs should refer women who wish to use this emergency birth control method to the health center as soon as possible.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Fatima Cissé:** you are a member of the community and during your CHW's HV, you admit that you do not want to have another child at this time. However, two days ago, you had unprotected sexual intercourse when you made a mistake calculating the days when you are at risk of becoming pregnant. You are afraid of becoming pregnant because you don't have the means to feed another child, and you don't know what to do. You are wondering if you can start a birth control method.
2. **Koro Maiga:** you are the CHW visiting Fatima Cissé for a HV.
 - Reassure her on the role that emergency contraception may play.
 - Outline the different emergency birth control methods available.
 - Go over the different options for the method that will follow the emergency contraception.

Section 3: Awareness and Management of Misinformation and Misconceptions about Birth Planning and Interpregnancy Interval

1. Introduction to Misinformation and Misconceptions about Birth Planning and Interpregnancy Interval:
“Now, we will discuss misinformation and misconceptions about FP that hinder the use of birth control methods.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. Define misinformation and misconception.
2. Do you have any examples of misinformation or misconceptions related to FP or interpregnancy interval?

Answers:

1. **Misinformation:** Information that contains errors or is inaccurate or false.
Misconception: A set of beliefs or ideals about a phenomenon.
2. Participants’ examples.

Misinformation and misconceptions impede the use of modern birth control methods.

The CHW should correct and eradicate this misinformation and these misconceptions by replacing them with correct information.

It is important to note that there is a great deal of misinformation and misconceptions which vary from one country to another, one region to another, and one culture to another.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: choose two examples of misinformation and misconceptions for each method from the appendix or list below.

Directions: ask participants to correct the misinformation/misconception.

Short list of misinformation and misconceptions (two per birth control method):

IUD:

Misinformation	Correct information
IUDs cause pelvic infections.	IUDs do not cause pelvic infections. Gonorrhea and chlamydia are bacteria that mainly cause pelvic inflammation.
IUDs make the woman infertile.	A woman can become pregnant as soon as the IUD is removed.

Implants:

Misinformation	Correct information
Implants cause birth defects.	Implants do not cause birth defects or harm the fetus.
Implants move to other parts of the woman's body.	Implants do not move in a woman's body. They remain where they were inserted. In rare cases, an implant can be removed, usually because it has not been inserted properly or because of an infection.

LAM:

Misinformation	Correct information
LAM is not an effective planning method.	The LAM method is highly effective if women have not yet had their menstrual period, if they are exclusively breastfeeding, and if their baby is less than six months old.
The LAM method is a method for overweight women who follow a special diet.	Women of all weights and women who follow a normal diet may use the LAM method.

Vasectomy:

Misinformation	Correct information
Vasectomy involves removing a man's testes.	The testes are not removed during a vasectomy. The vas deferens are blocked.
Vasectomy decreases a man's sexual enjoyment and causes the man to gain weight or become weaker, less masculine, or less productive.	After a vasectomy, the man looks the same and his body works in the same way, including erection and ejaculation. He may have sexual intercourse as he did before. Vasectomy does not make men weak and does not cause weight gain.

Injectable Birth Control:

Misinformation	Correct information
Menstrual bleeding that does not accumulate in the woman's body.	Injectations can stop a woman's menstrual period, but, as was the case during pregnancy, the blood doesn't build up in her body. It's not dangerous.
Injectable birth control causes an abortion if the woman is already pregnant.	Injectable birth control does not terminate an existing pregnancy.

Progestin-only pills:

Misinformation	Correct information
Progestin-only pills cause abortion or birth defects.	Progestin-only pills do not cause defects or harm the fetus if a woman becomes pregnant while taking progestin-only pills or if she accidentally starts taking progestin-only pills while she is already pregnant.
Progestin-only pills stick together in the stomach	Progestin-only pills do not stick together in the stomach. In fact, the pill dissolves every day.

Estrogen-progestin pills:

Misinformation	Correct information
The pills change a woman's sexual behavior.	This is not generally the case. The vast majority of pill users do not notice such changes and some report that their sexual cravings improve. However, some women do complain of such problems.
The pills cause abortion or birth defects.	The pills do not cause abortions or defects or harm the fetus if a woman becomes pregnant while accidentally taking pills or if she accidentally starts taking pills while she is already pregnant.

Emergency Birth Control Pill:

Misinformation	Correct information
Emergency birth control pills cause abortions.	Emergency birth control pills do not work if a woman is already pregnant. If taken before ovulation, they prevent or delay ovulation.
Emergency birth control pills cause birth defects if the woman is pregnant.	Emergency birth control pills do not cause birth defects and do not harm the fetus if a woman is already pregnant when she takes the emergency birth control pill or if the emergency birth control pill does not work to prevent pregnancy.

Male Condom:

Misinformation	Correct information
Male condoms make a man sterile, impotent, or weak.	Using male condoms does not make a man sterile, impotent, or weak. There are many causes of impotence. Some are physical and others emotional, but none are related to condoms.
Male condoms are methods for female sex workers (prostitutes) and should not be used by married couples.	No, condoms are used during many sexual acts around the world in both casual situations as well as by married couples.

Calendar/Necklace:

Misinformation	Correct information
Methods based on fertility awareness are not effective methods.	If the couple avoids sexual intercourse or uses another method during the woman's fertile period, methods based on fertility awareness may be effective.
Methods based on fertility awareness require that the person be able to read or write, or that she is educated.	Illiterate couples can effectively use methods based on fertility awareness. Couples should be motivated to avoid sexual intercourse during fertile days and know how to use the method, but they do not necessarily need to know how to read or write.

2. What to do when Dealing with Information about Birth Planning and Interpregnancy Interval:

“We will now look at how to handle this type of misinformation when it is shared by communities.”

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: hand out a copy of the decision tree to each participant.

Directions: select participants to explain each branch of the tree. Repeat the exercise as many times as necessary for everyone to understand.

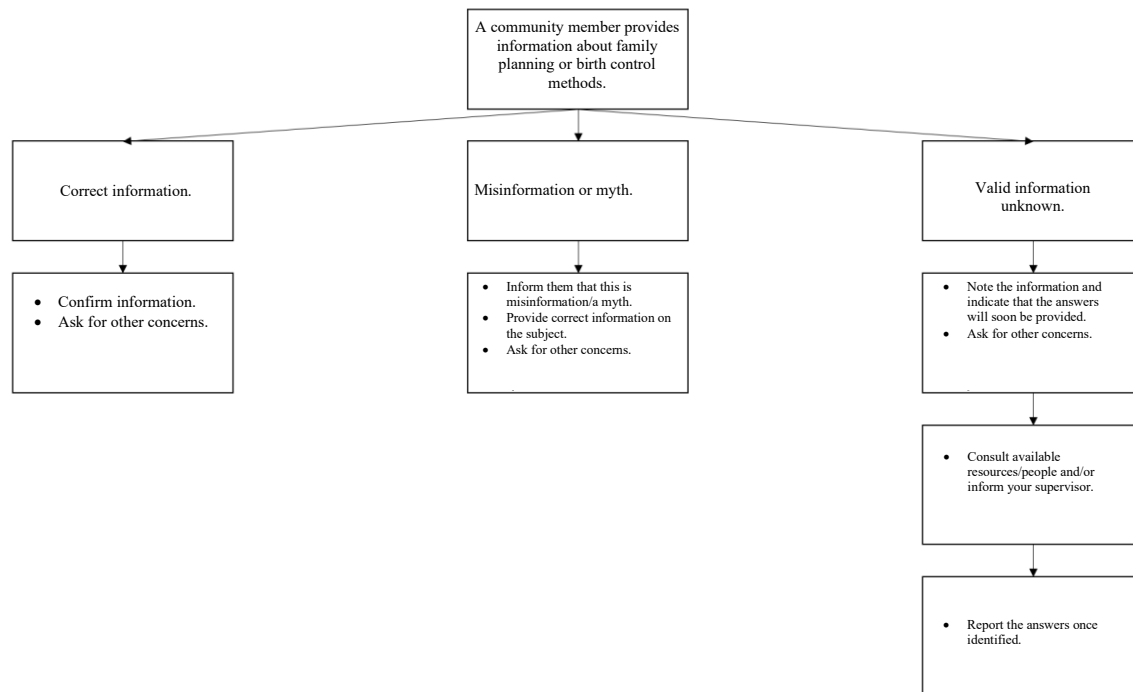


Figure 13: Decision tree for managing information about FP, interpregnancy interval, and use of birth control methods

3. Discussion with Communities about Misinformation and Misconceptions.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

3. **Binta TRAORE:** you are a member of the community who wants to start FP, but before that, you need more details on some information (some is correct and some is misinformation/a misconception) that has prevented you from starting it despite the need [you feel].
4. **Djeneba MAIGA:** you are the CHW.
 - Use your knowledge of birth control methods, misinformation and misconceptions, and the decision tree to conduct a discussion that will reassure Binta.

Some notes for the trainer for the summary for these role-plays:

- *Make sure that those playing the CHW role recall the definition of misinformation and misconceptions and their impact on community acceptance of FP.*
- *Make sure that the information provided by the people playing the CHW role is accurate and clear in order to gain community trust.*
- *Make sure that those playing the CHW role understand and respect the views of communities.*

Section 4: Awareness and Management of Side Effects Related to Birth Control Methods

1. Overview of Side Effects:

“After discussing misinformation and misconceptions, we will now discuss side effects that also hinder FP.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What is a side effect?
2. What do you know about the side effects of birth control methods?
3. What are the side effects of each method?

Answers:

1. A side effect is an effect that occurs in addition to the desired main effect after the use of a product (birth control method) or following a procedure (surgery).
2. The use of birth control methods may cause side effects that differ from one method to another. These side effects are tolerated differently from one person to another. This is one of the reasons why there is not one method that is best for everyone.
3. See the table below.

Some of the methods we’ve gone over have almost no side effects. This includes the LAM method, male condom, necklace or calendar, withdrawal or coitus interruptus.

Usually, most side effects decrease or disappear during the first few months of using the method; however, some rare effects require special management.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: hand out a copy of the table below to all participants.

Directions: for each row on the table, select a participant who will be in charge of explaining the content of that row to the other participants.

Most side effects are common to IUDs, implants, injections, Progestin-only pills, Estrogen-progestin pills, and emergency birth control pills, while others are specific to certain methods:

Birth Control Methods	Side Effects
Common to IUDs, implants, injections, Progestin-only pills, Estrogen-Progestin pills, emergency birth control pills.	<ul style="list-style-type: none">● Changes in menstrual period:<ul style="list-style-type: none">○ Bleeding is more profuse and cramps are more painful (more common effect for copper IUDs).○ Bleeding is less profuse and cramps are less painful.○ Total cessation of menstrual periods.○ Shorter or prolonged menstrual periods.○ Mild bleeding at any time during the cycle (more common effect for implants and progestin-only pills).

	<ul style="list-style-type: none"> ● Headaches. ● Nausea and dizziness (vertigo). ● Breast pain/Tenderness. ● Change in appetite and weight gain. ● Mood changes. ● Decreased libido. ● Acne (pimples on the face).
Specific to IUDs.	<ul style="list-style-type: none"> ● Abdominal/Pelvic pain.
Implant specific.	<ul style="list-style-type: none"> ● Pain at the insertion site.
Specific to injectable birth controls.	<ul style="list-style-type: none"> ● Decreased bone density, delayed return of fertility after cessation of use.
Specific to emergency birth control pills.	<ul style="list-style-type: none"> ● Abdominal pain and vomiting.
Specific to Estrogen-progestin pills.	<ul style="list-style-type: none"> ● Reduction in the amount of breast milk in breastfeeding women. ● Increased risk of blood clots (in the legs or lungs). ● Increased risk of heart attack (heart stops beating) or CVA (brain no longer receives enough blood to function normally).

To help CHWs correctly manage side effects in people, we have classified them according to the COA to take when dealing with these effects.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: Hand out a copy of the table below to all participants.

Directions: For each row on the table, select a participant who will be in charge of explaining the content of that row to the other participants.

Side Effects	COA
<ul style="list-style-type: none"> ● Changes in menstrual period: <ul style="list-style-type: none"> ○ Bleeding is lighter and cramps are less painful. ○ Total cessation of menstrual periods. ○ Shorter or prolonged menstrual periods. ○ Light bleeding at any time during the cycle. ● Breast pain and tenderness. ● Change in appetite and weight gain. ● Mood changes. ● Decreased libido. ● Abdominal or pelvic pain. ● Acne. 	<p>No immediate support or referral.</p> <p>If these symptoms persist, worsen or are very bothersome to the patient, referral may be the best COA.</p>

<ul style="list-style-type: none"> • Headaches. • Nausea and dizziness (vertigo). • Change in menstrual periods: bleeding is heavier and cramps are more painful. • Pain or infection at the implant site. • Vaginal infection. 	Referral to [HEALTH CENTER].
<ul style="list-style-type: none"> • Persistent headaches. • Calf pain, redness, or swelling. • Difficulty breathing. • Chest pain. • Acute visual disturbances, confusion, altered mental abilities, difficulty speaking or hearing. 	Immediate attention at the [HEALTH CENTER]

2. COA when dealing with Side Effects:

“The purpose of this section is to help participants take the best COA when dealing with a person experiencing side effects.”

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: hand out a copy of the decision tree to each participant.

Directions: select participants to explain each branch of the tree. Repeat the exercise as many times as necessary for everyone to understand.

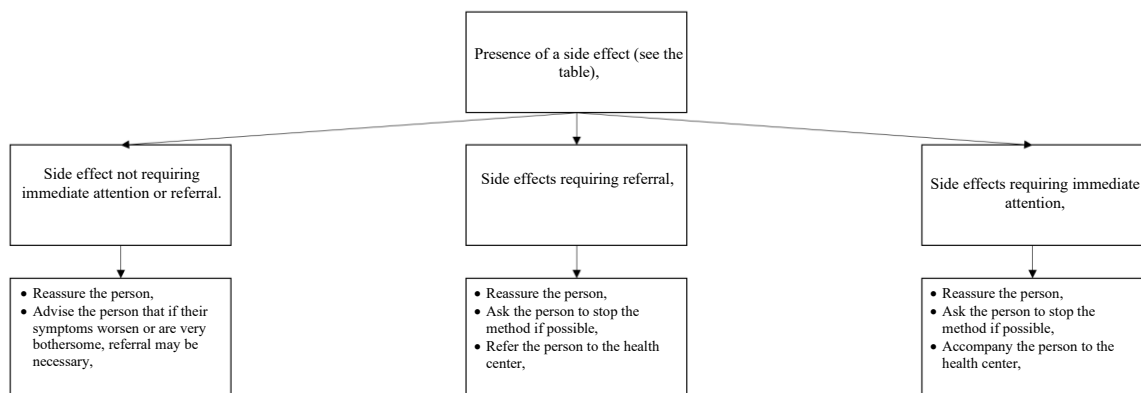


Figure 13: Decision tree for the management of side effects related to birth control methods.

3. Discussion about Side Effects:

"We will be role playing in order to apply our knowledge of side effects associated with birth control methods and use the supporting tools."

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Kadiatou TOURE:** you live in an area covered by a CHW; you have asked **Mah DIARRA**, the CHW in charge of your area, for a urine pregnancy test, and the result was negative. After receiving this result, you felt relieved and said, "I have a seven-month-old baby, my husband is out of work. If the result had been positive, how would I have managed?"
2. **Mah DIARRA:** You ask Kadiatou if she wants to use FP to avoid being in the same situation going forward (living in fear).
3. **Kadiatou TOURE:** "I would rather always live in fear than to use FP, because I don't want children now, but I may want them in the future. I want to stay healthy, and my sister-in-law told me that birth control methods have long-term effects that cause infertility in women."
4. **Mah DIARRA:**
 - Inform Kadiatou about the misinformation has mentioned, for example, "I don't want children now, but I may want them in the future."
 - Give Kadiatou the correct information about the side effects of FP methods.
 - Help Kadiatou make a choice that will suit her. Acknowledge that only she can know her preferences and provide your knowledge of the various options available and how they align with her preferences.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Aissata DIOP:** You are the CHW, Oumou DAOU has asked you for planning services. She had chosen to use the Estrogen-progestin pills, which she has been taking for three weeks. Today, you have heard from Oumou again who is unhappy.
2. **Oumou DAOU:** You have been taking the Estrogen-progestin pill for three weeks with no difficulties. But for the past few days, you have been experiencing nausea and tenderness in your breasts.
3. **Aissata DIOP:** discuss with Oumou and apply the COA (use the side effect tools as needed to identify a COA).

Choose new volunteers among the participants and repeat the same role-play with different birth control methods and side effects (IUD - vaginal infection, implants - menstrual period cessation, injectable birth control - infection at the injection site, progestin-only pills - painful headaches for women, etc.).

Section 5: Awareness and COA when dealing with Contraindications for the Administration of Birth Control Methods

“We will now discuss contraindications of birth control methods.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What is a contraindication?
2. Are you aware of any contraindications for certain birth control methods?

Answers:

1. Contraindications are cases in which it is recommended that a certain birth control method not be used, as this may have harmful effects in that specific case.
2. See the table below.

There are a number of common medical conditions that pose a high health risk when using Estrogen-progestin pills compared to other birth control methods. Before starting Estrogen-progestin pills, make sure the woman does not have any of these conditions. If she insists on taking Estrogen-progestin pills, refer her to the community health center for a discussion with a healthcare provider because, in certain circumstances, she may take the pill. However, in the absence of a prescription written by a provider, the following conditions are contraindications to taking the Estrogen-progestin pill:

Many contraindications are common to all birth control methods, but others are specific:

Birth Control Methods	Contraindications
Common to IUDs, implants, injectable birth control, Progestin-only pills, and Estrogen-progestin pills,	<ul style="list-style-type: none">● pregnancy or suspected pregnancy,● unexplained vaginal bleeding,● breast cancer or suspected breast cancer,● allergy to a component of the method,
Specific to IUDs.	<ul style="list-style-type: none">● ongoing pelvic infection or during recent childbirth,
Specific to implants.	<ul style="list-style-type: none">● skin infection on the arm,
Specific to Estrogen-progestin pills.	<ul style="list-style-type: none">● hypertension,● migraines preceded by visual, olfactory, or auditory disturbances,● smoking (after 35 years of age),● cardiovascular diseases (such as diabetes, heart attack, CVA, etc.),● serious liver diseases (jaundice, liver cancer),● history of blood clots.

Prior to dispensing a birth control method or referring the woman to [COMMUNITY HEALTH CENTER], the CHW should verify that there are no contraindications based on this table. Start by asking questions common to all methods, then ask questions specific to the desired method, if any:

Questions to Check for Contraindications	No	Yes	COA
Do you think you are pregnant? Is the urine pregnancy test positive?	No	Yes	If an answer is “yes,” encourage the woman to choose a method other than IUDs, implants, injectable birth control, Progestin-only pills, and Estrogen-progestin. If all the answers are “no,” go to the questions specific to the desired method. If there are none, the method can be used.
Do you have vaginal bleeding outside of your menstrual periods?	No	Yes	
Do you have breast cancer?	No	Yes	
Do you think you are allergic to a component of the method?	No	Yes	
IUD-specific questions			
Do you currently have a pelvic infection?	No	Yes	If “yes,” encourage the person to choose a method other than the IUD. If “no,” refer her to the health center for placement of the IUD.
Implant-specific Questions.			
Do you have a skin infection on your arm?	No	Yes	If “yes,” encourage the person to choose a method other than the implant. If “no,” refer her to the health center for insertion of the implant.
Questions specific to Estrogen-progestin pills.			
Do you have high BP?	No	Yes	If the answer is “yes,” encourage the woman to choose a method other than Estrogen-progestin pills. If all the answers are “no,” Estrogen-progestin pills can be used.
Do you suffer from migraines preceded by visual, olfactory, or auditory disturbances?	No	Yes	
Do you smoke cigarettes? (after 35 years of age)	No	Yes	
Do you suffer from any cardiovascular disease, such as diabetes, have a history of heart attack or CVA?	No	Yes	
Do you suffer from a liver disease that causes jaundice or liver cancer?	No	Yes	
Have you ever had a blood clot?	No	Yes	

PART 2: HOW TO PROVIDE COUNSELLING ABOUT FP AND INTERPREGNANCY INTERVAL.

Section 1: Introduction to the Counselling Approach

1. Introduction to the Counselling Approach.

“Users are more satisfied with their birth control method and use it for longer if they feel they have made the best choice for themselves; a choice that matches their values, preferences, and needs. The CHW should therefore counsel patients with this goal in mind. This approach respects the fact that the patient is the only one who knows their own needs and preferences.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What do you think about this approach?
2. Which method do you think is most effective?
3. Has a participant ever received directive counselling (from their CHW, physician, midwife, mother-in-law, etc.)? Counselling focused on his/her own values and priorities/preferences? What was the experience of participants with these two counselling approaches? Was one approach more useful, more satisfying to them?
4. Now, imagine that you are the patient receiving counselling from her CHW on birth control methods. What counselling approach do you prefer? Why?

Answers:

1. See the participant examples.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Sali TRAORE:** You live in Yirimadio, you have been pregnant for about six months, and you have regular follow-up from the CHW in charge of your area. The CHW told you that, at her next follow-up visit, she will talk to you about FP. You already have seven children and do not intend to have any more. You are eager to discuss FP because you have no knowledge on the subject; but you don't know which method to choose after your delivery.
2. **Mamou KEITA:** you are the CHW, you provide follow-up to Sali who is six months pregnant. At your next visit, you plan to discuss FP with her. She has told you well before today that she has no knowledge on the subject and that she expects to get a lot of information on the methods available to make a choice that suits her.
 - On the day of your visit, give Sali the correct information on all the birth control methods you are aware of by explaining: how they work, their efficacy, duration of use, any possible side effects, and availability of the method.

When summarizing, ask participants if the counselling method in the role-play was more directive or more focused on the patient's values and priorities. Repeat this simulation with other participants as many times as necessary for everyone to understand.

2. When do CHWs Provide Counselling and what are the Target Populations in the Context of the Work of CHWs?

“We will define when to provide FP counselling and the target populations.”

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation:

1. Divide participants into groups of six and give each group a large sheet of paper.
2. Divide the large sheet of paper into two columns: “When” and “Targets.”

Directions: Each group should complete both columns regarding counselling.

Answers:

<u>When</u>	<u>Targets</u>
<ul style="list-style-type: none">● During routine HVs.● After a negative urine pregnancy test for a woman who does not wish to have a baby at this time.● During pregnancy follow-up activities:<ul style="list-style-type: none">○ During pregnancy (at any time when a pregnant woman requests it and specifically during the 3rd trimester of pregnancy);○ Immediately after delivery.● During visits for essential newborn care.● When a community member requests it.	<ul style="list-style-type: none">● Pregnant women.● Women who have just given birth.● Women of childbearing potential (married, single, etc.).● Men of childbearing potential.

Section 2: Knowledge and Skills to be a Good Counsellor

“The purpose of the following explanations and exercises is to strengthen the CHWs’ skills to effectively provide counselling about FP methods to help the woman or couple make informed decisions about fertility and use of birth control.”

1. Profile and Knowledge, Skills and Attitudes of a Good Counsellor.

“In this section, we will discuss important aspects for providing counselling about FP, including skills and opinions, values and attitudes of a good counsellor.”

1.1. Profile of a Good FP Counsellor.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: None

Directions: Ask each participant to discuss the characteristics that a CHW should have to be a good FP counsellor with their neighbor.

Answers: A good counsellor:

- Seeks to understand the patient’s needs in order to meet them.
- Listens to the patient.
- Asks the patient if he/she wants to ask questions.
- Looks the patient in the eyes.
- Gives accurate information.
- Gives clear explanations.
- Makes sure that the patient has understood.
- Does not judge.
- Does not pressure him/her into making a particular choice.
- Demonstrates empathy.
- Respects confidentiality and privacy of the conversation.
- Is available.
- Is on time.
- Helps the patient make a decision without deciding for him/her.

1.2. Skills and Opinions, Values and Attitudes of a Counsellor.

“We will discuss the skills and opinions, values and attitudes that a counsellor should have, starting with communication skills.”

1.2.1. Communication Skills

a. Tone of Voice

The purpose of this exercise is to make participants understand that tone of voice can influence counselling.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation:

1. Write the following words on sticky notes (at least one per participant): Aggressive, Assertive, Know-it-all, Sad, Happy, Indifferent, Angry, Enthusiastic, Judgmental, Uninterested, Interested, Friendly, Serious, Weary, Impatient, Understanding.
2. Hand out the sticky notes to the participants (they should not reveal what is written on their sticky note).

Directions: Ask each participant to repeat the sentence “Give me the oranges!” using the tone on their sticky notes.

Summary:

1. The exercise shows that it’s not only the meaning of the words that matter, but also the way we talk.
2. Ask the following questions:
 - What tone of voice should the FP counsellor use?
 - How does tone of voice influence the counselling?

b. Active Listening

The purpose of this activity is to make participants aware that active listening can influence counselling.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation:

1. Divide participants into pairs, Participants A and B per pair.
2. Give a paper with the directions “Do not show interest in what this person says to you” or “Show LOTS of interest in what this person says to you” to Participants A. Participant A should not show his/her paper to Participant B.

Instructions:

1. Ask A to listen to B while following the directions on the paper he/she received.
2. Ask B to talk to A for three minutes about a topic of his/her choice.

Summary:

- Ask B if he/she felt comfortable speaking to A.
- Ask A if he/she felt comfortable listening to B.
- What can be done to show interest in a non-verbal way?

Examples of attitudes showing lack of interest:

- Looking elsewhere,
- Looking at one’s phone,
- Doing something other than listening,
- Yawning,

Examples of attitudes showing interest:

- Looking the person in the eyes,
- Answering questions,
- Using body language that indicates listening: nodding, leaning forward,
- Making sounds and exclamations in response to the content.

c. Positive Reinforcement

The purpose of this exercise is to make participants aware that patients need support and to teach participants to offer positive reinforcement.

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What is positive reinforcement in the context of planning?
2. Why is it important to support patients?
3. When should CHWs support patients?
4. How should CHWs support patients?

Answers:

1. Positive reinforcement:
 - Congratulate a woman on returning for follow-up after choosing a method.
 - Reassure women who have fears. For example, if the pill or injection is missed.
 - Show appreciation for the importance and relevance of questions that patients ask.
2. Significance of patient support: Provide patients control of their fertility so they can achieve their goals while supporting them with confidence in their power, in the birth control methods they use, as well as in their providers, and so that they feel comfortable sharing their fears.
3. Patients should be supported during all interactions. This is especially important when a patient asks questions or shares his/her concerns.
4. We support a patient by sharing information and expressing empathy or by responding to any other requests.

d. Open-ended questions.

Asking open-ended questions (which do not limit the choice to certain answers) allows the patient to say what he/she thinks without suggesting that there is a “correct” answer.

A few open-ended questions that can be asked by the CHW to start a conversation about FP:

- Are you familiar with FP?
- What do you think about FP?
- Do you know any FP methods?
- What do you think of the FP methods that you’re familiar with?
- Do you want to have any other children? If so, how many and when?
- Have you ever used a planning method? If so, were you satisfied?
- Do you already have a FP method in mind?
- Do you have any concerns about FP?
- Are you interested in receiving information about FP? If not, why?

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Ada ONOU:** You are 37 years old and have six children, including two who are under one year old. Your husband went to work in the city to earn more money and comes home every month. Before leaving, he asked his older brother to look after you and the children. At your last HV, the CHW wanted to discuss FP, but you declined. You don’t want to have children at this time, but an aunt told

you that FP is for women who cheat on their husband. You are also afraid that your husband's older brother will learn that you are using FP while your husband is away.

- Explain your views on FP.
- 2. **Madou KADI:** during your last HV, Ada declined to discuss FP, but told you she didn't want any more children. You decided to come back later to discuss FP again. Today is the day of your HV.
 - Show support to her as she explains her views (think about your tone, active listening, and positive reinforcement).
 - Start the discussion on FP (think about open-ended questions).
 - If she agrees to continue the discussion, introduce the different methods.

Summary: Discuss with all the participants the communication skills that have been practiced (tone, active listening, positive reinforcement, open-ended questions).

e. Opinions, values and Attitudes of Counsellors.

"We will discuss the opinions, values, and attitudes of counsellors that can influence the relationship with a patient either positively or negatively."

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation:

1. Select 10 statements from those referenced below.
2. Prepare two large sheets of paper and write "AGREE" on one and "DO NOT AGREE" on the other.

Directions: Ask participants to move under the heading "AGREE" or "DO NOT AGREE" after you have read each statement, based on their own opinion (without discussing).

Summary: Summarize the exercise by asking the participants the following questions:

- Was it easy or difficult to make your decision?
- Which statements generated the most differing opinions? Why?

Possible statements include:

- It is up to the man to buy or get condoms;
- Women should be virgins when they get married;
- Young women who are not married should not use an IUD;
- Rape does not apply in marriage;
- The woman is responsible for FP;
- Breastfeeding effectively and easily prevents pregnancy;
- If a patient has already chosen a birth control method, he/she does not need counselling;
- People with HIV should not have sexual intercourse;
- People with HIV should not have children;
- If someone has an STI, it's their fault;
- Hormonal birth control methods may be dangerous for your health;
- Young men or young women should be prohibited from getting sterilized;
- Abstinence is a very effective way to prevent HIV infection;
- I will never provide counselling for methods based on fertility awareness because failures are very common;
- Condoms interfere with sexual pleasure;
- Adolescent girls should have easy access to birth control;

- Married couples are not at risk of contracting an STI or HIV infection;
- There are more risks with sterilization than with other birth control methods;
- Men have a higher libido than women. [1]

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Koro KONATEE:** You are 23 years old and have two children. You want to wait before having more children and are interested in the IUD; however, your husband wants more children right away. You've recently moved and your new CHW comes to visit you to discuss FP. You're surprised because your old CHW told you that you have to wait until your husband is ready before using FP and that the IUD cannot be used by young women.
2. **Alimata DIALLO:** You are Koro's new CHW, coming to talk to her about FP.
 - Start the discussion on FP.
 - Are there any opinions or values shared by the old CHW that need to be corrected or supported?

1.2.2. Decision-making.

"We will discuss decision-making: The factors that influence decision-making, decision-making steps, and how to support different patients in choosing a method."

a. Factors that Influence Decision-making.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: Divide a large sheet of paper into three columns: "Personal Factors," "Social and Cultural Factors," and "Service-Related Factors,"

Directions: Ask participants to give an example of a factor that can influence choosing a method, by going around the table, and asking them to put that factor into one of the three columns.

Answers: see the table below.

Personal factors	Social and Cultural Factors	Service-Related Factors
<ul style="list-style-type: none"> • Socioeconomic situation, • Age, gender, health condition, • Intent to have children, • Autonomy and decision-making power, • Relationship within the couple, • Prior use of a method, • Patient-perceived advantages and disadvantages, • Personal beliefs, 	<ul style="list-style-type: none"> • Social and cultural norms, • Laws or Regulations, • Beliefs of influential people • Reputation of the healthcare facility, • Access to information, • Misconceptions and Misinformation, 	<ul style="list-style-type: none"> • Access to methods, • Provider skills and quality of care, • Attitudes of the provider,

CASE STUDY - Share the story with participants. Be sure to answer all the comprehension questions. Then ask the questions one at a time to the participants. Specify whether the work should be done together, as a team, or individually. Advise participants as to whether they should share their answers. Provide a timeframe in which to do this work. Summarize the concept illustrated by this story at the end of the study.

Story:

Ada asks her CHW, Fanta, to help her choose a FP method. After discussing the benefits of FP and the various methods, Ada decides to use FP, but she is afraid because the CHW is her husband's younger sister.

Mariam has received a FP method from her CHW, Oumou. Mariam's neighbor comes to see her and says that Oumou shared that she was using FP. The neighbor makes fun of her and tells Mariam that she will have side effects. Mariam decides not to return to Oumou for FP.

Sidi is a CHW and during his HV, he meets a group of women in his area. He delves into the subject and explains that there are different birth control methods.

Questions:

- What factors influence Ada's and Mariam's decision?
- What should have been the conduct of the CHW to avoid these situations?

b. Choosing a Method and Decision-making Steps.

For the decision-making process, CHWs will face two main situations:

1. Situation 1: Patient considering using or already using a method;
2. Situation 2: Patient not considering any particular method.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation:

1. Separate participants into two groups;
2. Display two (2) large sheets of paper in different locations in the training room, one with the title "Patient Considering Using or Already Using a Method" and the other "Patient Not Considering any Particular Method,".

Instructions:

1. Ask participants to think about and list the different decision-making steps for their patient type (Group 1 and Group 2);
2. For each decision-making step, ask participants to propose a few (open-ended) questions that they could ask their patients to help them make their decision.

The decision-making steps are:

Patient Considering Using or Already Using a Method	Patient not Considering any Particular Method
<ol style="list-style-type: none"> 1. Ask the patient if they have any questions or concerns about the method. 2. Ask the patient to explain what he/she knows about the method (or how he/she uses the method if applicable). 3. Ask the patient if he/she would like to receive information about other methods. 4. Ask the patient if he/she needs double protection. 	<ol style="list-style-type: none"> 1. Ask the patient what is most important to him/her in a method. 2. Describe the methods that fit this aspect. 3. Ask the patient if he/she has any questions or concerns. 4. Ask the patient to compare what he/she has understood. 5. Ask the patient to make his/her choice if possible. 6. Ask the patient if he/she needs double protection.

Emphasize that CHWs must not impose a birth control method on a patient. Instead, they should suggest methods and most importantly, help the patient choose the method that suits them, taking into account all the factors that may influence the use of a method.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Preparation: Choose two volunteers to start and repeat this role-play with other participants as many times as necessary for everyone to understand.

Roles:

1. **Adiaratou TOURE:** You live in Yirimadio, you asked Sali DIARRA, the CHW in charge of your area, for a urine pregnancy test that came back negative. After receiving this result, you felt relieved and said, “I have a seven-month-old baby, my husband is out of work. If the result had been positive, how would I have managed?” Sali DIARRA then asked you if you wished to receive information on FP methods and you answered, “Yes.”
2. **Sali DIARRA:** You are the CHW and, during one of your HV, you have been asked by Adiaratou for a urine pregnancy test that came back negative.
What should you do?

Answer: The CHW should ask the question: What do you think about this result?

- If the patient is happy that she is not pregnant, the CHW should ask if she would like to receive information on FP.
- If she says yes, determine whether or not she is already considering a particular method, and apply the above steps accordingly.
- If she isn’t interested, listen to her express her concerns. Reassure her, and if she agrees to receive information about FP, give her accurate information.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Preparation: select one volunteer to start and repeat this role-play with other participants as many times as necessary for everyone to understand.

Simulation: You are the CHW. The topic you chose for your discussions today is FP. How will you approach it? Where will you start? What questions will you ask? Refer to a participant for the simulation.

CASE STUDY - Share the story with participants. Be sure to answer all the comprehension questions. Then ask the questions one at a time to the participants. Specify whether the work should be done together, as a team, or individually. Advise participants as to whether they should share their answers. Provide a timeframe in which to do this work. Summarize the concept illustrated by this story at the end of the study.

Story:

Sidi is a CHW and during his HV, he meets a group of women in his area. He/She delves into the subject and explains that there are different birth control methods and that not all are suitable to all women. He/She then continues by discussing the different contraindications for each woman in the group. He/She explains that, because of these factors, they do not get to choose the method. The women all refuse to start FP.

Questions:

- How do you feel about Sidi's approach to where and how to give information about FP?
- Is Sidi right regarding the fact that some women do not get to choose the method?
- Did the women's refusal surprise you?
- What may be some of the reasons for their refusal?

Section 3: Assessment and Post-Test

1. Assessment:

"We are going to do an assessment of this training module."

1. **ASK** participants what their thoughts are on this training module.
2. Then **ASK** the following questions:
 - a. What aspects did you find most useful, and which should be maintained or even reinforced for the remainder of this training or for future training?
 - b. What aspects were not beneficial to you and did not help you understand the concepts?
 - c. What aspects can we improve?
3. **REMIND** participants that there is a suggestion box, and they should not hesitate to use it.
4. **REVIEW** the module objectives and ask participants if they achieved these objectives. If this is not the case, ask them why and summarize these objectives to achieve a better understanding.

2. Post-test:

- *Advise participants that to finish, we will move on to the post-test. Hand out a copy of the post-test to all participants.*
- *Read and go over the questions one at a time pausing (30 seconds per question) to encourage participation.*
- *At the end, thank all participants and collect the forms.*

Bibliographic References:

1. World Health Organization, Department of Reproductive Health and Research, INFO Project, International Planned Parenthood Federation. "Decision-Making Tool for Family Planning Clients and Providers: Training Guide." July 2007. Available at: https://cdn.who.int/media/docs/default-source/reproductive-health/contraception-family-planning/dmt-training-guide-fr.pdf?sfvrsn=23a5f787_21