

COUNSELLING AND INTERPERSONAL COMMUNICATION SKILLS IN SEXUAL AND REPRODUCTIVE HEALTH

A training of trainers guide for health professionals

Facilitator's guide



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June 2006

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Acknowledgements

This manual has been jointly developed by the members of the Quality of Care (QOC) group at IPPF Central and Regional Offices who have been entrusted with the planning and implementation of the “Strengthening the Quality of Reproductive Health Care Programme”.

Special thanks to Ilka Maria Rondinelli, Senior Quality of Care Advisor at the IPPF Western Hemisphere Regional office (WHR) for her lead role developing this module and conducting the inter-regional training in April 2004. Gratitude is also expressed to Sarah Johnson, at the Reproductive Health Research Unit (WHO) and to Ward Rhinehard at the INFO project (Johns Hopkins University) for their collaboration and assistance in developing this training using the WHO *Decision-making tool for family planning clients and providers* (DMT). The QOC group acknowledges the guidance, technical expertise and vision of Dr. Carlos Huezo, former QOC programme coordinator and Medical Director of IPPF. Special thanks are also given to Dr. Mariama Barry for her work on this training manual and the QOC programme.

The QOC group gratefully acknowledges the support of the Bill and Melinda Gates Foundation for funding this programme.

Abbreviations

| | |
|--------|--|
| AR | IPPF Africa Region |
| AWR | IPPF Arab World Region |
| DMT | WHO Family Planning Decision making tool for clients and providers |
| EN | IPPF European Network |
| ESEAOR | IPPF East & South East Asia and Oceania Region |
| HQ | Headquarters |
| IPPF | International Planned Parenthood Federation |
| QI | Quality Improvement |
| QOC | Quality of Care |
| RO | IPPF Regional Office |
| SA | Self-assessment |
| SAR | IPPF South Asia Region |
| SDP | Service Delivery Point |
| SRH | Sexual and Reproductive Health |
| TOT | Training of Trainers |
| WHO | World Health Organization |
| WHR | IPPF Western Hemisphere Region |

Introduction

Goal and objectives

This training of trainers course is designed to strengthen the knowledge and skills of trainers to facilitate training in counselling and interpersonal communication skills in sexual and reproductive health, and to implement the WHO *Decision-Making Tool for Family Planning Clients and Providers* (DMT) at Regional and in-country levels.

The overall objectives are to:

- strengthen the knowledge and skills of trainers to facilitate the training in counselling and inter-personal communication skills
- introduce the WHO *Decision-Making tool for Family Planning Clients and Providers* (DMT)
- implement the WHO *Decision-Making tool for Family Planning Clients and Providers* (DMT) in participants' regional or local settings

About the training

The training is meant to follow a cascade approach similar to the other training modules in the IPPF Strengthening the Quality of Reproductive Health Care (QOC) Programme. The duration of the training is four days. Participants are intended to be quality of care focal persons, Regional Office desk officers, and Association staff selected from Associations involved in the QOC programme. Participants should also have experience as trainers and knowledge of sexual and reproductive health (SRH) and counselling. At the end of the training, participants will have the skills and knowledge necessary to replicate the training module in their local settings. For more information on other QOC trainings and the programme in general, please visit the IPPF website at: www.ippf.org

This training is meant to be used with the WHO *Decision Making Tool for Family Planning Clients and Providers* (referred to as the DMT). The DMT is a counselling flipchart designed to orient counselling sessions in a way that responds to clients' needs and facilitates client decision making. The flipchart includes information on all contraceptive methods as well as a range of other SRH issues, such as the menstrual cycle, gender based violence, STIs, and dual protection. This training can also be adapted in settings where the DMT is not available or where different counselling tools are in use. Many sessions, particular those on interpersonal communication skills and sensitive SRH issues can be provided without the DMT or other counselling tools. Illustrated presentations are available on the CD-Rom included with this training guide.

When conducting this training, trainers may find the following resources which were developed as part of the QOC programme of particular interest:

- IPPF. *Training Skills for Health Professional: Reference manual*: A reference manual discussing key training and facilitation skills.
- IPPF. *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services*. Up to date and essential medical guidelines on the provision of SRH services, which covers all contraceptive methods, counselling, infection prevention, and STIs/ HIV/AIDS. (2004).

Expected outcomes

By the end of the training participants will be able to:

- explain the rationale for integrating communication and counselling into sexual and reproductive health services
- describe the knowledge, skills and attitudes of effective counsellors
- list the conditions for effective counselling at the service delivery level
- describe the structure of the Decision-Making Tool
- explain the decision-making process for informed choice in family planning
- discuss how to work with sensitive issues in SRH
- apply interpersonal communication skills during the counselling process
- explain the approach to counselling promoted by the DMT
- apply appropriate decision-making processes for different types of clients using the DMT
- identify areas for adaptation of the training module for the Regional or in-country level
- develop a work plan for the Regional or in-country training

Methodology

The training follows a participatory approach using a range of training techniques, including:

- case studies
- working groups
- exercise sheets
- role plays
- energizers

Day 1

| Time | THEMES/OBJECTIVES | FACILITATION METHODS | RESOURCES/MATERIALS |
|--------------|---|--|--|
| 60 minutes | <p>Session 1: Opening</p> <p>Welcome</p> <p>Introductions</p> <p>Participant expectations</p> <p>Course objectives</p> <p>Pre-course self-assessment</p> | <p>Brief greeting. Each facilitator introduces him/herself.</p> <p>Participants present themselves using exercises: "who am I?"</p> <p>Participants read the training goals and objectives</p> <p>Participants discuss personal expectations/goals</p> <p>Discuss with the participants the course timeframe, materials available, hotels, per-diem, expenses reports, etc</p> <p>For each day or part of the day a rapporteur will be appointed</p> <p>Participants will complete a pre-course questionnaire, containing training areas to be covered during the training</p> | <p>Handout 1: 'Who am I'</p> <p>Handout 2: "Expectations"</p> <p>Handout 3: "One thing"</p> <p>Training schedule</p> <p>Pre-course questionnaire</p> <p>Flipchart, markers, masking tape</p> |
| 60 minutes | <p>Session 2: Understanding the role of communication and counselling in SRH services</p> <ul style="list-style-type: none"> - Sharing of experiences - Knowledge, skills and attitudes of effective Counselors | <p>Illustrative presentation</p> <p>Exercise 2.1 Small Group work</p> <p>Plenary discussion</p> | <p>Illustrative presentation: "The purpose of counselling in SRH services"</p> <p>Instructions for small groups discussion</p> <p>Laptop, LCD projector and computer diskettes/ CD-ROM or overhead projector and overhead transparencies, screen</p> <p>Flipchart, markers, masking tape</p> |
| 60 minutes | <p>Session 2. Knowledge, skills and attitudes of effective counselors (continued)</p> | <p>Exercise 2.2 Small Groups Discussion</p> | <p>Instructions for the small groups discussion</p> |
| LUNCH | | | |

| Time | THEMES/OBJECTIVES | FACILITATION METHODS | RESOURCES/MATERIALS |
|-------------|--|---|--|
| 30 minutes | Session 3: Introducing the DMT | Illustrative presentation Plenary discussion | Illustrative presentation "Introducing the WHO DMT" WHO DMT Laptop, LCD projector and computer diskettes/ CD-ROM or overhead projector and overhead transparencies, screen Flipchart, markers, masking tape |
| 120 minutes | Session 4: Working with sensitive issues in SRH: To discuss and explore sensitive issues in SRH | Group exercises | Exercise sheets: "I think / I feel" Case studies WHO Decision making flipchart for family planning Flipchart, markers, masking tape |
| 15 minutes | Session 5: Evaluation of the day's activities Instructions for next day | Participants and facilitators reflect on the day Facilitators provide instructions for Day 2 | "Reflection of the day" sheet |

Day 2

| TIME | THEMES/OBJECTIVES | FACILITATION METHODS | RESOURCES/MATERIALS |
|--------------|---|---|---|
| 30 minutes | Session 1: Introduction Warm-up exercise Review of the agenda for the day Reflection of Day 1 | Group activity | Resources for the warm-up exercise |
| 120 minutes | Session 2: Interpersonal communication skills <ul style="list-style-type: none"> • Verbal and non-verbal communication • Active Listening • Language • Questioning Skills • Positive Reinforcement | Brainstorm: How people communicate: Groups exercise: "Give me the oranges" Group exercise: "Interest and Non-Interest" Brainstorm: "Active Listening" Group exercise: "Language" Illustrative presentation and plenary | Flip-chart and markers Exercise sheets Illustrative presentation: "Interpersonal communication in SRH" Laptop, LCD projector and computer diskettes/CD-ROM or overhead projector and overhead transparencies, screen Flipchart, markers, masking tape |
| 90 minutes | Session 3: The decision-making process To discuss clients' decision making process in SRH | Group work Plenary exercise | Case examples Illustrative presentation: "The decision making process" Laptop, LCD projector and computer diskettes/CD-ROM or overhead projector and overhead transparencies, screen |
| LUNCH | | | |

| | | | |
|-------------|---|--|---|
| 120 minutes | <p>Session 4: Working with the DMT</p> <p>To become familiar with the different sections of the DMT</p> | <p>Illustrative presentation</p> <p>Reading exercise</p> <p>Plenary discussion</p> | <p>Illustrative presentation: The WHO DMT”</p> <p>WHO Decision making flipchart for family planning</p> <p>Laptop, LCD projector and computer diskettes/ CD-ROM or overhead projector and overhead transparencies, screen</p> <p>Flipchart, markers, masking tape</p> |
| 15 minutes | <p>Session 5: Evaluation of the day's activities</p> <p>Instructions for next day</p> | <p>Participants and facilitators reflect on the day</p> <p>Facilitators provide instructions for Day 3</p> | <p>“Reflection of the day” sheet</p> |

DAY 3

| TIME | THEMES/OBJECTIVES | FACILITATION METHODS | RESOURCES/MATERIALS |
|--------------|--|--|--|
| 30 minutes | Session 1: Introduction Warm-up exercise Review of the agenda for the day Reflection of Day 2 | Group activity | Resources for the warm-up exercise |
| 120 minutes | Session 2: Practicing with the DMT To practise using the DMT | | WHO Decision making flipchart for family planning Question sheet: "Can you find the answers in the tool?" |
| LUNCH | | | |
| 4 hours | Session 3: Using the DMT with different clients Role plays / case studies | Role plays | Flipchart, markers, masking tape Case studies Role play checklist |
| 15 minutes | Session 4: Evaluation of the day's activities Instructions for next day | Participants and facilitators reflect on the day | |

DAY 4

| TIME | THEMES/OBJECTIVES | FACILITATION METHODS | RESOURCES/MATERIALS |
|------------|--|--|--|
| 30 minutes | Session 1: Introduction Warm-up exercise Review of the agenda for the day Reflection of Day 3 | Group activity | Resources for the warm-up exercise |
| 2 hours | Session 2: Practicing with the DMT (continued) | Role plays Feedback and plenary discussion | Role play checklist |
| 1 hour | Session 3 Planning the regional and in-country training | Participants will develop a work plan by region to prepare and organize the regional and in-country training | Action plan form Flip-chart and markers |
| | LUNCH | | |
| 1 hour | Session 3: continued | | |
| 30 minutes | Session 5 : Final evaluation and closure Post-course questionnaire Course Final Evaluation Certificates | Participants will complete a final evaluation questionnaire Participants will receive certificates of participation | Post-course questionnaires Certificates |

Day 1

Session 1

Opening and introduction

The opening and welcome of a training course are critical. Establishing a safe and comfortable environment will help foster a positive training climate and facilitate the exchange of knowledge and experiences among participants. At the start of the training facilitators should introduce themselves and talk about their own expectations for the course. The overall training goals and objectives should be reviewed and discussed by the group.

Inform the group that this four day training will strengthen participants' knowledge and skills in counselling and interpersonal communication skills in sexual and reproductive health, and will provide the necessary skills to implement the WHO *Decision-Making Tool for Family Planning Clients and Providers* (DMT) at Regional and in-country levels.

After opening remarks, four participatory exercises provide participants with the opportunity to introduce themselves and their Member Associations, and to talk about their expectations for the QOC programme. Participants should get acquainted with each other and with the facilitators in order to work well together during the course. The exercises are:

1. Getting acquainted / presentation by participants
2. Agreeing on ground rules
3. Participants' expectations (to compare with the results with the workshop outcomes at the end of the training) / Course objectives
4. Pre-course self-assessment

Objectives

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

- get acquainted with each other
- set up common ground rules for the training
- list training purpose and objectives
- assess their knowledge and skills in counselling and interpersonal communication
- explain the rationale for integrating communication and counselling into reproductive health services
- describe the knowledge, skills and attitudes of effective counsellors
- list the conditions for effective counselling at the service delivery level
- describe the structure of the Decision-Making Tool
- explain the decision-making process for informed choice in family planning
- discuss how to work with sensitive issues in SRH

Exercise 1.1 Getting to know each other



Aims: To enable participants and facilitators to get to know each other's names and backgrounds as well as to "break the ice"



Material: Handout 1: "Who am I?" (p17)
Flipchart and markers



Time: 15 minutes



Participants: Plenary



Steps:

1. Distribute the handout: "Who am I?" to each participant and give them five minutes to complete it.
2. Collect all the forms and place them in a box.
3. Ask a volunteer to come to the front of the room to pick a form from the box and read the information on the sheet (but not the name). Ask participants to guess who the person is.
4. The person whose name has been read will be the next person to pick a form out of the box.
5. The activity will generate fun and laughter, while enabling participants and facilitators to get to know one another.

Exercise 1.2 Clarification of expectations and training purpose and objectives



Aims: To allow participants to express what they would like to learn from the training and how they expect the workshop will help them in their work



Time: 20 minutes



Materials: Handout 2: "Expectations" (p18)



Participants: Working groups and plenary



Steps:

1. Explain that the training is designed to meet the needs and expectations of participants to improve their knowledge and skills in the area of counselling.
2. Divide participants into four groups.
3. Distribute the handout "Expectations" and ask each group to discuss one question, as follows:
 - Group 1: what do I see as a personal goal of this training?
 - Group 2: what do I see as a goal for my region?
 - Group 3: what are the outcomes I would like to have after this training?
 - Group 4: what motivates me at training courses?
4. Ask the groups to present their responses in plenary.
5. After a brief discussion about participants' expectations, discuss the overall aims and objectives of the workshop. The facilitator should help clarify the relationship between personal expectations and the training's overall aims.

Exercise 1.3 Working together: Team building exercise: “One thing”



Aim: To discuss teamwork and strengthen team spirit in the training group.



Material: Handout 3: “One Thing” (p19)
Flipchart, markers, tape



Time: 20 minutes



Participants: Individual and pairs



Steps:

1. Distribute the Handout: “One Thing”. Give participants five minutes to complete it.
2. Once the forms have been completed, group the participants in twos (pairs) and ask them to share their responses with one another.
3. After a few minutes, ask pairs to report back in plenary by asking one member from each pair to share with the group the information she/he heard from their partner.
4. After the first partner has spoken, the other partner will have their turn to report to the entire group. In this way, each participant will have a turn reporting to the entire group.
5. Record the responses on the flipchart and conclude the discussion by summarizing the main points raised by participants about working as a team during the training.
6. Take this opportunity to discuss the logistical and administrative aspects of the training such as: start time, breaks, per-diems, expense reports, etc.

Exercise 1.4 Pre-course questionnaire



Aim

To let participants assess their knowledge, attitudes and skills at the start of the training. This will allow them to measure their progress after the training



Material:

Pre and post course questionnaire (p20)
Flipchart and markers



Time:

10 minutes



Participants:

Individual



Steps:

1. Distribute the pre-course questionnaire exercise for participants to complete and return. In order to keep the outcomes anonymous, number the sheets before distributing them. Ask participants to take note of the number on their sheet. The same sheet will then be distributed to them as the post-course questionnaire at the end of training.
2. Facilitators should review the results of the pre-course questionnaire at the end of the day to help guide them on participants' learning needs.

Day 1

Handout 1

Who am I?

Name:..... Job Title

Best thing about my job:.....

Worst job I ever had:.....

Most important lesson (job related) I've learned:

How my friends describe me:

How I would describe myself:.....

How I spend my leisure time:

My favorite heroes/heroines:

If money were no limitation, I'd probably

The achievement I feel proudest of is:

Favorite advice I give to others:

Day 1

Handout 2

Expectations

Discuss in your group the following question:

Group 1: What do I see as a personal goal of this training?

Group 2: What do I see as a goal of this training for my region or Member Association?

Group 3: What are the outcomes I would like to have after this training?

Group 4: What motivates me at training courses?

Day 1

Handout 3

About working in a team

One thing I like:

One thing I dislike:

One thing I'd like the team to have during this training:

Pre- course self-assessment

Please read all the statements listed at column 1 and complete column 2 using the rating scale below.

Rating Scale: 5-Strongly agree 4-Agree 3-No opinion 2-Disagree 1-Strongly Disagree

| Statement | Rating | | | | |
|--|--------|---|---|---|---|
| 1. I can explain the rationale for integrating communication and counselling into sexual and reproductive health services. | 1 | 2 | 3 | 4 | 5 |
| 2. I can describe the knowledge, skills and attitudes of effective counsellors. | 1 | 2 | 3 | 4 | 5 |
| 3. I am able to list the conditions for effective counselling at the service delivery level. | 1 | 2 | 3 | 4 | 5 |
| 4. I am able to explain the structure of the WHO Decision-Making Tool. | 1 | 2 | 3 | 4 | 5 |
| 5. I can explain the decision-making process for informed choice in family-planning. | 1 | 2 | 3 | 4 | 5 |
| 6. I am able to discuss how to work with sensitive issues, such as sexuality, in SRH. | 1 | 2 | 3 | 4 | 5 |
| 7. I can apply interpersonal communication skills during the counselling process. | 1 | 2 | 3 | 4 | 5 |
| 8. I am able to explain the decision making process. | 1 | 2 | 3 | 4 | 5 |
| 9. I can identify essential information for decision-making in family planning for different types of clients. | 1 | 2 | 3 | 4 | 5 |
| 10. I am able to apply appropriate decision-making processes for different types of clients using the DMT. | 1 | 2 | 3 | 4 | 5 |
| 11. I feel prepared to conduct an in-country training in counselling skills. | 1 | 2 | 3 | 4 | 5 |

Day 1

Session 2

Understanding the rationale for integrating communication and counselling into SRH services

Exercise 2.1 Sharing of experiences



Aims: To provide participants with the opportunity to discuss and share their experiences with counselling and inter-personal communication within their organizations



Material: Illustrative presentation: "Purpose of counselling in SRH services"
Flipchart, makers, tape



Time: 60 minutes



Participants: Small groups and plenary



Steps:

1. Divide participants into small groups by Member Association or service delivery point (SDP) to discuss the following issues:
 - Why is counselling important in the context of SRH?
 - How much does your Region/ Association emphasize and support counselling activities? (training, facilities, IEC materials, etc.)
 - How is the client flow at the service delivery level?
 - Who conducts counselling activities at the service delivery level?
 - How can the integration of interpersonal communication and counselling within SRH service delivery be improved?
 - What types of communication/ counselling aids could help?
2. Each group will present their conclusions and discuss in plenary.
3. After the group presentations, discuss with participants the client's pathways to a service delivery site and all the obstacles she/he may have to overcome to get into a service. The service delivery site should be prepared to provide the services that the clients perceive as needed!

Exercise 2.2 Knowledge, skills and attitudes of effective counsellors



Aims: To provide participants with the opportunity to discuss the knowledge, skills and attitudes of effective counsellors in SRH care services.



Material: Flipchart, markers,
Exercise instructions



Time: 60 minutes



Participants: Small groups and plenary



Steps:

1. Divide participants into three small groups. The groups will discuss the knowledge, skills and attitudes for an effective counsellor, as follows:

Group 1: The knowledge needed to be an effective counsellor

Group 2: The skills needed to be an effective counsellor

Group 3: The attitudes needed to be a effective counsellor

2. Groups will have 20 minutes to discuss and will then present their discussion.

Day 1

Session 3

Introduction to the WHO Decision-Making Tool for Family Planning Clients and Providers (DMT)



Aims: To provide an introduction to the WHO Decision-Making Tool



Material: Illustrative presentation: "Introduction to the DMT"



Time: 30 minutes



Participants: Plenary discussion



Steps:

1. Give the illustrative presentation on the DMT, answering any questions or queries as you go along.

Day 1

Session 4

Working with sensitive issues in SRH: values and attitudes

Exercise 4.1 "I think / I feel"



Aims: To discuss and explore sensitive issues in SRH care and explore participants' values and attitudes



Material: "I think/ I feel" sheets (p26-29)



Time: 60 minutes



Participants: Individual / plenary



Steps:

1. Distribute a "I think / I feel" sheet to each participant. Give participants 10 minutes to complete their form.
2. Once everyone has finished, gather in a circle and ask participants to share their responses by coming to the center of the circle, reading their responses, and placing their sheet on the floor in the middle of the circle. Everyone should share their responses in this manner.
3. After everyone has shared their responses, discuss the activity within the group. Ask participants how they felt about the exercise, about responses they heard, etc. Be sure to emphasize that as providers of care, everyone will have their own values and attitudes. What is important, however, is that these values and attitudes must be put aside when counselling clients in order to meet clients' needs and rights to non-biased, non-judgmental, evidence based information and guidance.

Day 1

Session 4

Exercise 4.2 Counselling case studies



Aims: To discuss and explore sensitive issues in SRH care and explore participants' values and attitudes through case studies



Material: Case study sheets (p30)
Flipchart and markers



Time: 60 minutes



Participants: Small groups and plenary



Steps:

1. Divide participants into three small groups and distribute a case study to each group.
2. Ask groups to discuss the situation and how to deal with the sensitive issues raised in their example.
3. In plenary, groups will share their case study and summarize their discussion.
4. After the presentations, discuss with participants:
 - How did you feel about the exercise?
 - Was it easy or difficult to discuss these issues?
 - Were you surprised about the reaction of some of your colleagues?
 - Why do we have different opinions about things?
 - What have we learnt from this exercise?

“I think / I Feel” Exercise sheet

When I hear the word

SEXUALITY

I think...

When I hear the word

SEXUALITY

I feel...

When I hear the word
ABORTION
I think...

When I hear the word
ABORTION
I feel...

When I hear the word
HOMOSEXUALITY
I think...

When I hear the word
HOMOSEXUALITY
I feel...

When I hear the words
COMMERCIAL SEX WORKERS
I think...

When I hear the words
COMMERCIAL SEX WORKERS
I feel...

Day 1

Session 4

Case studies

SITUATION 1:

An adolescent who is 16 years old, arrives at the service delivery point seeking information about abortion services. She is 6 weeks pregnant, very depressed and desperate about her situation. She does not have a boyfriend. She had sexual intercourse with a guy she met during a carnival and got pregnant.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

SITUATION 2:

A female commercial sex worker (CSW), who is 28 years old, arrives at the service delivery point extremely nervous. She tells you that she has had some fever for the last 4 days accompanied by diarrhea and vomiting. She has been a CSW for the last 10 years and does not use condoms with every client as some clients will not accept them.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

SITUATION 3:

A homosexual couple arrives at the service delivery point to get some medicine. One of the partners is HIV positive and is under treatment. The other partner is a married man who lives with his wife and two children. The partner who is HIV positive is very depressed and extremely weak.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

SITUATION 4:

A woman who is 35 years old and is married with 3 children arrives at the clinic. She relies on her husband's income from factory work to support the family. During the interview she said that she has sex only with her husband. She responded to your questions by saying that her husband often works late at the factory and that he goes drinking with friends occasionally. She can sometimes smell alcohol on his breath. She came to the service delivery point with no idea of the cause of her abdominal pain. You have already diagnosed Pelvic Inflammatory Disease.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

Day 1

Session 5

Reflection of the day



Aims: Participants give feedback on the day's sessions



Material: Reflection of the day sheet (at the end of facilitator's guide)



Time: 15 minutes



Participants: Individual and plenary



Steps:

1. Summarize the main issues discussed during the day.
2. Ask participants to complete the reflection sheet (anonymously) and hand it in.

Instructions for next day:

Ask participants to read the DMT - Introduction (pages i-iv).

Day 2

Session 1

Introduction

On day 2 of the training, participants will practice inter-personal and communication skills needed for effective counselling and will become more familiar with the decision-making approach to counselling adopted in the DMT.

Objectives

By the end of the day participants will be able to:

- apply interpersonal communication skills during the counselling process
- explain the decision making process
- identify essential information required for decision-making in family planning for different types of clients
- explain the approach to counselling promoted by the DMT

Contents

1. Opening: Agenda of the day
Review the day's agenda with participants
2. Reflection Day 1
Summarize the sessions of Day 1 and provide feedback on participants' reflections of the day.
3. Warm-up exercise
Conduct a warm up exercise

Day 2

Session 2

Practicing interpersonal communication skills



Aims: To practice a range of interpersonal and communication skills required in SRH counselling



Material: Materials for exercises
Illustrative presentation: "Interpersonal communication in SRH"



Time: 120 minutes



Participants: Individual and plenary



Steps:

A. Brainstorming: "How people communicate"

1. Conduct a brainstorming exercise guided by the following questions:
 - Why do people communicate with each other?
 - How people communicate?
 - What do you understand by interpersonal communication skills?

B. Verbal and non-verbal communication: tone of voice

Participatory exercise: "Give me the oranges!" (p35)

1. Ask participants to form a circle.
2. Distribute a card to each participant. Cards should have one of the following words written on it:
 - Aggressiveness
 - Sadness
 - Happiness
 - Indifference
 - Angriness
 - Excitement
 - Boredom
 - Interest
 - Friendliness
 - Business
 - Tiredness
3. Each participant says "Give me the oranges" in the manner described on their card. The rest of the group has to guess which tone of voice they are using.
4. The activity will generate fun and laughter but also highlight the importance of tone of voice in communication.

C. Verbal and non-verbal communication: active listening

Participatory exercise: "interest and non-interest" (p36)

1. Divide participants in pairs and designate one person in the pair as "A" and the other as "B". The person A will talk with B for 3 minutes. The B people cannot talk and will receive a card with instructions that they will have to follow. The instructions will either be:

Don't demonstrate ANY interest in what this person is telling you! OR

Demonstrate A LOT of interest in what this person is telling you!!
2. After the 3 minutes, discuss the exercise with the As and Bs asking each of them how they felt about the exercise, whether the As felt comfortable talking to the Bs, why so, etc.
3. Discuss body language and emphasize the role it plays in communication. Relate the discussion back to counselling in SRH.

D. Brainstorming: Active listening

1. Conduct a brainstorming exercise guided by the following questions:
 - What is active listening?
 - Give me some examples of the application of active listening.
 - Why is active listening important for the decision making process?

E. Language

1. Divide participants into three groups and distribute a paragraph to each group which is written in very complex language. Ask participants to rewrite their paragraphs using simple language. (p37)
2. In plenary, ask groups to share their re-written paragraphs and discuss each with all participants.

F. Positive reinforcement

1. Conduct a brainstorming exercise guided by the following questions:
 - What is positive reinforcement?
 - Why is it important to provide positive reinforcement to clients?
 - When should positive reinforcement be provided?
 - How can positive reinforcement be provided?

G. Conclude the session with the illustrative presentation.

Day 2

Session 2

Exercise B: Verbal and non-verbal communication:

« Give me the oranges»

| | |
|-----------------------|---------------------|
| AGGRESSIVENESS | SADNESS |
| HAPPINESS | INDIFFERENCE |
| ANGRINESS | EXCITEMENT |
| BOREDOM | INTEREST |
| FRIENDLINESS | BUSINESS |
| TIREDDNESS | IMPATIENT |

Day 2

Session 2

Exercise C: Verbal and non-verbal communication:

« Interest and non-interest»

| | |
|--|--|
| Don't demonstrate ANY interest on what this person is telling you. | Don't demonstrate ANY interest on what this person is telling you. |
| Demonstrate a LOT of interest on what this person is telling you. | Demonstrate a LOT of interest on what this person is telling you. |
| Don't demonstrate ANY interest on what this person is telling you. | Don't demonstrate ANY interest on what this person is telling you. |
| Demonstrate a LOT of interest on what this person is telling you. | Demonstrate a LOT of interest on what this person is telling you. |
| Don't demonstrate ANY interest on what this person is telling you. | Don't demonstrate ANY interest on what this person is telling you. |
| Demonstrate a LOT of interest on what this person is telling you. | Demonstrate a LOT of interest on what this person is telling you. |
| Don't demonstrate ANY interest on what this person is telling you. | Don't demonstrate ANY interest on what this person is telling you. |
| Demonstrate a LOT of interest on what this person is telling you. | Demonstrate a LOT of interest on what this person is telling you. |

Day 2

Session 2

Exercise E: Language

TRANSLATE INTO SIMPLE LANGUAGE

1. Female and male sterilization (also known as tubal occlusion and vasectomy) are among the most effective contraceptive methods available for men and women who desire no more children. Sterilization is also one of the safest methods, with low mortality and complication rates for both men and women. The sterilization procedure blocks either the sperm ducts or the oviducts to prevent the sperm and ovum from uniting.

2. The diaphragm is a shallow, dome-shaped rubber cup with a flexible rim. When correctly inserted into the vagina before the intercourse, the dome covers the cervix. Spermicidal cream or jelly is placed in the dome before insertion. The contraceptive effect of the diaphragm depends partly on its function as a spermicide holder. When used correctly at every act of intercourse, the diaphragm can be a reasonably effective method of contraception.

3. The IUD may be particularly appropriate for women who:

- Are parous and want a highly effective, long-acting reversible method.
- Prefer a method which does not require action daily or with every act of sexual intercourse.
- May have difficulty obtaining contraceptives supplies on a regular basis.
- Lack privacy, making use of some other methods problematic.
- In the course of using hormonal methods containing estrogen, become high risk users.

Day 2

Session 3

The decision-making process: How do people make decisions?



Aims: To increase participants awareness and knowledge about the decision-making approach to counselling



Material: Exercise instructions
Illustrative presentation: "The decision-making process"



Time: 90 minutes



Participants: Group work and plenary



Steps:

1. Divide participants into 3 groups:

Group 1: will discuss the decision making process when people are choosing a dish in a restaurant.

Group 2: will discuss the decision making process when people are deciding what to wear to go to work

Group 3: will discuss the decision making process when people are deciding to buy a house.

2. For the 3 situations, the groups should describe:

1. The elements that people should consider when making this type of decision.

2. What kind of help they would need to make a right decision.

3. What could be a positive influence in their decision making process?

4. What could be a negative influence in their decision making process?

3. After the group presentations, discuss in plenary the decision making process in family planning and SRH. Present and discuss the illustrative presentation.

Day 2

Session 4

Working with the DMT



Aims: To review and discuss in detail all the sections of the DMT.



Material: Illustrative presentation: "The WHO DMT"



Time: 120 minutes



Participants: Individual and plenary



Steps:

1. Present the illustrative presentation on the DMT, answering any queries and comments about the tool from participants.
2. Ask participants to read through the DMT for 30 minutes.
3. After the reading exercise, discuss in plenary the following issues:
 - What would be different in your counselling session with the use of the DMT?
 - What behaviors is the DMT promoting?
 - How does this new approach to counselling benefit clients?
 - How does this new approach to counselling benefit the providers?

Day 2

Session 5

Reflection of the day



Aims: Participants give feedback on the day's sessions



Material: Reflection of the day sheet (at the end of the facilitators guide)



Time: 15 minutes



Participants: Individual and plenary



Steps:

1. Summarize the main issues discussed during the day.
2. Ask participants to complete the reflection sheet (anonymously) and hand it in.

Instructions for next day:

Ask participants to read the following sections of the DMT: "Oral contraceptives" and "Returning clients". Ask participants to reflect whether the guidance in the tool differs from the guidance provided at their Member Association / clinic.

Day 3

Session 1

Introduction

On day 3, participants will gain skills in using the DMT through practice counselling sessions and group discussions. Participants will also discuss interpersonal and communication skills in counselling.

Objectives

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

- apply interpersonal communication skills during the counselling process
- apply appropriate decision-making processes for different types of clients using the DMT

Content

1. Opening: Agenda of the day
Review the agenda of the day with participants
2. Reflection Day 2
Summarize the sessions of Day 2 and provide feedback on participants' reflections of the day.
3. Warm-up exercise
Conduct a warm up exercise

Day 3

Session 2

Practicing with the DMT: Can you find the answers in the tool?



Aims:

To provide participants with the opportunity to practice using the DMT to find information relevant for counselling sessions.



Material:

DMT
DMT Question sheet



Time:

120 minutes



Participants:

Group work and plenary



Steps:

1. Explain that the session is meant to provide hands on practice using the DMT to increase participants' comfort and familiarity with the tool.
2. Divide participants into small groups and distribute the question sheet. The task is for groups to find the answers in the DMT. Give teams approximately one hour to complete the task.
3. In plenary review the answers and clarify any issues or concerns.

Day 3

Session 2

TEAM WORK EXERCISE: CAN YOU FIND THE ANSWERS IN THE TOOL?

Respond to each question by indicating the correct answer AND the page number in the DMT where it was found.

1) When introducing the DMT, what can you tell your client about how the flipchart can help them?

.....

.....

.....

.....

2) One of your clients returns to the family planning clinic. She is unhappy with her current method (injectables) and wants to change to a different method. What is the order of tabs that you might use to help her?

1.

2.

3.

4.

5.

And possibly you could use

.....

3) What types of clients with special family planning needs does the tool help you serve?

.....

.....

.....

4) Which of the following are given as choices for dual protection against pregnancy and STIs/HIV/AIDS?

- Use condoms and another family planning method together
- Delay having sex
- No condoms used but fewer sexual partners
- Use an effective family planning method
- Use condoms alone

5) A client has just given birth and is breastfeeding, and would like to have a long-acting injectable before she leaves the hospital. How would you assist her?

.....

.....

.....

6) a) A client would like to have an IUD inserted today. She started her last menstrual period 2 weeks ago. Which appendix could you use to determine that she is not pregnant?

.....

b) Which of the following statements help rule out pregnancy for this situation?

- I gave birth 2 weeks ago
- I gave birth 4 months ago but my periods returned last month
- I have been taking injectables and have never been late for an injection
- My period was on time last month

7) List 3 risky situations for STIs/HIV/AIDS?

.....

.....

.....

8) A client using a monthly injectable returns to the clinic 10 days late for her repeat injection. Under what circumstances could she receive her injection?

.....

.....

.....

9) A young woman comes to the clinic interested in family planning. She does not understand her menstrual cycle. What would you do?

.....

10) What advice can you give a client who has forgotten to take her pills for 1 day? For 2 or more days in a row?

.....

.....

11) A client is trying to decide between using the pill or the IUD. She would like to use a highly effective method.

a) Which appendix would you use to help you?

b) What would you advise her about the effectiveness of these 2 methods?

.....

.....

12) An adolescent, 17 years old, came to the clinic interested in using the IUD. What would you do?

.....

13) A woman comes to the clinic because she had unprotected sex 4 days ago. She would like to use emergency contraception. What are her options?

.....

.....

.....

14) If a woman has an STI, female sterilization must be delayed.

True False

15) A woman who is not breastfeeding can use the mini-pill.

True False

16) Until what time in the menstrual cycle can a woman start the following methods without using an additional method of protection?

The pill:

IUD:

17) When should a client come for a return visit for the following methods? (if she has no problems)

The pill:

IUD:

Day 3

Session 3

Practicing using the DMT: case studies



Aims: To provide participants with the opportunity to practice using the DMT through case studies and role plays.



Material: DMT
Case studies / role plays
Counselling observation checklist



Time: 4 hours



Participants: Group work and plenary



Steps:

A. Working with the DMT

1. Divide participants in small groups and ask them to discuss the process to be followed to provide effective counselling for decision making in different situations using the DMT:
 - Clients with a method in mind.
 - Clients with no method in mind.
 - Returning visit for family planning.
 - Client using a method, concerned about STI/HIV/AIDS?
 - Clients with special needs:
 - Younger Clients
 - Older Clients
 - Pregnant/post-partum
 - Post-abortion clients
 - Clients living with HIV/AIDS
2. Discuss the responses in plenary, clarifying any areas of concern or questions.

B. Case studies / role plays

1. In small groups of 3, ask participants to practice using the DMT using the case studies. Every member of the group should have the opportunity to “play” the provider, the client and the observer. When observing the session, observers should use the checklist to provide feedback on the session.
2. Inform each group to choose one case study / role play that they will present in plenary the following day.

Day 3

Session 3

Exercise B: Role plays

Instructions

In groups of 3, practice different situations for a counselling session.

- 1 person to be the provider
- 1 person to be the client
- 1 person to be an observer (to make notes on how both the provider and client behave)

After each scenario, discuss the role play:

- First have the “provider” discuss how they felt the role play went, what went well, what they would do differently.
- Second, have the “client” discuss how it went and how they felt as the client, what went well, and any suggestions for the provider.
- Third, have the “observer” discuss what they observed about the role play, what they thought went well, what could have been done differently.

Swap roles after each scenario.

The “provider” should not read the scenario – only the client and the observer.

Scenario 1: A returning client with problems

A client who has been using long-acting injectables for 2 months comes back for her next injection. She is complaining of migraines (and is having problems with bright light when she gets her migraines) but would like to keep taking her injections.

Scenario 2: The younger client

An adolescent comes into the clinic looking for family planning counselling. She has never been to a clinic before and is very nervous. She would like some information on different methods, and she also knows little about how her body works (the menstrual cycle etc.).

Scenario 3: A new client with a method in mind

A woman comes into the clinic wanting to use the pill. She has a boyfriend but has had other sex partners over the last year.

Scenario 4: Emergency Contraception

A client comes into the clinic asking about emergency contraception. She has been using condoms, but had unprotected intercourse the day before. She is thinking about using another method of contraception, but is also nervous about STIs because she and her boyfriend have only been seeing each other for a few months.

Scenario 5: Man wanting vasectomy

A man comes into the clinic wanting a vasectomy. He has 3 children and his wife is supportive of the decision.

Scenario 6: Switching method

A woman, who has been using the pill, comes into the clinic. She would like to switch to the IUD because she wants an effective method but does not want to have to take a pill each day. She is married with 2 children and has decided that she does not want to have any more.

Scenario 7: Information on STIs and HIV

A woman comes into the clinic worried that she may have an infection. She does not understand what an STI is, and does not know about AIDS.

Day 3

Session 4

Reflection of the day



Aims: Participants give feedback on the day's sessions



Material: Reflection of the day sheet (at the end of the facilitators guide)



Time: 15 minutes



Participants: Individual and plenary



Steps:

1. Summarize the main issues discussed during the day.
- 2 Ask participants to complete the reflection sheet (anonymously) and hand it in.

Day 4

Session 1

Introduction

On day 4, participants will present their counselling role plays using the DMT and feedback will be provided using an observation checklist. Participants will also develop their Regional or in-country training plans.

Objectives

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

- apply appropriate decision-making processes for different types of clients using the DMT
- identify areas for adaptation of the training module for the Regional or in-country level
- develop a work plan for the Regional or in-country training

Contents

1. Opening: Agenda of the day
Review the agenda of the day with participants
2. Reflection Day 3
Summarize the sessions of Day 3 and provide feedback on participants' reflections of the day.
3. Warm-up exercise
Conduct a warm up exercise

Day 4

Session 2

Practicing with the DMT: role plays (continued)



Aims: To provide participants with the opportunity to practice using the DMT through case studies and role plays.



Material: DMT
Case studies (from Day 3)
Counselling observation checklist



Time: 120 minutes



Participants:



Steps:

1. In this session, two people from each group will present one of their counselling sessions from the previous day. If there are 2 facilitators conducting the training, a good way to start the session is by demonstrating one of the case study counselling sessions. Participants will observe the session using the observation checklist. After the role play, ask the group for comments and feedback.
2. Each group should have a turn practicing a role play and receiving feedback and comments from participants and facilitators.

Role Play-Counselling Session Using the DMT

Observation Checklist for Feedback

| Counselling Skills and Use of DMT | | Excellent | Good | Needs Improvement |
|---|--|-----------|------|-------------------|
| Introduction- The provider: | | | | |
| 1. | Welcomes the client and introduces herself/himself | | | |
| 2. | Presents the DMT as an aid to the counselling session | | | |
| 3. | Asks the reason for client visit, using the DMT | | | |
| Meeting client's needs -The provider: | | | | |
| 1. | Asks client if she/he has a method in mind | | | |
| 2. | Asks client her/his feeling about or experience with a method | | | |
| 3. | Effectively identifies clients needs and uses the DMT accordingly | | | |
| 4. | Uses the DMT to explain methods eligibility criteria | | | |
| 5. | Responds to myths, with accurate information | | | |
| Helping clients through the decision making process-The provider: | | | | |
| 1. | Asks open-ended questions (beginning with "how" or "what", for example "How would you feel about changing methods?" instead of "Do you want to change methods?") | | | |
| 2. | Uses the flip-chart effectively, to help the decision making | | | |
| 3. | Identifies the technical information related to the client's personal situation | | | |
| 4. | Encourages clients to talk about sexual partners and/or sexual problems. | | | |
| 5. | Explores risk behaviours for STIs/HIV | | | |
| 6. | Discusses the adoption of dual protection with the client (protection from pregnancy and STIs/HIV) | | | |
| Verifying client's decision-The provider | | | | |
| 1. | Asks reasons for client's decision to adopt, continue using, or switch to a certain method | | | |
| 2. | Makes sure client understands consequences of the decision to use or switch methods | | | |
| 4. | Checks whether client is happy with her/his initial decision on method use | | | |
| 5. | Encourages client to return if she/he has any questions, problems or concerns | | | |

| Counselling Skills and Use of DMT | | Excellent | Good | Needs Improvement |
|--|---|-----------|------|-------------------|
| Using interpersonal communication skills-The provider | | | | |
| 1. | Maintains eye contact with the client | | | |
| 2. | Concentrates fully on what the client is saying | | | |
| 3. | Waits for client to answer one question before asking another question | | | |
| 4. | Demonstrates interest by repeating what she/he said or nodding encouragement | | | |
| 5. | Responds and clarifies effectively to the client's questions and statements | | | |
| 6. | Gives full attention to client's fears and anxieties | | | |
| 7. | Encourages client to speak freely and ask questions during consultation | | | |
| 8. | Explains technical concepts in a simple language so the client could understand | | | |
| 9. | Responds to the client with positive words (not criticism or scolding) | | | |
| 10. | Checks whether client understands and remembers technical information | | | |

Day 4

Session 3

Developing a work plan for regional and in-country trainings



Aims: To develop a detailed work plan for preparing and organizing the regional and in-country trainings on counselling and interpersonal communication



Material: DMT
Planning regional and in-country training form



Time: 120 minutes



Participants: Small group discussions by Region / Member Association



Steps:

1. Divide participants into groups by Region, Member Association or service delivery point to work on developing the training plan. Each group should work together to determine:
 - strategies/ activities
 - adaptation of the training module
 - number of participants
 - technical assistance needed
2. In plenary, ask groups to present their plans and provide feedback as needed.

Planning regional and in-country training

| ACTIVITIES | OBJECTIVES | EXPECTED OUTCOMES | DATES | RESOURCES | RESPONSIBLE |
|------------|------------|-------------------|-------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Consider: Whether adaptation is needed
Number of participants

Day 4

Session 4

Evaluation



Aim: To self-assess progress during the training and evaluate the training



Material: Post course questionnaire
Final training evaluation sheet



Time: 30 minutes



Participants: Plenary/individual



Steps:

1. Distribute the post-course questionnaires for participants to complete. Participants should receive the same form they received on Day 1 of the training so that they can compare the outcomes and progress achieved.
2. Distribute the final evaluation sheet for participants to complete.
3. End the session with an oral evaluation. Ask participants to think back to their expectations at the start of training and whether these expectations were met. Share your own feedback about the training.

Day 5

Session 5

Closure

1. Thank all the participants for their contributions
2. Distribute the certificates (you can ask the participants to present the certificates to each other)
3. Close the training

TRAINING COURSE – FINAL EVALUATION

Instructional and Administrative Aspects

Please circle the answer you feel is most appropriate for each of the following aspects of the training course, using the following ratings:

5: Excellent 4: Good 3: Satisfactory 2: Poor 1: Insufficient

| Statements | Rating Scale | | | | |
|---|--------------|---|---|---|---|
| 1. Achievement of course objectives | 1 | 2 | 3 | 4 | 5 |
| 2. Achievement of personal expectations | 1 | 2 | 3 | 4 | 5 |
| 3. Relevance of training to your work. | 1 | 2 | 3 | 4 | 5 |
| 4. Usefulness of training materials. | 1 | 2 | 3 | 4 | 5 |
| 5. Training methodologies. | 1 | 2 | 3 | 4 | 5 |
| 6. Organization of the course. | 1 | 2 | 3 | 4 | 5 |
| 7. Training facilities. | 1 | 2 | 3 | 4 | 5 |
| 8. Administrative support. | 1 | 2 | 3 | 4 | 5 |
| 9. Travel arrangements. | 1 | 2 | 3 | 4 | 5 |
| 10. Financial arrangements. | 1 | 2 | 3 | 4 | 5 |
| 11. Hotel accommodation. | 1 | 2 | 3 | 4 | 5 |

2) Course Length: ____ Too long ____ Too short ____ Just right

3) What topics covered in this training do you think will be the most useful to you in your work?

.....

.....

.....

.....

.....

.....

.....

.....

4) On which topics would you have liked more information or preferred to spend more time?

.....

.....

.....

.....

.....

.....

5) On which topics would you have liked less information or preferred to spend less time?

.....

.....

.....

.....

.....

6) Any additional comments?

.....

.....

.....

.....

.....

Annex 1

WARM – UPS AND ENERGIZERS

Warm-ups and energizers are activities the facilitator uses throughout the training to encourage participant involvement and interaction. These activities may be used at the start of each day to bring the group together and to begin working in a positive climate. They can also be used during the day to energize the group.

1. “Self-Esteem”

Each participant will receive a blank sheet of paper, understanding that it represents his or her self-esteem. The facilitator will read a list of situations regarding job, workplace, family, relationships, etc. (the facilitator should develop a list of situations, e.g.- “My husband didn’t notice my new hair cut”; “My boss never recognizes my efforts at work”).

After each situation is read, participants will tear off pieces of the sheet of paper representing how much of their self-esteem was diminished in each situation. After all the sheets are torn, the facilitator starts to read a new set of situations to re-construct participants self-esteem.

After they have their self-esteem recovered discuss the exercise with them.

2. “Peanut butter and jelly sandwich-Recipe”

Participants will be divided in 3 groups to develop, in 10 minutes, detailed instructions on how to make a peanut butter and jelly sandwich. Facilitators will pick up the recipe and try to make the sandwich following the recipes developed by the groups.

At the end of the exercise facilitators will discuss the importance of clear, objective and detailed instructions and good conditions to perform a new task!

3. “Super Model”

Arrange participants in a circle. Instruct the participants that they have to act out your instructions when pointed to and given the following commands:

- “Super Model”- Participants should immediately pose as a fashion model. The two participants alongside the participant acting as a super model (the one on the left and the right) take on the role of paparazzi and mimic gestures of taking a photo.
- “Elephant”- Participant poses as an elephant by immediately thrusting two hands held together in front to represent elephant’s trunk. The two participants alongside form a circle with their hands and place them on the side of the participant pointed to serve as “ears” of the elephant.
- “Jello”- Participant shakes his/her body like a jello continuously. The two participants alongside hold each other’s hands and form a circle around the target participant. The idea is to form a “glass” around the jello.

Expect that people will be confused and make mistakes. Such mistakes generate laughter and fun.

4. “Exercise: National Anthem”

This warm-up works best when you have participants from a number of countries. To conduct this warm-up, you will need a source of music (tape player or radio) and a ball. The participants should stand in a circle. The facilitator starts the music and participants dance and pass the ball around the circle. Whenever the music stops, whoever has the ball must step into the circle and sing the first verse of his/her national anthem. After this has been done, the facilitator turns the music on again and participants pass the ball in the circle. The game continues until many participants have had the opportunity to sing or the trainer feels that everyone has been energized.

5. "Tell a Story"

Participants should stand in a circle. The purpose of this activity is to build a story with each participant contributing one sentence that must:

- Make sense and at the same time add some fun to the activity
- Build on to the last sentence. And
- Be grammatically correct.

For example:

- 1) "I was walking to breakfast this morning..."
- 2) "A dog came up to me..."
- 3) "I said good morning to the dog..."
- 4) "The dog asked me what I was going to have for breakfast"

The activity continues until all the participants have contributed or until the facilitator feels that the group has been energized.

6. "The Last Word"

The participants should stand in a circle. One participant moves and stands randomly in front of another. He/she makes a statement (e.g., "It is such a lovely day") the person spoken to will move to another person and make a statement starting with the last word in the statement he/she received (e.g., "Day one of the course was very tiring"). Each participant takes turns to ensure that everybody gets a chance to participate.

7. "The Postman"

Participants should sit in a circle, each having his/her own chair. The facilitator quickly takes one chair away and the participant who is left standing stands in the centre of the circle and begins the activity.

The participant in the centre of the circle says something like:

"I am bringing a letter for all those who are wearing earrings."

All the participants who have the characteristic stated (earrings) and the person in the centre of the circle change places. Whoever ends up without a chair to sit on, stands in the centre of the circle and again states he/she is bringing a letter, but for people with a different characteristic, such as:

"I am bringing a letter for all my colleagues who are wearing black shoes."

The activity can continue as long as the group is interested and enthusiastic, but no longer than 10 minutes.

8. "BOOM!"

All participants should sit in a circle. They are instructed to count out loud around the circle. Each person whose number is a multiple of 3 (3-6-9-12, etc.) or a number that ends with 3 (13,23,33,etc.) must say BOOM! instead of the number. The next person should continue the normal sequence of numbers.

Anyone who fails to say BOOM! or who makes a mistake with the number that follows BOOM! is disqualified.

The numbers must be said rapidly; if a participant takes too long to say his/ her number, he/she is disqualified.

9. "Ball Toss Brainstorming"

Announce a topic (things associated with a topic, a holiday, the training contents, etc.). Then, toss around a ball. When someone catches the ball, they shout out something related to the topic and then toss the ball to someone else. Continue the exercise until everyone has had a chance to speak.

Variation:

When they catch the ball, each person says what they thought was the most important learning concept. Continue the exercise until everyone has caught the ball at least once and explained an important concept of the content just covered.

Annex 2

Sample participants' guide

Tips:

- This is a sample participants' guide for the training on counselling and inter-personal communication. Included are all the handouts and exercise sheets used in the training. An agenda for each day and a copy of the overall training goals and objectives have also been included.
- Facilitators should ensure that all participants receive a guide at the start of the training which includes the training outline and agenda for each day. Advance planning and preparation is required to ensure a sufficient number of copies of all handouts and exercises.
- All handouts need not be provided at the start of the training, but can be distributed as you move through the training sessions.
- All participants' guides should be adapted to the local training environment.

COUNSELLING AND INTERPERSONAL COMMUNICATION SKILLS IN SEXUAL AND REPRODUCTIVE HEALTH

A training of trainers guide for health professionals

Participants' guide (sample)

Table of contents

Abbreviations

Course schedule

Introduction

- Aim and objectives
- Outcomes

Day 1

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- Handout 2: Expectations
- Handout 3: One thing

Pre-course self-assessment

Session 2: Understanding the rationale for integration communication and counselling into SRH services

- Exercise 2.1 – Sharing of experiences
- Exercise 2.2 – Knowledge, skills and attitudes of effective counselors

Session 3: Introduction of the WHO Decision-making tool for family planning clients and providers

Session 4: Working with sensitive issues in SRH

- Exercise 4.1 – I think/ I feel
- Exercise 4.2 Counselling case studies

Reflection of the day

Day 2

Session 1: Opening and objectives

Session 2: Practicing interpersonal communication skills

Session 3: The decision-making process – how do people make decisions

Session 4: WHO Decision-making tool for family planning clients and providers

Reflection of the day

Day 3

Session 1: Opening and introduction

Session 2: Practicing with the DMT – Can you find the answers in the tool?

Session 3: Practicing with the DMT – case studies / role plays

Observation checklist for counseling sessions

Reflection of the day

Day 4

Session 1: Opening and introduction

Session 2: Practicing with the DMT (continued)

Session 3: Developing a work plan for regional and in-country training

Final evaluation

Closure

Abbreviations

| | |
|--------|--|
| AR | IPPF Africa Region |
| AWR | IPPF Arab World Region |
| DMT | WHO Family Planning Decision making tool for clients and providers |
| EN | IPPF European Network |
| ESEAOR | IPPF East & South East Asia and Oceania Region |
| HQ | Headquarters |
| IPPF | International Planned Parenthood Federation |
| QI | Quality Improvement |
| QOC | Quality of Care |
| RO | IPPF Regional Office |
| SA | Self-assessment |
| SAR | IPPF South Asia Region |
| SDP | Service Delivery Point |
| SRH | Sexual and Reproductive Health |
| TOT | Training of Trainers |
| WHO | World Health Organization |
| WHR | IPPF Western Hemisphere Region |

Course schedule

| Day 1 (9:00-1:00) | Day 2 (9:00-1:00) | Day 3 (9:00-1:00) | Day 4 (9:00-1:00) |
|---|---|--|---|
| <p>Opening:</p> <ul style="list-style-type: none"> Welcome Introductions Participant Expectations Course Objectives <p>Pre-course self assessment</p> <p>Communication and Counselling in SRH services</p> <p>Knowledge, Skills and Attitudes for effective counsellors</p> | <p>Interpersonal Communication Skills:</p> <ul style="list-style-type: none"> Verbal and Non-Verbal Communication Active Listening Simple Language Questioning Skills Positive Reinforcement | Practising with the DMT | <p>Using the DMT with different clients: Role Plays</p> <p>Adaptation of the training module for regional and in-country training</p> |
| <p>LUNCH</p> <p>(2:00-5:00)</p> | <p>LUNCH</p> <p>(2:00-5:00)</p> | <p>LUNCH</p> <p>(2:00-5:00)</p> | <p>LUNCH</p> <p>(2:00-5:00)</p> |
| <p>Introduction of the DMT</p> <p>Working with sensitive issues in SRH</p> <p>Reflection of the Day</p> <p>Reading Task</p> | <p>Decision Making Process</p> <p>DMT Overview</p> <p>DMT Information for different types of clients</p> <p>Reflection on DMT</p> <p>Reflection of the Day</p> <p>Reading Task</p> | Using the DMT with different clients: Role Plays | <p>Adaptation of the Training Module for Regional and in-country Training</p> <p>Post-course questionnaire</p> <p>Course Final Evaluation</p> <p>Certificates</p> |

Introduction

Training aim and objectives

This training of trainers course is designed to strengthen the knowledge and skills of trainers to facilitate training in counseling and interpersonal communication skills in sexual and reproductive health and to implement the WHO *Decision-Making Tool for Family Planning Clients and Providers* (DMT) at Regional and in-country levels.

The overall objectives to:

- strengthen the knowledge and skills of trainers to facilitate the training in counselling and inter-personal communication skills
- introduce the WHO *Decision-Making tool for Family Planning Clients and Providers* (DMT)
- implement the WHO *Decision-Making tool for Family Planning Clients and Providers* (DMT) in participants' regional or local settings

Outcomes

By the end of the training participants will be able to:

- explain the rationale for integrating communication and counselling into sexual and reproductive health services
- describe the knowledge, skills and attitudes of effective counsellors
- list the conditions for effective counselling at the service delivery level
- describe the structure of the Decision-Making Tool (DMT)
- explain the decision-making process for informed choice in family planning
- discuss how to work with sensitive issues in SRH
- apply interpersonal communication skills during the counselling process
- explain the approach to counselling promoted by the DMT
- apply appropriate decision-making processes for different types of clients using the DMT
- identify areas for adaptation of the training module for the Regional or in-country level
- develop a work plan for the Regional or in-country training

Day 1

Session 1

Opening

- Welcome
- Introductions
- Participant expectations
- Course objectives
- Training Logistics/Administrative Issues
- Pre-course Questionnaire



Time: 60 minutes

Objectives

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

- get acquainted with each other
- set up common ground rules for the training
- list training purpose and objectives
- assess their knowledge and skills in counselling and interpersonal communication
- explain the rationale for integrating communication and counseling into reproductive health services
- describe the knowledge, skills and attitudes of effective counselors
- list the conditions for effective counseling at the service delivery level
- describe the structure of the Decision-Making Tool
- explain the decision-making process for informed choice in family planning
- discuss how to work with sensitive issues in SRH

Day 1

Handout 1

Who am I?

Name:..... Job Title

Best thing about my job:.....

Worst job I ever had:.....

Most important lesson (job related) I've learned:

How my friends describe me:

How I would describe myself:.....

How I spend my leisure time:

My favorite heroes/heroines:

If money were no limitation, I'd probably

The achievement I feel proudest of is:

Favorite advice I give to others:

Day 1

Handout 2

Expectations

Discuss in your group the following question:

Group 1: What do I see as a personal goal of this training?

Group 2: What do I see as a goal of this training for my region or Member Association?

Group 3: What are the outcomes I would like to have after this training?

Group 4: What motivates me at training courses?

Day 1

Handout 3

About working in a team

One thing I like:

One thing I dislike:

One thing I'd like the team to have during this training:

Pre-course self-assessment

Please read all the statements listed at column 1 and complete column 2 using the rating scale below.

Rating Scale: 5-Strongly agree 4-Agree 3-No opinion 2-Disagree 1-Strongly Disagree

| Statement | Rating | | | | |
|--|--------|---|---|---|---|
| 1. I can explain the rationale for integrating communication and counselling into sexual and reproductive health services. | 1 | 2 | 3 | 4 | 5 |
| 2. I can describe the knowledge, skills and attitudes of effective counsellors. | 1 | 2 | 3 | 4 | 5 |
| 3. I am able to list the conditions for effective counselling at the service delivery level. | 1 | 2 | 3 | 4 | 5 |
| 4. I am able to explain the structure of the WHO Decision-Making Tool. | 1 | 2 | 3 | 4 | 5 |
| 5. I can explain the decision-making process for informed choice in familyplanning. | 1 | 2 | 3 | 4 | 5 |
| 6. I am able to discuss how to work with sensitive issues, such as sexuality, in SRH. | 1 | 2 | 3 | 4 | 5 |
| 7. I can apply interpersonal communication skills during the counselling process. | 1 | 2 | 3 | 4 | 5 |
| 8. I am able to explain the decision making process. | 1 | 2 | 3 | 4 | 5 |
| 9. I can identify essential information for decision-making in family planning for different types of clients. | 1 | 2 | 3 | 4 | 5 |
| 10. I am able to apply appropriate decision-making processes for different types of clients using the DMT. | 1 | 2 | 3 | 4 | 5 |
| 11. I feel prepared to conduct an in-country training in counselling skills. | 1 | 2 | 3 | 4 | 5 |

Day 1

Session 2

Understanding the rationale for integrating communication and counselling into SRH services

Exercise 2.1 Sharing of experiences



Time: 60 minutes

Participants will be divided into small groups by region or country to discuss the following issues:

- Why is counselling important in the context of SRH?
- How much your region/association emphasizes and support counselling activities? (training, facilities, IEC materials, etc.)
- How is the client flow at service delivery level?
- Who conducts counselling activities at the service delivery level?
- How to improve the integration of interpersonal communication and counselling within SRH service delivery?
- What types of communication/counselling aids could help?

Each group will present their conclusions and discuss in plenary.

Exercise 2.2 Knowledge, skills and attitudes of effective counselors

Work in small groups:



Time: 60 minutes

Participants will be divided into three small groups. The groups will discuss the knowledge, skills and attitudes for an effective counsellor, as follows:

Group 1: The knowledge needed to be an effective counsellor

Group 2: The skills needed to be an effective counsellor

Group 3: The attitudes needed to be a effective counsellor

2. Groups will have 20 minutes to discuss and will then present their discussion.

Day 1

Session 3

Introduction to the WHO Decision-Making Tool for Family Planning Clients and Providers (DMT)



Time: 30 minutes

1. The facilitator will present an illustrative presentation on the DMT.

Session 4

Working with sensitive issues in SRH values and attitudes

Exercise 4.1 “I think / I feel”

Individual and group exercise



Time: 1 hour

Exercise 4.2 Counselling case studies



Time: 1 hour

1. Participants will be divided in small groups to discuss the case studies and explain how to deal with the sensitive issues raised in their example.
2. The groups will prepare a brief presentation about their analysis of the case studies, guided by the following questions:
 - What are the problems that you've identified in this situation?
 - What are the causes of the problems?
 - How can the problems be minimized or overcome?
 - Who would make these changes?
3. In plenary, groups will share their case study and summarize their discussion.

Day 1

Session 4

Case studies

SITUATION 1:

An adolescent who is 16 years old, arrives at the service delivery point seeking information about abortion services. She is 6 weeks pregnant, very depressed and desperate about her situation. She does not have a boyfriend. She had sexual intercourse with a guy she met during a carnival and got pregnant.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

SITUATION 2:

A female commercial sex worker (CSW), who is 28 years old, arrives at the service delivery point extremely nervous. She tells you that she has had some fever for the last 4 days accompanied by diarrhea and vomiting. She has been a CSW for the last 10 years and does not use condoms with every client as some clients will not accept them.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

SITUATION 3:

A homosexual couple arrives at the service delivery point to get some medicine. One of the partners is HIV positive and is under treatment. The other partner is a married man who lives with his wife and two children. The partner who is HIV positive is very depressed and extremely weak.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

SITUATION 4:

A woman who is 35 years old and is married with 3 children arrives at the clinic. She relies on her husband's income from factory work to support the family. During the interview she said that she has sex only with her husband. She responded to your questions by saying that her husband often works late at the factory and that he goes drinking with friends occasionally. She can sometimes smell alcohol on his breath. She came to the service delivery point with no idea of the cause of her abdominal pain. You have already diagnosed Pelvic Inflammatory Disease.

- Explain the counselling steps you would follow to deal with the situation presented above.
- List the skills and attitudes that should be applied to deal with the situation.

Day 1

Session 5

Reflection of the day

Reading task: Participants are asked to read the Introduction of the DMT (pgs. iv-iv)

Day 2

Session 1

Content

On day 2 of the training, participants will practice inter-personal and communication skills needed for effective counselling and will become more familiar with the decision-making approach to counselling adopted in the DMT.

Objectives

By the end of the day participants will be able to:

- Apply interpersonal communication skills during the counselling process
- Explain the decision making process
- Identify essential information required for decision-making in family planning for different types of clients
- Explain the approach to counselling promoted by the DMT

Day 2

Session 2

Practicing interpersonal communication skills



Time: 120 minutes

- A. Brainstorming: "How people communicate"
- B. Verbal and Non-Verbal Communication: tone of voice
- C. Verbal and Non-Verbal Communication:
- D. Active listening
- E. Language
- F. Positive reinforcement
- E. Illustrative presentation

Exercise E: Language

TRANSLATE INTO A SIMPLE LANGUAGE

1. Female and Male sterilization (also known as tubal occlusion and vasectomy) are among the most effective contraceptive methods available for men and women who desire no more children. Sterilization is also one of the safest methods, with low mortality and complication rates for both men and women. The sterilization procedure blocks either the sperm ducts or the oviducts to prevent the sperm and ovum from uniting.

2. The diaphragm is a shallow, dome-shaped rubber cup with a flexible rim. When correctly inserted into the vagina before the intercourse, the dome covers the cervix. Spermicidal cream or jelly is placed in the dome before insertion. The contraceptive effect of the diaphragm depends partly on its function as a spermicide holder. When used correctly at every act of intercourse, the diaphragm can be a reasonably effective method of contraception.

3. The IUD may be particularly appropriate for women who:
 - Are parous and want a highly effective, long-acting reversible method.
 - Prefer a method which does not require action daily or with every act of sexual intercourse.
 - May have difficulty obtaining contraceptives supplies on a regular basis.
 - Lack privacy, making use of some other methods problematic.
 - In the course of using hormonal methods containing estrogen, become high risk users.

Day 2

Session 3

The Decision-making process: How do people make decisions?



Time: 90 minutes

1. The facilitator will divide participants into 3 groups:
 - Group 1: will discuss the decision making process when people are choosing a dish in a restaurant.
 - Group 2: will discuss the decision making process when people are deciding what to wear to go to work
 - Group 3: will discuss the decision making process when people are deciding to buy a house.
2. For the 3 situations, the groups should describe:
 1. The elements that people should consider when making this type of decision.
 2. What kind of help they would need to make a right decision.
 3. What could be a positive influence in their decision making process?
 4. What could be a negative influence in their decision making process?
3. Groups will present their discussions in plenary following by discussion and illustrative presentation.

Day 2

Session 4

Decision-Making Tool for Family Planning Clients and Providers (DMT)



Time: 120 minutes

1. The facilitator will present an illustrative presentation on the DMT.
2. A reading task will be assigned.
3. Reflection exercise on the DMT:
 - What would be different in your counselling session with the use of the DMT?
 - What behaviors is the DMT promoting?
 - How does this new approach to counselling benefit clients?
 - How does this new approach to counselling benefit the providers?

Session 5

Reflection of the day



Time: 15 minutes

Reading Task:

Read the "Oral Contraception" and "Returning Client" sections of the DMT. Reflect whether the guidance in the tool differs from the guidance provided at your Member Association / clinic.

Day 3

Session 1

Content

On day 3, participants will gain skills in using the DMT through practice counselling sessions and group discussions. Participants will also discuss inter-personal and communication skills in counselling.

Objectives

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

- apply interpersonal communication skills during the counselling process
- apply appropriate decision-making processes for different types of clients using the DMT

Day 3

Session 2

TEAM WORK EXERCISE: CAN YOU FIND THE ANSWERS IN THE TOOL?

Respond to each question by indicating the correct answer AND the page number in the DMT where it was found.

1) When introducing the DMT, what can you tell your client about how the flipchart can help them?

.....

.....

.....

.....

2) One of your clients returns to the family planning clinic. She is unhappy with her current method (injectables) and wants to change to a different method. What is the order of tabs that you might use to help her?

1.

2.

3.

4.

5.

And possibly you could use

.....

3) What types of clients with special family planning needs does the tool help you serve?

.....

.....

.....

4) Which of the following are given as choices for dual protection against pregnancy and STIs/HIV/AIDS?

- Use condoms and another family planning method together
- Delay having sex
- No condoms used but fewer sexual partners
- Use an effective family planning method
- Use condoms alone

5) A client has just given birth and is breastfeeding, and would like to have a long-acting injectable before she leaves the Hospital. How would you assist her?

.....

.....

.....

6) a) A client would like to have an IUD inserted today. She started her last menstrual period 2 weeks ago. Which appendix could you use to determine that she is not pregnant?

.....

b) Which of the following statements help rule out pregnancy for this situation?

- I gave birth 2 weeks ago
- I gave birth 4 months ago but my periods returned last month
- I have been taking injectables and have never been late for an injection
- My period was on time last month

7) List 3 risky situations for STIs/HIV/AIDS?

.....

.....

.....

8) A client using a monthly injectable returns to the clinic 10 days late for her repeat injection. Under what circumstances could she receive her injection?

.....

.....

.....

9) A young woman comes to the clinic interested in family planning. She does not understand her menstrual cycle. What would you do?

.....

10) What advice can you give a client who has forgotten to take her pills for 1 day? For 2 or more days in a row?

.....

.....

11) A client is trying to decide between using the pill or the IUD. She would like to use a highly effective method.

a) Which appendix would you use to help you?

b) What would you advise her about the effectiveness of these 2 methods?

.....

.....

12) An adolescent, 17 years old, came to the clinic interested in using the IUD. What would you do?

.....

13) A woman comes to the clinic because she had unprotected sex 4 days ago. She would like to use emergency contraception. What are her options?

.....

.....

.....

14) If a woman has an STI, female sterilization must be delayed.

True False

15) A woman who is not breastfeeding can use the mini-pill.

True False

16) Until what time in the menstrual cycle can a woman start the following methods without using an additional method of protection?

The pill:

IUD:

17) When should a client come for a return visit for the following methods? (if she has no problems)

The pill:

IUD:

Day 3

Session 3

Practicing using the DMT



Time: 4 hours

A. Working with the DMT (1 hour)

1. Participants will be divided in small groups to discuss the process to be followed to provide effective counselling for decision making in different situations:

- Clients with a method in mind.
- Clients with no method in mind.
- Returning visit for family planning.
- Client using a method, concerned about STI/HIV/AIDS?
- Clients with special needs:
 - Younger Clients
 - Older Clients
 - Pregnant/post-partum
 - Post-abortion clients
 - Clients living with HIV/AIDS

2. Answers will be discussed in plenary.

B. Case studies / role Plays: (2.5 hours)

1. Small groups of 3 will prepare counselling sessions based on selected situations using the DMT.
2. Every member of the group should have the opportunity to “play” the provider, the client and the observer. When observing the session, observers should use the checklist to provide feedback on the session.
3. Each group will be asked to prepare one case study to present in plenary on Day 4.

Role Play Exercise

In groups of 3, practice different situations for a family planning counselling session.

- 1 person to be the provider
- 1 person to be the client
- 1 person to be an observer (to make notes on how both the provider and client behave)

After each scenario, discuss the role play:

- First have the “provider” discuss how they felt the role play went, what went well, what they would do differently.
- Second, have the “client” discuss how it went and how they felt as the client, what went well, and any suggestions for the provider.
- Third, have the “observer” discuss what they observed about the role play, what they thought went well, what could have been done differently.

Swap roles after each scenario.

The “provider” should not read the scenario – only the client and the observer.

Scenario 1: A returning client with problems

A client who has been using long-acting injectables for 2 months comes back for her next injection. She is complaining of migraines (and is having problems with bright light when she gets her migraines) but would like to keep taking her injections.

Scenario 2: The younger client

An adolescent comes into the clinic looking for family planning counselling. She has never been to a clinic before and is very nervous. She would like some information on different methods, and she also knows little about how her body works (the menstrual cycle etc.).

Scenario 3: A new client with a method in mind

A woman comes into the clinic wanting to use the pill. She has a boyfriend but has had other sex partners over the last year.

Scenario 4: Emergency Contraception

A client comes into the clinic asking about emergency contraception. She has been using condoms, but had unprotected intercourse the day before. She is thinking about using another method of contraception, but is also nervous about STIs because she and her boyfriend have only been seeing each other for a few months.

Scenario 5: Man wanting vasectomy

A man comes into the clinic wanting a vasectomy. He has 3 children and his wife is supportive of the decision.

Scenario 6: Switching method

A woman, who has been using the pill, comes into the clinic. She would like to switch to the IUD because she wants an effective method but does not want to have to take a pill each day. She is married with 2 children and has decided that she does not want to have any more.

Scenario 7: Information on STIs and HIV

A woman comes into the clinic worried that she may have an infection. She does not understand what an STI is, and does not know about AIDS.

Role Play-Counselling Session Using the DMT

Observation Checklist for Feedback

| Counselling Skills and Use of DMT | | Excellent | Good | Needs Improvement |
|---|--|-----------|------|-------------------|
| Introduction- The provider: | | | | |
| 1. | Welcomes the client and introduces herself/himself | | | |
| 2. | Presents the DMT as an aid to the counselling session | | | |
| 3. | Asks the reason for client visit, using the DMT | | | |
| Meeting client's needs -The provider: | | | | |
| 1. | Asks client if she/he has a method in mind | | | |
| 2. | Asks client her/his feeling about or experience with a method | | | |
| 3. | Effectively identifies clients needs and uses the DMT accordingly | | | |
| 4. | Uses the DMT to explain methods eligibility criteria | | | |
| 5. | Responds to myths, with accurate information | | | |
| Helping clients through the decision making process-The provider: | | | | |
| 1. | Asks open-ended questions (beginning with "how" or "what", for example "How would you feel about changing methods?" instead of "Do you want to change methods?") | | | |
| 2. | Uses the flip-chart effectively, to help the decision making | | | |
| 3. | Identifies the technical information related to the client's personal situation | | | |
| 4. | Encourages clients to talk about sexual partners and/or sexual problems. | | | |
| 5. | Explores risk behaviours for STIs/HIV | | | |
| 6. | Discusses the adoption of dual protection with the client (protection from pregnancy and STIs/HIV) | | | |
| Verifying client's decision-The provider | | | | |
| 1. | Asks reasons for client's decision to adopt, continue using, or switch to a certain method | | | |
| 2. | Makes sure client understands consequences of the decision to use or switch methods | | | |
| 4. | Checks whether client is happy with her/his initial decision on method use | | | |
| 5. | Encourages client to return if she/he has any questions, problems or concerns | | | |

| Counselling Skills and Use of DMT | | Excellent | Good | Needs Improvement |
|--|---|-----------|------|-------------------|
| Using interpersonal communication skills-The provider | | | | |
| 1. | Maintains eye contact with the client | | | |
| 2. | Concentrates fully on what the client is saying | | | |
| 3. | Waits for client to answer one question before asking another question | | | |
| 4. | Demonstrates interest by repeating what she/he said or nodding encouragement | | | |
| 5. | Responds and clarifies effectively to the client's questions and statements | | | |
| 6. | Gives full attention to client's fears and anxieties | | | |
| 7. | Encourages client to speak freely and ask questions during consultation | | | |
| 8. | Explains technical concepts in a simple language so the client could understand | | | |
| 9. | Responds to the client with positive words (not criticism or scolding) | | | |
| 10. | Checks whether client understands and remembers technical information | | | |

Day 4

Session 1

Content

On day 4, participants will present their counselling role plays using the DMT and feedback will be provided using an observation checklist. Participants will also develop their regional or in-country training plans.

Objectives

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

- apply appropriate decision-making processes for different types of clients using the DMT
- identify areas for adaptation of the training module for the regional or in-country level
- develop a work plan for the regional or in-country training

Day 4

Session 2

Practicing using the DMT: role plays (continued)



Time: 120 minutes

1. Two people from each group will present one of their counselling sessions from the previous day. Participants and facilitators will observe the interaction and provide feedback using the observation checklist.

Session 3

Developing a work plan for regional and in-country trainings



Time: 120 minutes

1. In groups by Region or Member Associations, participants should work together to plan their regional or in-country training plans, determining:
 - strategies/ activities
 - adaptation of the training module
 - number of participants
 - technical assistance needed
2. In plenary, groups will present their plans and feedback will be provided

Evaluation

Closure

Planning training activities

| ACTIVITIES | OBJECTIVES | EXPECTED OUTCOMES | DATES | RESOURCES | RESPONSIBLE |
|------------|------------|-------------------|-------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Consider: Whether adaptation is needed
Number of participants

TRAINING COURSE – FINAL EVALUATION

Instructional and Administrative Aspects

Please circle the answer you feel is most appropriate for each of the following aspects of the training course, using the following ratings:

5: Excellent 4: Good 3: Satisfactory 2: Poor 1: Insufficient

| Statements | Rating Scale | | | | |
|---|--------------|---|---|---|---|
| 1. Achievement of course objectives | 1 | 2 | 3 | 4 | 5 |
| 2. Achievement of personal expectations | 1 | 2 | 3 | 4 | 5 |
| 3. Relevance of training to your work. | 1 | 2 | 3 | 4 | 5 |
| 4. Usefulness of training materials. | 1 | 2 | 3 | 4 | 5 |
| 5. Training methodologies. | 1 | 2 | 3 | 4 | 5 |
| 6. Organization of the course. | 1 | 2 | 3 | 4 | 5 |
| 7. Training facilities. | 1 | 2 | 3 | 4 | 5 |
| 8. Administrative support. | 1 | 2 | 3 | 4 | 5 |
| 9. Travel arrangements. | 1 | 2 | 3 | 4 | 5 |
| 10. Financial arrangements. | 1 | 2 | 3 | 4 | 5 |
| 11. Hotel accommodation. | 1 | 2 | 3 | 4 | 5 |

2) Course Length: ____ Too long ____ Too short ____ Just right

3) What topics covered in this training do you think will be the most useful to you in your work?

.....

.....

.....

.....

.....

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.....

4) On which topics would you have liked more information or preferred to spend more time?

.....

.....

.....

.....

.....

.....

5) On which topics would you have liked less information or preferred to spend less time?

.....

.....

.....

.....

.....

6) Any additional comments?

.....

.....

.....

.....

.....

International Planned Parenthood Federation (IPPF)

Who we are

The International Planned Parenthood Federation (IPPF) is the strongest global voice safeguarding sexual and reproductive health and rights for people everywhere. Today, as these important choices and freedoms are seriously threatened, we are needed now more than ever.

What we do

IPPF is both a service provider and an advocate of sexual and reproductive health and rights. We are a worldwide network of 150 Member Associations and are active in 182 countries.

What we believe

We see a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they'll have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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