

# DISSEMINATION AND IMPLEMENTATION OF THE IPPF MEDICAL AND SERVICE DELIVERY GUIDELINES FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES

A training of trainers guide for health professionals

Facilitator's guide



International Planned Parenthood Federation  
Newhams Row  
London SE1 3UZ  
United Kingdom  
Tel +44 (0)20 7939 8200  
Fax +44 (0)20 7939 8300  
Email: [info@ippf.org](mailto:info@ippf.org)  
Web: [www.ippf.org](http://www.ippf.org)  
June 2006



# Table of contents

---

Acknowledgements	2
Abbreviations	3
<b>Introduction</b>	
- Goals and objectives	4
- The structure of the guide	4
- Who is this training designed for?	4
<b>Preparing for the training</b>	
- Background knowledge and information	5
- Administration and logistics	5
- Preparing the sessions	5
<b>Training methods</b>	7
<b>Course outline</b>	9
<b>Session 1</b>	
Purpose of the training on Medical and Service Delivery Guidelines dissemination	20
Purpose of the Medical and Service Delivery Guidelines	20
Quality Of Care Standards – Client’s Rights, Providers’ Needs	21
Counselling and informed choice	23
WHO Medical Eligibility Criteria	23
WHO Selected Practice Recommendations	23
Physiology: menstrual cycle and conception	23
<b>Session 2</b>	
Hormonal contraceptive methods	26
<b>Session 3</b>	
Intra-uterine devices (IUD)	41
<b>Session 4</b>	
Barrier methods	50
<b>Session 5</b>	
Female and male sterilization	54
<b>Session 6</b>	
Periodic abstinence methods	57
<b>Session 7</b>	
Emergency contraception	62
<b>Session 8</b>	
Infection prevention and control in SRH services	63
<b>Annex 1</b>	
Bingo sheets	86
<b>Annex 2</b>	
Sample participants’ guide	100

# Acknowledgements

---

This manual has been jointly developed by the members of the Quality of Care 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”.

We are grateful to Ilka Maria Rondinelli and Dr Magdy Khaled for their lead role developing this training and conducting the inter-regional training in November 2003. The QOC group acknowledges the guidance, technical expertise and vision of Dr. Carlos Huevo, former QOC programme coordinator and Medical Director of IPPF. Appreciation is also given to Dr. Mariama Barry for her work developing this training manual.

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
EN	IPPF European Network
ESEAOR	IPPF East & South East Asia and Oceania Region
HQ	Headquarters
IPPF	International Planned Parenthood Federation
MEC	WHO Medical Eligibility Criteria for Contraceptive Use
QI	Quality Improvement
QOC	Quality of Care
RO	IPPF Regional Office
SA	Self-assessment
SAR	IPPF South Asia Region
SDG	IPPF Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services
SDP	Service Delivery Point
SPR	WHO Selected Practice Recommendations for Contraceptive Use
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 participants to facilitate the training in dissemination and implementation of the IPPF *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services* at Regional and in-country levels.

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

1. Explain the purpose of the IPPF *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services* (SDG) in the context of quality of care
2. Conduct SDG dissemination and implementation activities at Regional and Member Association levels using a participatory approach
3. Train Regional and Member Association facilitators to conduct SDG dissemination and implementation activities for service providers at service delivery sites using a participatory approach
4. Motivate Regional and Member Association staff for implementation and use the IPPF SDGs as a reference for the provision of quality of care (QOC).

## Structure of the guide

The guide is divided into eight sessions. Each session starts with a list of learning objectives for participant “knowledge gain” and “skills acquired”. Both knowledge and practical skills are needed if participants are to become proficient in their tasks. Skill building is done through practical, hands -on sessions, as well as open discussion, case studies and role-playing.

Each session also includes a suggested time-frame for completing the session, a supplies and equipment list, and suggested “ice-breaker” activities to begin the session. As with all trainings, the guide should be adapted according to local needs and priorities. Throughout the manual, there are notes for the facilitator. These notes include suggested interactive questions and discussion points to help guide the exercises. Illustrated presentations are available on the CD-Rom, included with this training guide.

This training package is designed for use with groups of up to 20 participants at a time. The quality of the training will suffer if the group of participants is larger.

## Who is this training designed for?

This module is designed for trainers who have the responsibility to teach other trainers and health care workers based at service delivery points (SDPs). Ideally they will already have training skills and have backgrounds in the medical and technical aspects of sexual and reproductive health.

# Preparing for the training

---

## Background knowledge

The first step to prepare for the training is to read through the entire training module carefully so as to become familiar with the training contents and the suggested instructional methods. Methods include facilitating plenary discussions, in-class written questions, group work, and role-plays. You may also want to gather additional materials on training methods.

All facilitators should be very familiar with the IPPF *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services* (2004), the key resource upon which this training is based. Trainers should also have knowledge of the WHO Medical Eligibility Criteria for Contraceptive Use (MEC) and Selected Practice Recommendations for Contraceptive Use (SPR). Before the training, it is also a good idea to investigate other prior trainings your participants may have had.

Ideally, the training should be part of an existing training plan. Such a plan will help clarify issues that may arise when organizing this training. These may include:

- which group of health care workers is the priority for training and what are their particular training needs?
- what human and financial resources exist for training and how can they be used?
- what type of activities can serve as follow-up to the training, including supervision or intermittent refresher training?
- how will the training programme be monitored or evaluated?

As much as possible, it is recommended to address these issues with the host organization when planning for this session.

## Administration and logistics

When planning the administrative aspects and logistics for the training, there are several key issues you can expect to encounter.

<b>Budget:</b>	Is it adequate? Will the funds be available ahead of time?
<b>Participants:</b>	Have the desired qualifications and position or role of the participants been determined? Are they being invited or identified according to these qualifications? Are participants invited with sufficient lead time for them to arrange their schedules to attend?
<b>Venue:</b>	Is the venue adequate in terms of size, ventilation and temperature, lighting, noise level, seating, etc.?
<b>Materials:</b>	Are there sufficient materials for the number of participants expected?
<b>Facilitator(s):</b>	Have the desired qualifications and role of the facilitator(s) been determined?

It is important to think through these areas carefully well in advance of the training to ensure no details are overlooked or forgotten. Organizing to ensure that there are sufficient materials; the training is tailored to the needs of your participants; and the venue is adequate for the methodologies you will use are all aspects which require advance planning

## Preparing the sessions

It is always a good idea to tailor the training to the needs of the participants attending the session. This may include emphasizing some sessions and de-emphasizing others. To emphasize a session, you should plan to exceed the recommended time indicated so that there is more time for participation. This could be in the form of longer open discussions, or additional rounds of role-plays. Adding more time or practice sessions will help reinforce the skill-building aspects of each session. To de-emphasize a session, you can shorten the recommended time indicated at the beginning of the module by at least one quarter, and be selective about using the interactive questions

suggested in the guide as well as the exercises, role plays and activities at the end of the session.

A number of the practicum components will require additional planning. A practicum component usually means that the facilitator observes trainees using their new skills while performing a procedure on models or actual patients. The advantage is that the facilitator can give the trainee immediate feedback about their skills and at the same time encourage them in their efforts to master these skills.

Before the training or at the start of the training, participants should receive a copy of the IPPF *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services* (2004), as well as a participants' guide for use during the training. A sample participants' guide is included in Annex 2 and the Guidelines are available from IPPF in Arabic, English, French, and Spanish. Facilitators may also wish to distribute copies of the WHO MEC and SPR handbooks. Both are available from WHO.

# Training methods

---

There are several different training methods used in this module. Experience with these methods suggests that there are key points to improve their effectiveness, and these are summarized below.

## Key points for making effective presentations

- Before starting, announce the schedule for the session so participants will know how long it will last.
- Speak loudly so that all participants can hear the presentation easily.
- Lower the lighting in the room while using an overhead projector or LDC, but leave enough light so that participants can read their own documents and write notes. Moderate lighting also helps keep participants from becoming sleepy.
- Avoid moving around or making many gestures while you are presenting because this can distract participants.
- Speak more slowly than normal conversation speed.
- Offer frequent opportunities for participants to ask questions or request clarification.
- Look at participants' faces and posture to detect problems such as lack of understanding or boredom.
- Use icebreaking activities to refocus the participants' attention during the session if necessary.
- While using the facilitating questions or group exercise techniques, encourage participants to openly share their opinions and their understanding of the material they are learning.
- Avoid interrupting or criticizing participants who respond to a facilitating question or who are participating in a group exercise.
- Allow a short, silent pause after presenting a new idea or after completing an exercise to help participants to think about the information they have just learned.

## Key points for facilitating group discussions

- Establish your role as the facilitator or discussion leader at the beginning of the training but avoid being seen as an inaccessible "expert", because this can suppress group discussion.
- Remain free of personal or emotional involvement in the discussion and maintain your neutrality throughout the session.
- Create an environment where people can express their views without fear of a negative response from others.
- Be ready to listen to participants without interrupting.
- Be prepared to wait for participants to start expressing their ideas.
- Encourage participants to express different points of view.

## Key points for running a role-play exercise

- Briefly outline the purpose of the role-play exercise, emphasizing its importance for skill-building.
- Quickly identify role-play teams composed of a provider, a patient and an observer.
- Ask participants to read the descriptions for all three roles.
- Briefly outline the steps and timing of the role-play exercise.
- Discuss the type of feedback that will be given after the role-play and confirm that participants agree in advance to this type of feedback. Feedback that is asked for, rather than imposed, is more productive.

## Key points for giving feedback

- Make the feedback specific. “I liked it” is not as helpful as “I liked the way you talked with the client during the IUD insertion.”
- Make positive statements before you provide suggestions for improvement. Encouragement is a powerful force for change.
- Be descriptive and give clear suggestions rather than being judgmental. “It made me feel confused when you....” and “I think it would be easier to understand if you...” are better than “your presentation was disorganized.”
- Focus on behaviour that can be changed. “You interrupted the patient frequently” rather than “you were rude to the patient.”
- Be tentative rather than absolute. “You seem unconcerned about this problem” rather than “You don’t care what happens.”
- Inform or suggest rather than command.
- Verify feedback. In a group, you can check with the others for the accuracy of comments and whether an impression is shared.

For further information on training and facilitation skills, consult the IPPF *Training skills for health professionals: reference manual*, available from the IPPF website at: [www.ippf.org](http://www.ippf.org)

# Course outline

## Dissemination and implementation of the IPPF Medical and service delivery guidelines for sexual and reproductive health services

### Day 1

TIME	THEMES/OBJECTIVES	FACILITATION METHODS	RESOURCES/MATERIALS
60 minutes	<p>Opening</p> <p>Welcome and introduction of the facilitators</p> <p>Participants' introductions</p> <p>Training goals and objectives</p> <p>Rules of participation</p>	<p>Brief greeting. Each facilitator introduces him/herself</p> <p>Participants introductions</p> <p>Discuss participants' expectations as well as training goals and objectives</p> <p>Discuss the course timeframe, materials available, logistics: hotels, per-diem, expense reports etc, and rules of participation</p>	<p>IPPF Medical and Service Delivery Guidelines</p> <p>Materials for the introduction and ice breaker exercises</p> <p>Sample rules of participation</p> <p>Training schedule</p> <p>Flipchart, markers, masking tape</p>
	<b>COFFEE BREAK</b>		
2.5 hours	<p>Session 1: Background and purpose of the SDGs</p> <p>Counselling and informed choice</p> <p>WHO eligibility criteria and selected practice recommendations</p> <p>Physiology of menstrual cycle and conception</p>	<p>Group exercises</p> <ul style="list-style-type: none"> <li>- Agree and disagree exercise</li> <li>- Knowledge, skills and attitudes of providers</li> </ul> <p>Brainstorming</p> <p>Illustrative presentations</p>	<p>IPPF Medical and Service Delivery Guidelines</p> <p>Agree-Disagree statements</p> <p>Illustrative presentation: "Overview of the Medical and Service Delivery Guidelines"</p> <p>Illustrative presentation: "WHO MEC and SPR"</p> <p>Flipchart, markers, masking tape</p>
	<b>LUNCH</b>		
15 minutes	Ice-breaker activity	Group energizer	Materials for ice-breaking exercises

TIME	THEMES/OBJECTIVES	FACILITATION METHODS	RESOURCES/MATERIALS
2.5 hours	Session 2: Hormonal contraception	Group work and presentations Plenary discussion	IPPF Medical and Service Delivery Guidelines Samples of hormonal methods Illustrative presentations on hormonal methods of contraception (COCs, POI, POPs, Norplant, Jadelle) Observation checklist for presentations Flipchart, makers, masking tape
15 minutes	Reflection of the day	Participants and facilitators reflect on the day	"Reflection of the day" sheet

## DAY 2

TIME	THEMES/OBJECTIVES	FACILITATION METHODS	RESOURCES/MATERIALS
30 minutes	Introduction Warm-up exercise Review of the agenda for the day Reflection of Day 1	Group activity	Resources for the warm-up exercise
3.5 hours	Session 2: Hormonal methods of contraception (continued)	Group presentations Group exercise: "Snake game" Plenary discussion, illustrative presentation	IPPF Medical and Service Delivery Guidelines Observation checklist for presentations Samples of hormonal methods Illustrative presentations on hormonal methods of contraception (COCs, POI, POPs, Norplant, Jadelle) Flipchart, makers, masking tape Board, question cards and dice for 'Snake' game
	<b>LUNCH</b>		
15 minutes	Group energizer	Group activity	Materials for ice-breaking exercises
2.5 hours	Session 3: IUDs - Technical and scientific information on IUDs - Demonstration of IUD insertion and removal	Plenary discussion / illustrative presentation Practical demonstration	IPPF Medical and Service Delivery Guidelines Illustrative presentation on IUDs IUD video (if available) Sample IUDs / IUD insertion and removal kits / Pelvic models Observation checklist
15 minutes	Reflection of the day Instructions for next day	Participants and facilitators reflect on the day Facilitators provide instructions for Day 3	"Reflection of the day" sheet

12 DAY 3

TIME	THEMES/OBJECTIVES	FACILITATION METHODS	RESOURCES/MATERIALS
30 minutes	Introduction <ul style="list-style-type: none"> <li>- Warm-up exercise</li> <li>- Review of the agenda for the day</li> <li>- Reflection of Day 2</li> </ul>	Group activity	Resources for the warm-up exercise
2.5 hours	Session 3: IUDs (continued) IUD insertion and removal practice with models	Group work	IPPF Medical and Service Delivery Guidelines Illustrative presentation: "IUDs" Sample IUDs / IUD insertion and removal kits / Pelvic models Observation checklist
1 hour	Session 4: Barrier methods Discussion of the various barrier methods	Group exercise / illustrative presentation	IPPF Medical and Service Delivery Guidelines Kit of barrier methods (diaphragm, condoms etc) Illustrative presentation: "Barrier methods" Assignment sheets
<b>LUNCH</b>			
15 minutes	Group energizer	Group activity	Materials for ice-breaker activities
1.5 hours	Session 5: Male and female sterilization methods Discussion of male/ female sterilization	Group work Plenary discussion / illustrative presentation	IPPF Medical and Service Delivery Guidelines Illustrative presentation "Sterilization methods" Case studies Flipchart and markers

TIME	THEMES/OBJECTIVES	FACILITATION METHODS	RESOURCES/MATERIALS
1.5 hours	Session 6: Periodic abstinence methods Discussion of periodic abstinence methods	Group work Plenary discussion	Role play handouts
15 minutes	Reflection of the day Instructions for next day	Participants and facilitators reflect on the day Facilitators provide instructions for Day 4	"Reflection of the day" sheet

## DAY 4

TIME	THEMES/OBJECTIVES	FACILITATION METHODS	RESOURCES/MATERIALS
30 minutes	Introduction Warm-up exercise Review of the agenda for the day Reflection of Day 3	Group activity	Resources for the warm-up exercise
1 hour	Session 7: Emergency contraception - Discussion on methods of emergency contraception	Plenary discussion	IPPF Medical and Service Delivery Guidelines Samples of emergency Contraception methods Flipchart and markers
2 hours	Session 8: Infection prevention and control in SRH services - Terminology		Bingo cards IP video (if available)
	<b>LUNCH</b>		
15 minutes	Group energizer	Group activity	Materials for ice-breaker activities
2.5 hours	Session 8: Infection prevention and control in SRH services (continued) - Practising infection prevention and control procedures	Group work	Infection prevention and control checklists for health units IPPF Medical and Service Delivery Guidelines Exercise sheet Flipchart and markers
15 minutes	Reflection of the day Instructions for next day	Participants and facilitators reflect on the day Facilitators provide instructions for Day 4	"Reflection of the day" sheet

## DAY 5

TIME	THEMES/OBJECTIVES	FACILITATION METHODS	RESOURCES/MATERIALS
30 minutes	Introduction Warm-up exercise Review of the agenda for the day Reflection of Day 2	Group activity	Resources for the warm-up exercise
1.5 hours	Session 8: Infection prevention and control in SRH services (continued)	Group presentations Plenary discussion	IPPF Medical and Service Delivery Guidelines Flipchart and markers
1.5 hours	Planning Regional / in-country activities	Group work Plenary discussion	IPPF Medical and Service Delivery Guidelines Flipchart and markers
30 minutes	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
	<b>LUNCH</b>		

# Day 1

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>• explain the process of guidelines development to colleagues at the Member Association or service delivery point</li><li>• identify effective dissemination methodologies for the IPPF Medical and Service Delivery Guidelines at the Member Association level</li><li>• explain the physiology of the menstrual cycle and conception</li><li>• explain the hormonal methods, discussing:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for each of the hormonal contraceptive methods.</li><li>• WHO medical eligibility criteria for the use of hormonal contraceptive methods.</li><li>• Type of counselling, information and instructions needed for effective use of hormonal contraceptive methods.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• sensitize service providers on the importance of offering SRH services that meet QOC standards based on Clients' Rights and Providers' Needs</li><li>• sensitize service providers on the importance of counselling in improving clients' contraceptive method choice and use</li><li>• implement select practices based on WHO recommendations at service delivery level</li><li>• motivate staff to implement the WHO medical eligibility criteria for the provision of quality services</li><li>• disseminate and implement the IPPF Medical and Service Delivery Guidelines for the provision of hormonal contraceptive methods considering:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for each of the hormonal contraceptive methods.</li><li>• WHO medical eligibility criteria for the use of hormonal contraceptive methods.</li><li>• Type of counselling, information and instructions needed for effective use of hormonal contraceptive methods.</li></ul></li></ul>

# Day 1

---

## Morning session



Time:

The morning session should take 4 hours



Participants:

Plenary and small groups



Supplies:

IPPF Medical and Service Delivery Guidelines

Illustrated presentations:

- "IPPF Medical and Service Delivery Guidelines"
- "WHO MEC and SPR"

Flipchart and flipchart paper

Materials for ice-breakers and participatory exercises

Markers (ideally in two or three colours)

Tape (for taping pieces of flipchart paper onto training room walls)

Overhead projector or LDC, or flipchart version of overheads

Extra pens or pencils and paper for participants

## Tips

- It is important to quickly set the tone at the start of the training to ensure a high level of participation from participants later on. A good way is to start by introducing yourself and asking each participant to introduce him or herself.
- After this, together with the group of participants, it is a good idea to develop "Rules of Participation" as described in the box below.
- A good way to get to know your participants and for participants to get to know each other is to do an icebreaker activity. Two different icebreakers are included below as examples. Perhaps there are other icebreaker activities you already know of.
- During the opening, it is also a good time to discuss the overall training objectives and review logistics (hotel, per diems, etc).

# Day 1

---

## Sample “icebreaker” activities

Before beginning the training session, an icebreaker exercise will encourage participants to become comfortable with each other and with the facilitator. Two simple activities are described below:

### 1. “Introductions”



Time: Approximately 25 minutes

1. Ask all participants to select a partner for this introduction. Ideally, the partner will be someone they have never met before.
2. Give participants 10 minutes to interview each other so that they can introduce their partner to the rest of the group.
3. In plenary, give each participant approximately one minute to introduce his or her partner.

### 2. “Personally”



Time: Approximately 15 minutes

1. Ask participants to break into pairs. Ask them to complete the following statement to their partner - “Personally, I expect to gain from the training...”
2. After the pairs have answered each other, go around the whole group getting a quick response from everyone on the question.

### Discussion points:

- Will the training reach all expectations?
- Does anyone have anything else they would like to add after hearing everyone else?
- Summarize the training aims and objectives and their relation with participant expectations

# Day 1

---

## Rules of participation activity

On a piece of flipchart paper, write "Rules of Participation" at the top. Ask participants to mention rules of participation they would like to have for themselves while they are in the training room. You can either ask participants to vote on items or only list those which are agreed to by all. Some rules may be listed that apply to the facilitators.

### Sample Rules of Participation

- No smoking.
- Participants can ask questions freely at any time.
- Each participant will try to include his or her views or experience during each open discussion opportunity.
- 100% participation for all group exercises.
- 100% participation for all individual written exercises.
- Facilitators keep to allotted time schedule.
- Participants and corresponding facilitators arrive on time for the beginning of each session.
- Facilitators speak clearly so everyone can hear.
- Feedback is given in a constructive fashion.

# Day 1

## Session 1

---

## Background and purpose of the IPPF Medical and Service Delivery Guidelines

### Contents

- 1.1 Purpose of the training on dissemination of the IPPF Medical and Service Delivery Guidelines
- 1.2 Purpose of the IPPF Medical and Service Delivery Guidelines (SDGs)
  - development process
  - components
  - strategies for effective utilization
- 1.3 Quality of Care Standards – Clients’ Rights and Providers’ Needs
- 1.4 Counselling and informed choice
- 1.5 WHO medical eligibility criteria
- 1.6 WHO selected practice recommendations
- 1.7 Physiology: menstrual cycle and conception

### 1.1 Purpose of the training for SDG dissemination



Time: 30 minutes

1. Divide participants in 3 groups to discuss the following questions.
  - Group 1:** Explain why do you think the IPPF SDGs are important for quality of care?
  - Group 2:** What are the main constraints for SDG dissemination and implementation in your Region/ Member Association?
  - Group 3:** Describe two effective dissemination strategies/steps that would work in your Region/ Member Association.
2. Each group will have 10 minutes to discuss and 5 minutes to present in plenary.
3. After the presentations, ask the group for feedback and summarize the discussion by emphasizing the importance of up to date guidelines in the provision of SRH care. Note that the training is designed to provide strategies to improve dissemination of utilization of the guidelines at the service delivery level.

### 1.2 IPPF SDG purpose and development process



Time: 30 minutes

1. Present and discuss the illustrative presentation on the Medical and Service Delivery Guidelines, explaining their purpose and the development process for the updated 2004 edition.

### 1.3 Quality of Care standards: Client's rights and providers' needs

Participatory exercise: "Agree and disagree"



Time: 60 minutes

1. Place two sheets of paper on opposite classroom walls. One sheet should read 'AGREE' and the other, 'DISAGREE'. Ask all participants to stand in the middle of the room.
2. Read a list of statements about SRH and contraception. Read each statement twice. Ask participants to decide if they agree or disagree with the statement and then to move to the corresponding side of the the room.
3. Once participants have moved to their chosen side, read the next statement. Be sure not to discuss the choices during the exercise.
4. After reading all the statements, ask participants to return to their seats to discuss the exercise.
5. Begin the discussion by asking participants:
  - How did you feel about the exercise?
  - Was it easy or difficult to decide which side you should go?
  - Were you surprised about the reaction of some of your colleagues?
  - Why do we have different opinion about these issues?
  - What have we learned with this exercise?
6. Discuss the client's pathways at a service delivery site and all the obstacles she/he may face to get a service. Service delivery sites should be prepared to provide services which clients perceive are needed!
7. Conclude the exercise with a discussion about the IPPF QOC Standards and the Client's rights / Providers' needs framework. Emphasize how important it is to provide non-biased and non-judgemental assistance in SRH to all clients irrespective of age, gender, sexual orientation, etc. To effectively meet client's rights, service providers must provide services guided by their technical knowledge and skills and not their own values or beliefs.

## Agree - disagree statements

1. Family planning is the responsibility of women.
2. When a couple trusts each other, there is no need to use a condom to prevent STI/HIV.
3. Breastfeeding is an effective and easy way to prevent pregnancy.
4. As a health professional I would offer information about abortion services to an adolescent.
5. Hormonal contraceptives methods can be dangerous to a woman's health.
6. Health providers should guide a client's choice for contraception as they have all the technical knowledge.
7. It is uncomfortable to use a condom.
8. Emergency contraception can cause an abortion.
9. If a client has already decided about a contraceptive method, there is no need for counselling.
10. A counselling session for adolescents should focus on abstinence and postponing sexual intercourse.
11. Men and women should have sexual experiences before marriage.
12. Infidelity is acceptable if the other person does not know about it.
13. IUDs can cause serious infections.
14. I would never provide counselling about fertility awareness, because their failure rates are very high.
15. Men have more sexual desire than women.
16. To promote contraceptive methods for adolescents is to promote high-risk sexual behaviour.
17. I think that it is normal when two men or two women fall in love.

# Day 1

---

## 1.4 Counselling and informed choice: Working group activity



Time: 45 minutes

Objective: To reflect and discuss the knowledge, skills and attitudes needed for a service provider to perform effective counselling in SRH.

1. Divide participants into 3 groups:

- Group 1: will discuss the knowledge service providers need to provide effective SRH counselling
- Group 2: will discuss the skills service providers need to provide effective SRH counselling
- Group 3: will discuss the attitudes service providers need to provide effective SRH counselling

2. Give each group 20 minutes to discuss and 10 minutes to present and discuss in plenary.

3. After the presentations, conclude the session by reinforcing the importance of counselling for informed choice in the context of quality of care.

## 1.5 WHO Medical Eligibility Criteria



Time: 30 minutes

1. In plenary discuss and present the illustrative presentation on the WHO Medical Eligibility Criteria. Discuss:

- The impact of the WHO eligibility criteria on quality of care
- The categories of the WHO eligibility criteria (1-4)

## 1.6 WHO Selected Practice Recommendations



Time: 30 minutes

1. In plenary discuss and present the illustrative presentation on the WHO Selected Practice Recommendations. Discuss:

- The impact of the WHO selected practices and recommendations on quality of care

## 1.7 Physiology of menstrual cycle and conception



Time: 30 minutes

1. In plenary discuss the physiology of the menstrual cycle and conception.

# Day 1

---

## Afternoon session



Time:

The afternoon session should take 3 hours



Participants:

Plenary and group work



Supplies:

IPPF Medical and Service Delivery Guidelines  
Samples of hormonal methods  
Observation checklist for presentations  
Flipchart and flipchart paper  
Materials for ice-breakers and participatory exercises  
Markers (ideally in two or three colours)  
Tape (for taping pieces of flipchart paper onto training room walls)  
Overhead projector or LDC, or flipchart version of overheads  
Extra pens or pencils and paper for participants

### Tips

- After a lunch break, it is a good idea to start the afternoon session with an icebreaker / energizer activity to re-focus participants' attention to the training. Two examples are included below.

# Day 1

---

## Sample “energizer” activities



Time:

Allow 5-10 minutes

### 1. “Postman”

Participants should sit in a circle, each having her/his own chair. The facilitator 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 is the “postman” and says something like:

“I am bringing a letter for all my colleagues who have brown hair.”

All the participants who have the characteristic stated (e.g. brown hair) and the person in the centre of the circle change places. Whoever ends up without a chair stands in the centre and will be the next “postman”. She/he will stand in the centre of the circle and again states that they are bringing a letter, but for people with different characteristic, such as:

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

“I am bringing a letter for all my colleagues who have never inserted an IUD”

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

### 2. “Supermodel”

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

#### Supermodel

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 the “ears” of the elephant.

#### Jell-O

Participant shakes his/her body like Jell-O 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 Jell-O.

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

# Day 1

## Session 2

---

### Contents

#### Hormonal methods of contraception

- Oral pills
- Injectables
- Sub-dermal implants
- IUDs

#### 2.1 Activity: Working groups



Time: Allow 2 hours 30 minutes



Steps:

1. Divide participants into 3 groups. The task for each group is to read a specific section of the IPPF Medical and Service Delivery Guidelines and prepare an effective and participatory presentation on the selected topic.
2. The groups will work on the following contents:
  - Group 1:** Oral hormonal contraceptives
    - Combined
    - Progestogen-only
  - Group 2:** Injectable hormonal contraceptives
    - Combined
    - Progestogen-only
  - Group 3:** Hormonal sub-dermal implants and IUDs
3. Give the groups two and a half hours to work on their presentations. Emphasize that the presentations should be interactive, dynamic and participatory. The underlying aim is to develop a presentation methodology that will capture participants' interest whilst delivering the key messages of the topic. Groups can use any materials that they would like for their presentations (flipchart paper, markers, contraceptive samples, etc).
4. Inform the group that they will present their presentations in plenary on Day 2. Observers will provide feedback on presentations using an observation checklist.

# Day 1

---

## Reflection of the day



Material: Reflection of the day sheet (available at end of manual)



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 2

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>• explain IUDs, discussing:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for the IUD</li><li>• WHO eligibility criteria for the use IUD</li><li>• Counselling, information and instructions needed for effective use of IUD</li><li>• IUD insertion and removal procedures</li><li>• The use of coaching for IUD insertion and removal</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Disseminate and implement the IPPF SDGs for the provision of hormonal contraceptive methods, considering:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for each of the hormonal contraceptive methods</li><li>• WHO eligibility criteria for the use of hormonal contraceptive methods</li><li>• Type of counselling, information and instructions needed for effective use of hormonal contraceptive methods</li></ul></li><li>• Disseminate and implement IPPF SDGs for the provision of IUDs, considering:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for the IUD</li><li>• WHO eligibility criteria for the use of IUD</li><li>• Counselling, information and instructions needed for effective use of IUD</li><li>• IUD insertion and removal procedures</li><li>• The use of coaching for IUD insertion and removal</li></ul></li></ul>

# Day 2

---

## Morning session



Time: The morning session should take 4 hours overall



Participants: Plenary and group presentations



Supplies:

- IPPF Medical and Service Delivery Guidelines
- Observation checklist for presentations
- Illustrative presentations
  - “Hormonal methods of contraception”
- Flipchart and flipchart paper
- Materials for ice-breakers and participatory exercises
- Markers (ideally in two or three colours)
- Tape (for taping pieces of flipchart paper onto training room walls)
- Overhead projector or LDC, or flipchart version of overheads
- Extra pens or pencils and paper for participants

### Tips

- Start the day, with a summary presentation of the “Reflections of the Day” from Day 1. It is also a good idea to review the outline and objectives of this day.
- After this, an energizer activity can be used to focus participants’ attention and energise them at the start of the day. Two sample energizers are included below.

# Day 2

---

## Sample ice-breaker activities



Time:

Allow 10-15 minutes

### 1. "Boom"

1. All participants should sit in a circle. Instruct them 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.
2. Anyone who fails to say BOOM! or who makes a mistake with the number that follows BOOM! is disqualified!
3. The numbers must be said rapidly; if a participant takes too long to say his/ her number, he/she is also disqualified.

### 2. Ball toss brainstorming

1. Announce a topic (things associated with a particular topic, such as a holiday, the guidelines, SRH, etc).
2. Then, toss a ball around in a circle. 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.

### Variations:

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

# Day 2

## Session 2 (continued)

---

### Contents

#### Hormonal methods of contraception

- Oral pills
- Injectables
- Sub-dermal implants
- IUDs

### 2.1 Activity: Working groups



Time: 120 minutes

1. In plenary, each group will present their presentations developed on the previous day.
2. Participants will observe and provide feedback on the presentations using the observation checklist.
3. Following the presentations, summarize areas requiring clarification or reinforcement. The illustrative presentations on the different hormonal methods can be used for these purposes.

## OBSERVATION CHECKLIST FOR GROUP PRESENTATION

---

Instructions: Please observe the group presentation and provide feedback regarding the following aspects of the presentation:

Items to be observed	Comments/recommendations
1 Introduction of the content	
2. Knowledge about the content	
3. Consistency with IPPF SDG	
4. Presentation methodology	
5. Level of participation of the group	
6. Applicability of the methodology at Regional and Member Association levels	
7. Use of audiovisual aids	

## 2.2 Activity: Participatory exercise: Snake



**Aims:** To assess participants' knowledge gain about hormonal contraception and to clarify information, if needed.



**Time:** 1 hour

1. This activity is a competition game. In order to conduct the activity, a game board ("snake") should be prepared in advance. To create the game, simply draw a large snake on a large piece of paper. Divide the snake in four different coloured sections, changing the colours from one to another, following no particular sequence. Dice are also needed for this game as well as some sort of game piece or marker to represent the two teams on the game board.
2. Divide participants into two teams and decide which team will go first. Explain the rules (below) clearly to participants before beginning.
3. The different colours on the snake refer to the following:
  - Red:** Whenever a group rolls a dice and lands on a red spot, they will answer 1 question (and can win 1 point!)
  - Green:** Whenever a group rolls the dice and lands on a green spot, they will answer 2 questions (and can win 2 points!)
  - Yellow:** Whenever a group rolls a dice and lands on a yellow spot, they will not answer any question (and will not win any points).
  - Blue:** Whenever a group rolls a dice and lands on a blue spot, they will have to give back all the points and will not answer any question.

The winning team is the one that wins the most points!

## Hormonal methods: Questions for “Snake”

1. List the hormonal methods of contraception.
  - COCs – Combined Oral Contraceptives
  - POPs – Progestogen Only Pills
  - POIs – Progestogen Only Injectable Contraceptives
  - CICs – Combined Injectable Contraceptives
  - Sub-dermal implants
  
2. What is the main mode of action of the COCs
  - Inhibition of ovulation
  
3. When should the woman start taking the first pill when initiating the COCs?
  - Within the 5 first days, of her menstrual period, preferably the first day.
  
4. If the woman is amenorrhoeic when can she start COCs?
  - She can start at any time, if it is reasonably certain that she is not pregnant.
  
5. What type of pills would be recommended for a woman that is breastfeeding?
  - POPs
  
6. When can the woman start COCs post-partum?
  - If breastfeeding, after 6 months post-partum
  - If not, at 3 to 6 weeks post-partum
  
7. When should the woman start COCs post-abortion?
  - She can start immediately after abortion
  
8. How would you advise a client who missed one pill?
  - Take the missing pill as soon as she remembers and take the next pill at the usual time.
  
9. How would you advise a client who missed two pills?
  - The client should take a pill as soon as possible, she should then count the number of remaining pills and proceed as follows:
    - a. If 7 or more pills are left in the package-she should continue taking the rest of the pills as usual.
    - b. If less than 7 pills are left, the client should continue to take the pills until they are finished and should start a new package of pills the next day after finishing the package.
  
10. List 4 warning signs for COCs complications.
  - Severe abdominal pain
  - Severe headache
  - Eye problems: loss of vision or blurring
  - Severe pain in calf or thigh.
  - Severe chest pain, cough, shortness of breath
  - Jaundice

11. Mention 3 common side-effects during the first 3 months of taking COCs.
  - Breakthrough bleeding
  - Nausea, dizziness
  - Breast tenderness
  - Mild headache
  
12. Describe the 2 modes of action of the POPs
  - Thickness of cervical mucus.
  - Prevention of ovulation in at least 50% of the cycles.
  
13. List the conditions where POPs are a better choice than COCs.
  1. Breastfeeding
  2. Diabetes
  3. Hypertension
  4. Obesity
  5. Intolerance to COCs
  6. Migraine
  7. Oestrogen-related complications
  
14. When can a woman start taking POPs?
  - The first five days of the cycle (preferably the first) without any interval preferably at the same time every day.
  
15. When can a breastfeeding woman start POPs?
  - After 6 weeks post-partum.
  
16. When can a non-breastfeeding post-partum woman start POPs?
  - Immediately or at any time within the first 6 weeks post-partum. If she wants to start after the 6 weeks post-partum and she is still in amenorrhea - rule out the possibility of pregnancy.
  
17. If a client wants to switch from injectables to POPs, when can she do that?
  - At the time of the next injection. No additional contraception is needed.
  
18. If an IUD client wants to switch to POPs, when can she do that?
  - She can start within 5 days after the start of her menstrual bleeding.
  - At any time if there is a reasonably certain that she is not pregnant.
  - If it has been more than 5 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive protection for the next 2 days.
  
19. What advice do you give to a client who missed taking one POP?
  - She should restart taking the pill as soon as possible. If she missed taking the pill for more than 3 hours, advise her to abstain from sexual intercourse or use a barrier method during the first 48 hours (2 days), after restarting the pill.

20. Describe the mode of action of POIs:

- Cervical mucus become viscous and scanty
- Ovulation is prevented in at least 50% of the cycles.

21. What are 2 the most commonly used POI?

- DMPA 150 mg ( every 3 months)
- Norethisterone–enanthate (NET-EN) 200mg (every 2 months)

22. POIs may be particularly appropriate for women who have any of the following characteristics (mention 3):

- Need a highly effective method
- Are breastfeeding
- Forget to take OCs daily
- Cannot take estrogens
- May benefit from taking POIs ( sickle cell disease-Anaemia)

23. When a client chooses POIs, service provider should tell the her about: (mention 3)

- Advantages (including effectiveness) and disadvantages (including menstrual changes.
- Mode of use
- The specific injectable to be used
- Alternative methods

24. When should a client start the first POI injection?

- Within the first 7 days after the bleeding started. No additional protection is needed.
- If it has been more than 7 days since menstrual bleeding started, she will need to abstain from sex or use additional contraceptive for protection.

25. When should a client start the POI during the post-partum?

- If not breastfeeding – immediately or any time within the first 6 weeks post-partum
- If breastfeeding, in amenorrhea or fully or nearly fully breastfeeding - any time between six weeks to six months.

26. Can a woman receive the repeat DMPA Injection or NET-EN earlier or later than the fixed date? Explain.

- DMPA and NET-EN can be administrated up to 2 weeks before or after the fixed date, without requiring additional contraception for backup protection.

27. What is the mechanism of action of the CICs?

- Inhibition of ovulation
- Cervical mucus affected by progestagen (thickness)

28. CICs should not be used in the first 6 weeks post-partum if a woman is breastfeeding.

X Yes      No

29. Women who are not eligible for COCs cannot take the CICs

X Yes      No

30. A non-smoker healthy woman over 35 years old can take CICs.

Yes       No

31. Women that are over 35 years old and diabetics can take CICs.

Yes       No

33. It is advisable to stop CICs approximately 4 weeks before elective surgical procedure that involves prolonged immobilization.

Yes       No

If yes, when she should resume the use? Two weeks after the woman is mobile.

34. When should a client get the first CIC injection?

- Within the first 7 days of the menstrual cycle, preferably the first day of the cycle.

35. When should a client start the CICs after post-partum?

- The first choice should be POIs.
- CICs should not be used earlier than 6 months post-partum.

36. Complete the following sentence:

- The CICs can be given ...7...days earlier or ...7...days later of the fixed date.

37. Norplant sub-dermal implants are...6...capsules that release small daily doses of levonorgestrel and are effective for 5 years.

38. Jadelle consists of ...2...silastic rods containing .....levonorgestrel.....and effective for .....5....years.

39. Implanon is a ...single..... capsule releasing ....etonogestrel...and having a life span of .....3....years.

40. The mechanisms of action of sub-dermal implants include:

- Effect of the progestagen on the cervical mucus – viscous and scanty.
- Ovulation is prevented in 50% of the cycles.

41. Clients who are considered Category 4 for sub-dermal implants are:

- Women with current breast cancer.

42. When should sub-dermal implants be inserted?

- Within the first 7 days of the menstrual cycle – no additional contraceptive protection is needed.

43. When should a breastfeeding woman have the sub-dermal implants inserted?

- After six weeks post-partum.

44. If a woman wishes to continue with the Norplant after 5 years, when can a new set of implants are to be inserted?

- Immediately after the removal of the old set.

45. What is the most frequent side-effect of sub-dermal implants?

- menstrual disruption
- weight gain
- severe headache

# Day 2

---

## Afternoon Session



Time: The afternoon session should take 3 hours overall



Participants: Plenary and group exercise



Supplies: IPPF Medical and Service Delivery Guidelines  
Sample IUDs  
Pelvic models (small pelvic model, or large “ZOE” model)  
Illustrative presentations  
- “IUDs”  
IUD video (if available), television, VCR  
Flipchart and flipchart paper  
Materials for ice-breakers and participatory exercises  
Markers (ideally in two or three colours)  
Tape (for taping pieces of flipchart paper onto training room walls)  
Overhead projector or LDC, or flipchart version of overheads  
Extra pens or pencils and paper for participants

### Tips

- After a lunch break, it is a good idea to start the afternoon session with an icebreaker / energizer activity to re-focus participants’ attention to the training. Two examples are included below.

# Day 2

---

## Sample icebreaker activities



Time: Approximately 10-15 minutes

### 1. "Crazy Bird"

1. Divide participants in small groups of three.
2. Two people in each group will form a nest (by holding both of each other's hands and facing each other). The third participant will be the bird in the nest!
3. There will always be one player left as the "crazy bird" without a nest; and left running around...
4. Explain that there will be 3 instructions that they must follow:

1. "Crazy Bird" All participants should change places and partners – nests become birds, and birds become nests.
2. "Sleeping Bird" All the birds will remain where they are, the nests need to look for a new "sleeping bird"
3. "Bird without a Nest" All the nests will remain where they are, and the birds must look for a new "nest".

### 2. "Boat"

1. Ask participants to form a circle and pretend that they are all on a cruise vacation.
2. Suddenly the boat starts sinking and the captain will order people to form groups to get to the life-boats. For example: "Captain orders that you form groups of 3...4...5, etc"
3. Participants should embrace each other to be able to get into the life-boat. After 3-4 times, the captain should order to form groups in a way that she/he will have the number of groups needed for the working groups.

# Day 2

## Session 3

---

### Content

#### Intra-uterine devices

- 3.1 IUD technical/ scientific information
- 3.2 IUD insertion and removal techniques
  - The use of coaching for IUD insertion and removal

#### 3.1 IUD technical/ scientific information



Time: 60 minutes

1. Present and discuss the illustrative presentation on the IUD.
2. If available, present and discuss the IPPF training video on IUDs. After the presentation, be sure to discuss and clarify any questions or areas of doubt

#### 3.2 Demonstration: IUD insertion and removal techniques



Time: 1.5 hours

1. Demonstrate the IUD insertion and removal techniques in a pelvic model, explaining the procedures step by step:
  - Loading IUD in the sterile package using the non-touch technique
  - Pelvic examination
  - IUD insertion and removal
2. The participants will observe the procedure using the observation checklist (p47). If time allows, ask for a volunteer to carry out the procedure. Again, the whole group should observe using the observation checklist for guidance.

## Reflection of the Day



Material: Reflection of the day sheet



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 3

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"> <li>• Explain, step by step, the IUD insertion and removal procedure</li> <li>• Explain the barrier methods, discussing:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the barrier methods</li> <li>• WHO eligibility criteria for the use of barrier methods</li> <li>• Type of counselling, information and instructions needed for effective use of barrier methods</li> </ul> </li> <li>• Explain female and male sterilization discussing:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the sterilization methods</li> <li>• WHO eligibility criteria for the sterilization methods</li> <li>• Type of counselling, information and instructions needed for effective use of sterilization</li> </ul> </li> <li>• Explain periodic abstinence methods discussing:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the periodic abstinence methods</li> <li>• Who eligibility criteria for the periodic abstinence methods</li> <li>• Type of counselling, information an instructions needed for effective use of periodic abstinence methods</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Disseminate and implement IPPF SDGs for the provision IUDs considering:               <ul style="list-style-type: none"> <li>• IUD insertion and removal procedures</li> <li>• The use of coaching for IUD insertion and removal</li> </ul> </li> <li>• Disseminate and implement IPPF SDGs for the provision of barrier methods considering:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the barrier methods</li> <li>• WHO eligibility criteria for the use of barrier methods</li> <li>• Type of counselling, information and instructions needed for effective use of barrier methods</li> </ul> </li> <li>• Disseminate and implement IPPF SDGs for the provision of female and male sterilization considering:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the sterilization methods</li> <li>• WHO eligibility criteria for the sterilization methods</li> <li>• Type of counselling, information needed, for effective use of sterilization methods</li> </ul> </li> <li>• Disseminate and implement IPPF SDGs for the provision of periodic abstinence methods considering:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the periodic abstinence Methods</li> <li>• WHO eligibility criteria for the periodic abstinence methods</li> <li>• Type of counselling, information and instructions needed for effective use of periodic abstinence methods</li> </ul> </li> </ul>

# Day 3

---

## Morning Session



Time: The morning session should take 4 hours overall



Participants: Small groups



Supplies: IPPF Medical and Service Delivery Guidelines  
Sample IUDs  
Pelvic models (small pelvic model, or large “ZOE” model)  
IUD insertion and removal kits  
Copies of the Checklist for IUD insertion and removal  
Kit of Barrier Methods (diaphragm, condom, etc.)  
Illustrative presentations  
- “Barrier methods”  
- “Female and male sterilization”  
Flipchart and flipchart paper  
Materials for ice-breakers and participatory exercises  
Markers (ideally in two or three colours)  
Tape (for taping pieces of flipchart paper onto training room walls)  
Overhead projector or LDC, or flipchart version of overheads  
Extra pens or pencils and paper for participants

### Tips:

- Start the day, with a summary presentation of the “Reflections of the Day” from Day 2. It is also a good idea to review the outline and objectives of this day.
- After this, an energizer activity can be used to focus participants; attention and energise them at the start of the day. Two sample energizers are included below.

# Day 3

---

## Sample icebreaker activities



Time: Approximately 10-15 minutes

### 1. “What Do You Have?”

1. Divide participants into teams of 3-4 people. Each team should make a list of 6-8 items that the other group members are likely to be carrying with them.
2. Make one or two items less common things. The team gets points for each person who has these items. Only one of each item per person can be counted and the team with the most points wins. The list could include: a photograph, a calculator, a pencil, something red, etc.

### 2. “The name game”

1. Ask all players to form a large circle (if the group is too large, form two or more circles of at least 10 people in each).
2. Identify a volunteer to start the game and this first volunteer says his or her name.
3. Proceeding in a clockwise fashion, the previous names that have been given should be repeated with the person speaking adding their own name to the end of the list.
4. By the end of the circle, the last person will have to try to remember the names of all others members of the group.

# Day 3

## Session 3: IUDs (continued)

---

### 3.3 IUD insertion and removal practice with models using a procedure checklist.



Time: 2.5 hours

1. Divide participants into groups to practise IUD insertion and removal with the pelvic models. Each group should include a:
  - Trainee
  - Coach
  - Client
2. While the trainee inserts and removes an IUD using a pelvic model, the coach will provide guidance and feedback using the observation checklist. The clients will act as real clients (questioning the doctor, feeling anxious, etc.) All the participants should practise each role at least once.

## Checklist for IUD Clinical Skills

Place an  in case box if step/task is performed satisfactorily, and  if it is not performed satisfactorily, or N/O if not observed.

**Satisfactory:** Performs the step or task according to standard procedure or guidelines

**Unsatisfactory:** Does not perform the step or task according to standard procedure or guidelines

**Not Observed:** Step or task not performed by participant during evaluation by trainer

Participant .....

Course Dates.....

CHECKLIST FOR IUD CLINICAL SKILLS					
STEP / TASK	CASES				
<b>INSERTION OF COPPER T 380A IUD</b>					
<b>Pre-insertion tasks</b>					
1. Obtains or reviews brief reproductive health history.					
2. Checks that client has recently emptied her bladder and washed and rinsed her genital area if necessary.					
3. Tells client what is going to be done and encourages her to ask questions.					
4. Washes hands thoroughly and dries them.					
5. Palpates abdomen and checks for lower abdominal, especially suprapubic tenderness and masses or other abnormalities.					
6. Puts new examination or high-level disinfected surgical gloves on both hands.					
7. Arranges instruments and supplies on high-level disinfected or sterile tray.					
8. Performs speculum examination.					
9. Collects vaginal and cervical (urethral) specimens if indicated.					
10. Removes speculum and either sets aside on instrument tray or places in 0.5% chlorine solution for 10 minutes for decontamination if another high-level disinfected speculum is available for use.					
11. Performs bimanual examination.					
12. Washes hands thoroughly and dries them.					
13. Loads Copper T 380A in sterile package, using the "non-touch technique".					
<b>IUD insertion</b>					
14. Puts new examination or high-level disinfected surgical gloves on both hands.					
15. Inserts vaginal speculum to see cervix.					
16. Applies antiseptic solution two times to cervix, especially the os, and vagina.					
17. Gently grasps cervix with tenaculum.					

18. Sounds uterus using no-touch technique in the vagina walls.					
19. Adjust the blue "button" on the inserter tube, according to the measure obtained.					
20. Inserts the Copper T 380A IUD using the withdrawal technique.					
21. Cuts IUD strings to 3-4 cm in length.					
22. Gently removes tenaculum and speculum and places in 0.5% chlorine solution for 10 minutes for decontamination.					
<b>Post-insertion tasks</b>					
23. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination.					
24. Disposes of waste materials in leak-proof container or plastic bag.					
25. Immerses both gloved hands in 0.5% chlorine solution and removes gloves by turning inside out. If disposing of gloves, places in leak-proof container or plastic bag. If reusing surgical gloves, submerges in 0.5% chlorine solution for 10 minutes for decontamination.					
26. Washes hands thoroughly and dries them.					
27. Completes client record.					
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>					
<b>POST-INSERTION COUNSELLING</b>					
1. Teaches client how and when to check for strings.					
2. Discusses what to do if client experiences any side-effects or problems.					
3. Provides follow-up visit instructions and answers any questions.					
4. Assures client that she can have the IUD removed at any time, if she wants.					
5. Observes client for at least 15 to 20 minutes before sending her home.					
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>					
<b>IUD REMOVAL</b>					
<b>Pre-removal counselling</b>					
1. Greets client respectfully and with kindness.					
2. Asks client her reason for removal and answers any questions.					
3. Reviews client's reproductive goals and need for protection against STIs.					
4. Describes the removal procedure and what to expect.					
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>					

REMOVAL OF COPPER T 380A IUD					
1. Checks to be sure client has emptied her bladder and washed and rinsed her genital area if necessary.					
2. Tells client what is going to be done and encourages her to ask questions.					
3. Washes hands thoroughly and dries them.					
4. Puts new examination or high-level disinfected surgical gloves on both hands.					
5. Performs bimanual exam.					
6. Inserts vaginal speculum to see cervix and IUD strings.					
7. Applies antiseptic solution two times to the cervix, especially the os, and vagina.					
8. Grasps strings close to cervix and pulls slowly but firmly to remove IUD.					
9. Shows IUD to client.					
10. Immerses IUD in 0.5% chlorine solution and disposes of in leak proof container or plastic bag.					
11. Gently removes speculum and places in 0.5% chlorine solution for 10 minutes for decontamination.					
Post-removal tasks					
12. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination.					
13. Disposes of waste materials in leak-proof container or plastic bag.					
14. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning inside out. If disposing of gloves, places in leak-proof container or plastic bag. If reusing surgical gloves, submerges in 0.5% chlorine solution for 10 minutes for decontamination.					
15. Washes hands thoroughly and dries them.					
16. Records IUD removal in client record.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
POST-REMOVAL COUNSELLING					
1. Discusses what to do if client experiences any problems and answers any questions.					
2. Counsels client regarding new contraceptive method, if desired.					
3. Helps client obtain new contraceptive method or provides temporary (barrier) method until method of choice can be started.					

# Day 3

## Session 4

---

### Contents

#### Barrier methods

- Male and female condoms
- Diaphragm, cervical cap, spermicides

#### 4.1 Barrier methods: Working groups:



Time: Allow 1 hour

#### Steps

1. Divide participants in to three groups. Give each group an assignment sheet which they will discuss and complete by referring to the IPPF SDGs. The assignment sheets address the following topics: male condom, female condom, diaphragm, cervical cap and spermicides. Sample barrier methods should be available for each group to refer to and use in their presentations.
2. In plenary, each group will present their discussion and responses.
3. End the session with the illustrative presentation on barrier methods.

# Assignment sheets

---

## Group 1:

### Barrier methods – Overview

1. Define barrier methods:
2. For each statement write a T if you think the following statements are “True” and a F if you think that the statements are “False”
  - One of the main advantages of the barrier methods is that the programmes don’t need a trained professional to provide them. ( )
  - One of the conditions that apply to all barrier methods is the client’s ability to obtain and use the methods consistently. ( )
  - Effectiveness of the barrier methods is comparable with the effectiveness of hormonal methods and IUDs. ( )
  - Individuals providing barrier methods should be properly trained on counselling and the technical aspects related to the provision of the various types of barrier methods. ( )
3. List all the conditions when the barrier methods are especially appropriate.
4. In general what kind of client’s health assessment is necessary to provide barrier methods?
5. List three advantages of barrier methods.

## Group 2:

### Barriers methods - Diaphragm and cervical cap

1. Define the diaphragm and cervical cap.
2. Describe the mechanisms of action of the diaphragm and cervical cap.
  1. Diaphragms are particularly appropriate for clients that:\_\_\_\_\_
  2. The group should demonstrate, in a model, the correct use of diaphragms.

## Group 3:

### Barrier methods - Male and female condoms

1. Explain the advantages and disadvantages of the male and female condoms.
2. Explain the storage and shelf-life of the male and female condoms.
3. The group should demonstrate in a model how to use the male and female condoms.

# Day 3

---

## Afternoon Session



Time: The afternoon session should take 3.5 hours overall



Participants: Plenary



Supplies: IPPF Medical and Service Delivery Guidelines  
Illustrative presentations  
"Male and female sterilization"  
Case studies  
Flipchart and flipchart paper  
Materials for ice-breakers and participatory exercises  
Markers (ideally in two or three colours)  
Tape (for taping pieces of flipchart paper onto training room walls)  
Overhead projector or LDC, or flipchart version of overheads  
Extra pens or pencils and paper for participants

### Tips

1. After a lunch break, it is a good idea to start the afternoon session with an icebreaker / energizer activity to re-focus participants' attention to the training. Two examples are included below.

# Day 3

---

## Sample ice breaker activity



Time: Approximately 10-15 minutes

### 1. Name Chain

1. Introduce yourself and the person to your right.  
"I'm kooky Katherine. This is darling Dorothy."
2. The person to your right repeats previous introductions and introduces the person to their right.  
"She's kooky Katherine. I'm darling Dorothy. He's generous George."
3. Continue with the next person to the right, until all names have been repeated. Challenge volunteers to rhyme off all names quickly!

### 2. Tell a story

1. The 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 of the participants have contributed or until the facilitator feels that the group has been energized.

# Day 3

## Session 5

---

### Contents

#### Female and male sterilization methods

##### 5.1 Activity: Reading chapter



Time: Approximately 30 minutes

1. Ask participants to review chapter 8 of the IPPF SDGs “Female and Male Sterilization”.
2. Discuss the content, using the illustrative presentation “Female and male sterilization”, if desired.

##### 5.2 Working groups: Case studies



Time: Approximately 60 minutes

1. Divide participants into 4 groups to discuss one case study. Groups should discuss the scenario and answer the questions provided on the handout (30 minutes).
2. In plenary, ask each group to read and present the conclusions for the case study.
3. Clarify outstanding issues or areas of concern. Reinforce the discussion with the illustrative presentation, if desired and not presented earlier.

# Case Studies

## Female and male sterilization

---

### Case Study 1

- A client, 26 years old with two children, has elected for female sterilization. She says that she had already received counselling.
- She wants the sterilization because she is having problems with her husband, and does not want to be pregnant again. Her husband is unemployed and she is planning to request a divorce and move to another city to live with her family.
- Her children are 6 and 3 years old.

1. What are the dilemmas in this case?
2. What would be the steps to assess if the client made an informed choice?
3. How would you conduct the client counselling and information process?

### Case Study 2

- A 35-year-old man arrived at the clinic with his partner to discuss the possibility to reverse his vasectomy.
- The vasectomy was performed 10 years ago by a doctor – his friend – just after he and his wife had their third child.
- He is now divorced and will be getting married again, this time to a 28-year-old woman, and they want to raise a family together.
- He stated that at the time of the sterilization the doctor said that it would be very easy to reverse the vasectomy.

1. What is the dilemma in this case?
2. What should have been done in the past that would have avoided it?
3. What kind of counselling should the couple receive now?

### Case Study 3

- A family planning clinic in a rural area requires technical assistance from the Member Association to establish female and male sterilization services for the community.
- The clinic is located in the same area of two sugarcane farms, each one has around 300 families working and living in the area.
- The clinic has space to construct a room for sterilization purposes and they have just got the funds from a donor to do it.
- The clinic has physicians, three times a week, to provide services and they are willing to select one day just for sterilization procedures.

1. Prepare a plan to guide the clinic manager, with the appropriate training, facilities and equipment to establish the sterilization programme.

## Case Study 4

- A 33-year-old client with two children. She has successfully used Depo-Provera as her method of family planning for six years and is very happy with it. Her husband is now certain that he is too old to raise any more children and has suggested that she be sterilized; he says he is also concerned about her taking so many hormones for such a long time.
- The client comes to the clinic to get more information on sterilization. She says that she also does not want to have any more children, but is satisfied with Depo-Provera and is not sure why she should change. She is also concerned however, that she may be taking too much medication for too long a period of time. She repeatedly asks about the permanent nature of the sterilization.

1. What are the dilemmas in this case?
2. What would be the steps to make sure that the client will make an informed choice?
3. How would you conduct the client counselling and information process?

# Day 3

## Session 6

---

### Contents:

#### Periodic abstinence methods

- Cervical mucus method
- Calendar method
- Basal body temperature (BBT)
- Symptothermal (BBT + cervical mucus)
- The standards days method (Necklace)

#### 6.1 medical / technical discussions on periodic abstinence methods



Time: 30 minutes

1. Present and discuss the illustrative presentation on periodic abstinence methods.

#### 6.2 Role-plays on client instructions for each periodic abstinence method



Time: 60 minutes

1. Divide participants into five groups according to the following periodic abstinence methods:
  - Group 1: Cervical mucus method
  - Group 2: Calendar method
  - Group 3: Basal body temperature (BBT)
  - Group 4: Symptothermal (BBT + cervical mucus)
  - Group 5: Necklace (Cycle Beads)
2. Ask each group to prepare a role play in which a service provider is providing a client instructions on the given periodic abstinence method.
3. Role plays will be presented in plenary.

# Day 3

---

## Reflection of the day



Material: Reflection of the day sheet



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

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>• Explain emergency contraception discussing:<ul style="list-style-type: none"><li>• Emergency contraception using pills and IUD</li><li>• Indications, possible side-effects of emergency contraception using pills and IUD</li><li>• Eligibility criteria for the use of emergency contraception</li><li>• Emergency contraception pills regimens</li><li>• Emergency contraception using copper-releasing IUDs</li><li>• Type of counselling, information and instructions needed for effective use of emergency contraception</li></ul></li><li>• Explain infection prevention and control practices:<ul style="list-style-type: none"><li>• Procedures for processing of equipment and instruments</li><li>• Procedures for processing of individual items</li><li>• Guidelines for storage of sterile or disinfected equipment</li><li>• Care during procedures</li><li>• Environment</li><li>• Prophylactic actions when exposed to contaminated items</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Disseminate and implement IPPF SDGs for the provision of emergency contraception considering:<ul style="list-style-type: none"><li>• Emergency contraception using pills and IUD</li><li>• Indications, possible side-effects of emergency contraception using pills and IUD</li><li>• Eligibility criteria for the use of emergency contraception</li><li>• Emergency contraception using copper-releasing IUDs</li><li>• Type of counselling, information and instructions needed for effective use of emergency contraception</li></ul></li><li>• Disseminate and implement IPPF SDGs for infection prevention and control practices considering:<ul style="list-style-type: none"><li>• Procedures for processing of equipment and instruments</li><li>• Procedures for processing of individual items</li><li>• Guidelines for storage of sterile or disinfected equipment</li><li>• Care during procedures</li><li>• Environment</li><li>• Prophylactic actions when exposed to contaminated items</li></ul></li></ul>

# Day 4

---

## Morning Session



Time: The morning session should take 3.5 hours overall



Participants: Plenary and group work



Supplies: IPPF Medical and Service Delivery Guidelines  
Samples of emergency contraception methods  
Infection prevention video (if available) - television, screen etc.  
Copies of the Checklist for Infection Prevention Control  
Supplies for infection prevention role plays/ presentations: ex: gloves, buckets, soap, etc.  
Flipchart and flipchart paper  
Materials for ice-breakers and participatory exercises  
Markers (ideally in two or three colours)  
Tape (for taping pieces of flipchart paper onto training room walls)  
Overhead projector or LDC, or flipchart version of overheads  
Extra pens or pencils and paper for participants

### Tips

- Start the day with a summary presentation of the “Reflections of the Day” from Day 3. It is also a good idea to review the outline and objectives of this day.
- After this, an energizer activity can be used to focus participants; attention and energise them at the start of the day. Two sample energizers are included below.

# Day 4

---

## Sample energizer activities



Time: Approximately 10-15 minutes

### 1. "National Anthem"

This warm-up works best when you have participants from a number of countries.

1. To conduct this warm-up, you will need a source of music (tape/CD player) and a ball. The participants should stand in a circle. Turn on the source of music, and participants dance and pass the ball around the circle.
2. Whenever the music stops, whoever has the ball in her/his hands must step into the circle and sing the first verse of her/his national anthem.
3. The game continues until many participants have had the opportunity to sing or you sense that everyone has been energized.

### 2. "The last word"

1. The participants should stand in a circle. One participant moves and stands randomly in front of another. She/he 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.

# Day 4

## Session 7

---

### Contents:

#### Emergency Contraception (EC)

#### 7.1 Brainstorming exercise:



Time: 60 minutes

1. Conduct a plenary discussion on emergency contraception.

- What is emergency contraception?
- What are the available types of emergency contraception?
- What are the indications for the use of emergency contraception?

Alternative:

1. This session could also be combined with the group work exercise on hormonal methods (Day 1, Session 2.1) by adding it to the contents assigned to group 1. Questions on emergency contraception could then also be added to the snake exercise (Day 1, Session 2.2). Below are a few questions that could be added:

1. What are the indications for use hormonal emergency contraception after unprotected intercourse:

- When no contraceptive has been used
- When there has been a contraceptive accident or misuse:
  - Three or more COC pills missed in consecutive days
  - One POP taken 3 or more hours late
  - Condom rupture or slippage
  - Diaphragm dislodgement or early removal
  - Etc....

2. What are the regimens that could be used for the EC YUZPE Method?

- When 50µg ethinyl estradiols and 0.25mg levonorgestrel:
  - Take 2 before the 72 hours after the intercourse and more 2 12 hours late
- When 30µg ethinyl estradiols and 0.15mg levonorgestrel:
  - Take 4 before the 12 hours after intercourse and 4 more 12 hours late

3. What are the main side-effects that may occur when taking EC pills:

- Nausea, vomiting, irregular uterine bleeding

# Day 4

## Session 8

---

### Contents:

#### Infection prevention and control in SRH services

1. Introduction and definitions: Infection prevention and control
2. Antisepsis
3. Procedures for processing of equipment and instruments
  - Decontamination
  - Cleaning
  - High-level disinfection (HDL)
  - Sterilization
4. Procedures for processing individual items
  - Pelvic exam tabletop, or other large surface area
  - Linens for surgical procedures (caps, masks, gowns and drapes)
  - Gloves (rubber or plastic)
  - Instruments for pelvic examination
  - Instruments for male and female sterilization, insertion and removal of IUD and implants
  - Endoscopes (laparoscopes)
  - Needles and syringes
  - Storage containers for instruments
  - Water
5. Storage of sterile or disinfected equipment
6. Care during procedures
  - Hand washing
  - Gloving
  - Injection procedures
7. Environment
  - Cleaning of activities areas
  - Traffic flow
  - Processing area for instruments and other items
  - Transport of clean, disinfected, sterile and soiled items
  - Waste disposal
8. Prophylactic antibiotics

# Day 4

---

## 8.1. Infection prevention and control – definitions



Time: 60 minutes

1. In this exercise, participants get to test their knowledge of different terms related to infection prevention and control in a participatory exercise: playing Bingo!
2. Distribute a “bingo board” and playing pieces to each participant (see bingo sheets in Annex 1) . Playing pieces could be candies, seeds, etc.
3. Read out the definitions below. Participants must identify the term you are referring to and place a playing piece on the corresponding square on their bingo sheet. Inform participants that their sheet may not have the term you are referring to. The first person to complete all the squares yells “bingo”
4. Keep track of the definitions you are reading to be able to check against the participants’ bingo sheets.
5. When the first person has declared “bingo”, check their game board to ensure the responses are correct. If there are incorrect answers, the person has to start over.
6. Continue the game until someone has won.
7. At the end, read all the terms and definitions. Distribute a copy of the definition sheet to participants.

## BINGO definitions

---

1. MICRO-ORGANISMS  
Are causative agents of infection. They include bacteria, viruses, fungi and parasites.
2. ASEPSIS OR ASEPTIC TECHNIQUE  
Combination of efforts made to prevent entry of micro-organisms during procedures into any area of the body where they are likely to cause infection. The goal is to eliminate, or reduce to a safe level, the number of micro-organisms on both animate and inanimate surfaces.
3. ANTISEPSIS  
Prevention of infection by killing or inhibiting the growth of micro-organisms on the skin and mucous membranes, prior to a procedure, which involves contact with tissues where the micro-organisms may cause infection.
4. DECONTAMINATION  
Process that makes inanimate (non-living) objects safer for people to handle.
5. CLEANING  
Process that physically removes all visible blood, other blood fluids, tissues or any foreign material such as dust or soil from the skin, mucous membranes or inanimate objects.
6. DISINFECTION  
Process that eliminates bacteria, virus, fungi and parasites from inanimate objects. This does not eliminate bacterial endospores.
7. STERILIZATION  
Process that completely eliminates all micro-organisms, including bacterial endospores, from inanimate objects.
8. ANTISEPTIC SOLUTIONS  
Hibitane, Hibiscrub, Dettol, Betadine, Phisohex, Savlon, Lugol.
9. STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS  
Decontamination-Cleaning-Sterilization or High-level disinfection-use of storage
10. TYPES OF STERILIZATION  
Steam under pressure, dry heat, and chemical.
11. TYPES OF HIGH-LEVEL DISINFECTION  
Boiling, Chemical, Steam
12. CHORINE SOLUTIONS  
Can be made from liquid household bleach. WHO recommends that they should be replaced daily.
13. CHEMICAL DISINFECTION PRODUCTS  
Glutaraldehyde 2% (Cidex), Formaldehyde 8% and Chlorine solution 0.5%.

# Day 4

---

## 8.2 Discussion and demonstration of infection prevention guidelines for hand washing, surgical scrub, gloving, antiseptics for procedures



Time: 1 hour

1. Divide participants into 3 groups to practice one of three infection prevention measures.
2. In plenary, each group will explain and demonstrate the procedure.

### Group 1

#### Steps of routine hand washing:

1. Wet hands with running water
2. Rub hands together with soap and lather well. Make sure to rub all parts of your hands
3. Vigorously weave fingers and thumbs together and slide them back and forth for 10-15 seconds (longer if hands are visibly soiled)
4. Rinse hands under a stream of clean, running water until all soap is gone
5. Dry hands with a paper towel or an individual clean towel

#### Hand washing tips!

- ☞ Use liquid soap or keep bar soap on a rack to allow drainage
- ☞ Always use running water-avoid dipping or washing hands in a basin or standing water
- ☞ Use small bars of soap, or cut large ones into small pieces.

## Group 2

### Steps of surgical scrub:

1. Remove all jewellery on your hands and wrist
2. Wet your hands and forearms thoroughly
3. Clean under each fingernail with a stick or brush. It is important for all surgical staff to keep their fingernails short
4. Holding your hands up above the level of your elbow, apply an antiseptic solution. Using a circular motion, begin at the fingertips of one hand and lather and wash between the fingers, continuing from fingertip to elbow. Repeat this for the second hand and arm. Continue washing in this way for 3-5 minutes.
5. Rinse each arm separately, fingertips first, hands and elbow, holding your hands above the level of your elbow.
6. Using a sterile towel, dry your hands and arms - from fingertips to elbow - using a different side of the towel on each arm - making sure that the towel does not reach an area that was not cleaned with antiseptic.
7. Keep your hands above the level of your waist and do not touch anything before putting on surgical gloves.

### Surgical scrub tips!

- ☞ Warm water makes antiseptics work more effectively. Avoid using hot water, which removes protective oils from the skin.
- ☞ If you routinely perform surgical procedures, you should keep your fingernails short.
- ☞ Always keep your hands above your elbows during and after scrubbing.
- ☞ Avoid using a hard brush during scrub.
- ☞ Always use an antiseptic during surgical scrub. If you are allergic to antiseptics or if antiseptics are not available, scrub your hands with plain soap, dry them, and use an alcohol hand rub.

## Group 3

### Steps of putting on surgical gloves:

1. Prepare a large, clean, dry area for opening the package of gloves. Either open the outer glove package before the surgical scrub or perform a surgical scrub and ask someone else to open the package for you.
2. Open the inner glove wrapper, exposing the cuffed gloves with the palms up.
3. Pick up the first glove by the cuff, touching only the inside portion of the cuff (the inside is the side that will be touching your skin when the glove is on).
4. While holding the cuff in one hand, slip your other hand into the glove (pointing the fingers of the glove toward the floor will keep the fingers open). Be careful not to touch anything, and hold the gloves above your waist level.
5. Pick up the second glove by sliding the fingers of the gloved hand under the cuff of the second glove. Be careful not to contaminate the gloved hand with the ungloved hand as the second glove is being put on.
6. Put the second glove on the ungloved hand by maintaining a steady pull through the cuff. Adjust the glove fingers and cuffs until the gloves fit comfortably.

### Steps of removing surgical gloves:

1. Rinse gloved hands in a basin of decontamination solution to remove blood or other body fluids.
2. Grasp one glove near the cuff and pull it part way off. The glove will turn inside out. Keep the first glove partially on before removing the second one to protect you from touching the outside of a glove with your bare hand.
3. Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it partway off. Keep the second glove partially on.
4. Pull off the two gloves at the same time, being careful to touch only the inside surface of the gloves with your bare hand.
5. Wash your hands immediately after gloves are removed. Dispose of the gloves immediately.

### Surgical glove tips!

- ☞ The outside of the glove package is not sterile. Either open the outer package before surgical scrub, or have another person open it for you.
- ☞ If the gloves become contaminated during a procedure, stop what you are doing, step away from the sterile field, remove the contaminated gloves, and put on new gloves.
- ☞ Don't let gloves snap while you are removing them or blood and other matter may splash on you or on those around you.
- ☞ During removal, don't allow the outside surface to contact your skin.
- ☞ Remove your used gloves before touching anything – including countertops, faucets (taps), pens, and pencils.

# Day 4

---

## Afternoon Session



Time: The afternoon session should take 3 hours overall



Participants: Small groups



Supplies: IPPF Medical and Service Delivery Guidelines  
Copies of the Checklist for Infection Prevention Control (p72)  
Supplies for infection prevention role plays/ presentations: ex: gloves, buckets, soap, etc.  
Flipchart and flipchart paper  
Materials for ice-breakers and participatory exercises  
Markers (ideally in two or three colours)  
Tape (for taping pieces of flipchart paper onto training room walls)  
Overhead projector or LDC, or flipchart version of overheads  
Extra pens or pencils and paper for participants

### Tips

1. After a lunch break, it is a good idea to start the afternoon session with an icebreaker / energizer activity to re-focus participants' attention to the training.

## Day 4

### Session 8 (continued)

---

#### 8.3 Illustrative and participatory presentations and demonstrations: procedures for processing of equipment and instruments.



Time: 2.5 hours

1. Divide participants into 3 groups to prepare a participatory presentation on various infection prevention procedures. They can use the observation checklist for infection prevention as guidance. Groups will have the remainder of the day to prepare their presentations.

##### Group 1:

- Decontamination
- Cleaning
- High-level disinfection (HLD)
- Sterilization

##### Group 2:

- Procedures for processing individual items
- Storage of sterile or disinfected equipment

##### Group 3

- Care during procedures
- Environment
- Cleaning of activity areas
- Prophylactic antibiotics

# Day 4

---

## Reflection of the day



Material: Reflection of the day sheet



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.

**IPPF- QOC PROGRAMME**  
**INFECTION PREVENTION AND CONTROL - CHECKLIST FOR HEALTH UNITS**

Health Unit:

Observation dates:

Infection Prevention and Control
----------------------------------

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
<ul style="list-style-type: none"> <li>● <b>The health unit has:</b></li> </ul>		
1. Running water.	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-bathrooms</li> <li>-materials processing area</li> </ul> </li> </ul>	
2. Soap(bar)	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-bathrooms</li> <li>-materials processing area</li> </ul> </li> </ul>	
3. Soap(liquid)	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-bathrooms</li> <li>-materials processing area</li> </ul> </li> </ul>	
4. Disposable gloves	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> </ul> </li> </ul>	
5. Rubber gloves (household or utility)	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-materials processing area</li> <li>-cleaning personnel during cleaning</li> </ul> </li> </ul>	
6. Surgical gloves	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-surgical area</li> </ul> </li> </ul>	

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
7. Paper towels for service providers and clients	<ul style="list-style-type: none"> <li>• Observe service providers during consultation.</li> <li>• Observe clients' bathrooms.</li> </ul>	
8. Puncture-resistant containers to dispose of sharp items.	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if they are sufficient</li> <li>-if they are located in adequate areas</li> <li>-if staff members use correctly</li> </ul> </li> </ul>	
9. Waste containers	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if they are no corrosive washable</li> <li>-if they are placed at convenient places for users</li> </ul> </li> </ul>	
10. Plastic containers for decontamination	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if they are no corrosive washable</li> <li>-if they are placed at convenient places for users.</li> </ul> </li> </ul>	
11. Hot air oven for dry heat equipment for sterilization(metal and glass items)	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if it's working adequately.</li> </ul> </li> </ul>	
12. Autoclave for steam sterilization	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if it's working adequately.</li> </ul> </li> </ul>	

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
13. High-level disinfection container	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff use it.</li> </ul> </li> </ul>	
14. High-level disinfection pan for boiling	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if it's working adequately.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• The health unit adopts infection prevention methods:</li> </ul>		
15. Washing hands before and after each client (consultation).	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-service providers during consultation.</li> </ul> </li> </ul>	
16. Decontamination	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (soak in a 0.5 % chlorine solution for 10 minutes before cleaning)</li> </ul> </li> </ul>	
17. Cleaning	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (wear rubber gloves                   <ul style="list-style-type: none"> <li>-household/utility – clean instruments with detergent and water using a brush, rinse well, dry by air or with a clean towel)</li> </ul> </li> </ul> </li> </ul>	
18. Sterilization by dry heat	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly                   <ul style="list-style-type: none"> <li>-if the staff use it correctly (170° C/340°F for 1 hour, once reached the temperature-total cycle time is 2/2 1/2 hours)</li> </ul> </li> </ul> </li> </ul>	

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
19. Steam sterilization by autoclaving	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly</li> <li>-if the staff use it correctly (121°C (250°F)and a pressure of 106kPa (15lb/in) during 20 minutes for unwrapped items and 30 minutes for wrapped items)</li> </ul> </li> </ul>	
20. Chemical sterilization	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (soak the items in glutaraldehyde solution for at least 10 hours)</li> </ul> </li> </ul>	
21. High-level disinfection – by boiling	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff use it correctly (Boil for a minimum of 20 minutes; starting timing when the water is at rolling boil)</li> </ul> </li> </ul>	
22. High-level disinfection – by chemicals	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (soak in glutaraldehyde or chlorine 0.1% solution for 20 minutes, and rinse with sterile or boiled water )</li> </ul> </li> </ul>	

# Day 5

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>Identify the essential information within the IPPF SDGs that everyone at the service delivery sites should know and practise.</li></ul>	<ul style="list-style-type: none"><li>Disseminate effectively the procedures for the processing of equipment and instruments.</li><li>Plan for the Regional and in-country SDG dissemination activities.</li></ul>

# Day 5

---

## Morning session



Time: The morning session should take 4 hours overall



Participants: Plenary and group work



Supplies: IPPF Medical and Service Delivery Guidelines  
Copies of the Checklist for Infection Prevention Control (p72)  
Supplies for infection prevention role plays/ presentations: ex: gloves, buckets, soap, etc.  
Regional / inc-country training plan  
Flipchart and flipchart paper  
Materials for ice-breakers and participatory exercises  
Markers (ideally in two or three colours)  
Tape (for taping pieces of flipchart paper onto training room walls)  
Overhead projector or LDC, or flipchart version of overheads  
Extra pens or pencils and paper for participants

### Tips

- Start the day with a summary presentation of the “Reflections of the Day” from Day 4. It is also a good idea to review the outline and objectives of this day.
- After this, an energizer activity can be used to focus participants, attention and energise them at the start of the day.

# Day 5

## Session 8 (continued)

---

### 8.3 Group presentations: infection prevention and control

1. The groups from day 4 will present the presentations they developed on the previous day. The rest of the participants will be observers and provide feedback using the observation checklist.



Time: 1.5 hours

### Observation Checklist For Group Presentations

Instructions: Please observe the group presentation and provide feed-back regarding the following aspects of the presentation:

Items to be observed	Comments/recommendations
<ul style="list-style-type: none"><li>• Introduction of the content</li></ul>	
<ul style="list-style-type: none"><li>• Knowledge about the content</li></ul>	
<ul style="list-style-type: none"><li>• Consistency with IPPF SDG</li></ul>	
<ul style="list-style-type: none"><li>• Presentation methodology</li></ul>	
<ul style="list-style-type: none"><li>• Level of participation of the group</li></ul>	
<ul style="list-style-type: none"><li>• Applicability of the methodology at Regional and Member Association levels.</li></ul>	
<ul style="list-style-type: none"><li>• Use of audiovisual aids</li></ul>	

# Day 5

---

## 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 dissemination and implementation of the IPPF Medical and Service Delivery Guidelines



**Material:** IPPF Medical and Service Delivery Guidelines  
Planning in-country training form



**Time:** 1.5 hours



**Participants:** Small group discussions by Region

1. Divide participants into groups by Region or Member Association. Groups will identify the essential information within the IPPF SDGs that staff at the service delivery sites should know and practise. From there, each group should work together to determine:

- training strategies/ activities
- adaptation of the training module for the in-country training
- number of participants
- technical assistance needed

2. In plenary, ask groups to present their plans and provide feedback as needed.

## Planning regional or in-country training activities

ACTIVITIES	OBJECTIVES	EXPECTED OUTCOMES	DATES	RESOURCES	RESPONSIBLE

Consider: Whether adaptation is needed  
Number of participants

# Day 5

---

## Evaluation



Aim: To evaluate the training



Material: Overall training evaluation sheet



Time: 30 minutes



Participants: Plenary/individual

1. Distribute the final evaluation sheet for participants to complete
2. End the session with an oral evaluation. Ask participants to think back to the session on personal expectations on Day 1. Ask participants to reflect in which ways they

# Day 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

# Final evaluation

---

1. 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) Additional comments:

.....

.....

.....

.....

.....

## Reflection of the day

---

1. The one thing that I learned today that I do not want to forget is:
2. The information or activity that I found most interesting and useful today was:
3. The one suggestion I have for improving today's session is:
4. Additional comments

# Annex 1

## Session 8

---

Participatory exercise: Bingo!

<b>MICRO-ORGANISMS</b>	<b>ANTISEPTIC SOLUTIONS</b>	<b>STERILIZATION</b>
<b>TYPES OF STERILIZATION</b>	<b>CHLORINE SOLUTIONS</b>	<b>HIGH-LEVEL DISINFECTION</b>
<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>	<b>CLEANING</b>	<b>ASEPSIS OR ASEPTIC TECHNIQUE</b>

Participatory Exercise: Bingo!

<b>DECONTAMINATION</b>	<b>ANTISEPTIC SOLUTIONS</b>	<b>HIGH-LEVEL DISINFECTION</b>
<b>TYPES OF HIGH-LEVEL DISINFECTION</b>	<b>ASEPSIS OR ASEPTIC TECHNIQUE</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>
<b>CHLORINE SOLUTIONS</b>	<b>STERILIZATION</b>	<b>ANTISEPSIS</b>

Participatory Exercise: Bingo!

<b>ANTISEPSIS</b>	<b>ANTISEPTIC SOLUTIONS</b>	<b>HIGH-LEVEL DISINFECTION</b>
<b>CLEANING</b>	<b>ASEPSIS OR ASEPTIC TECHNIQUE</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>
<b>CHLORINE SOLUTIONS</b>	<b>STERILIZATION</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>

Participatory Exercise: Bingo!

<b>CHLORINE SOLUTIONS</b>	<b>ANTISEPTIC SOLUTIONS</b>	<b>DECONTAMINATION</b>
<b>CLEANING</b>	<b>STERILIZATION</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>
<b>HIGH-LEVEL DISINFECTION</b>	<b>MICRO-ORGANISMS</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>

Participatory Exercise: Bingo!

<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>	<b>STERILIZATION</b>	<b>DECONTAMINATION</b>
<b>CLEANING</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>	<b>ANTISEPSIS</b>
<b>ANTISEPTIC SOLUTIONS</b>	<b>MICRO-ORGANISMS</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>

Participatory Exercise: Bingo!

<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>	<b>STERILIZATION</b>	<b>MICRO-ORGANISMS</b>
<b>DECONTAMINATION</b>	<b>CHLORINE SOLUTIONS</b>	<b>ANTISEPSIS</b>
<b>ANTISEPTIC SOLUTIONS</b>	<b>ASEPSIS OR ASEPTIC TECHNIQUE</b>	<b>TYPES OF STERILIZATION</b>

Participatory Exercise: Bingo!

<b>ANTISEPSIS</b>	<b>HIGH-LEVEL DISINFECTION</b>	<b>CLEANING</b>
<b>DECONTAMINATION</b>	<b>CHLORINE SOLUTIONS</b>	<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>
<b>ANTISEPTIC SOLUTIONS</b>	<b>ASEPSIS OR ASEPTIC TECHNIQUE</b>	<b>TYPES OF STERILIZATION</b>

Participatory Exercise: Bingo!

<b>MICRO-ORGANISMS</b>	<b>STERILIZATION</b>	<b>DECONTAMINATION</b>
<b>CLEANING</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>	<b>ANTISEPSIS</b>
<b>ANTISEPTIC SOLUTIONS</b>	<b>HIGH-LEVEL DISINFECTION</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>

Participatory Exercise: Bingo!

<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>	<b>STERILIZATION</b>	<b>DECONTAMINATION</b>
<b>CLEANING</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>	<b>ANTISEPSIS</b>
<b>ANTISEPTIC SOLUTIONS</b>	<b>HIGH-LEVEL DISINFECTION</b>	<b>TYPES OF STERILIZATION</b>

Participatory Exercise: Bingo!

<b>CHEMICAL DISINFECTION PRODUCTS</b>	<b>STERILIZATION</b>	<b>DECONTAMINATION</b>
<b>CLEANING</b>	<b>ANTISEPTIC SOLUTIONS</b>	<b>ANTISEPSIS</b>
<b>TYPES OF STERILIZATION</b>	<b>HIGH-LEVEL DISINFECTION</b>	<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>

Participatory Exercise: Bingo!

<b>DECONTAMINATION</b>	<b>ANTISEPTIC SOLUTIONS</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>
<b>TYPES OF STERILIZATION</b>	<b>CHLORINE SOLUTIONS</b>	<b>CLEANING</b>
<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>	<b>STERILIZATION</b>	<b>HIGH-LEVEL DISINFECTION</b>

Participatory Exercise: Bingo!

<b>ANTISEPSIS</b>	<b>MICRO-ORGANISMS</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>
<b>TYPES OF STERILIZATION</b>	<b>CHLORINE SOLUTIONS</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>
<b>STEPS OF PROCESSING EQUIPMENT AND INSTRUMENTS</b>	<b>STERILIZATION</b>	<b>HIGH-LEVEL DISINFECTION</b>

Participatory Exercise: Bingo!

<b>ANTISEPSIS</b>	<b>MICRO-ORGANISMS</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>
<b>TYPES OF STERILIZATION</b>	<b>ASEPSIS OR ASEPTIC TECHNIQUE</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>
<b>STERILIZATION</b>	<b>CHLORINE SOLUTIONS</b>	<b>HIGH-LEVEL DISINFECTION</b>

Participatory Exercise: Bingo!

<b>ASEPSIS OR ASEPTIC TECHNIQUE</b>	<b>MICRO-ORGANISMS</b>	<b>CHEMICAL DISINFECTION PRODUCTS</b>
<b>CLEANING</b>	<b>CHLORINE SOLUTIONS</b>	<b>TYPES OF HIGH-LEVEL DISINFECTION</b>
<b>ANTISEPTIC SOLUTIONS</b>	<b>DECONTAMINATION</b>	<b>HIGH-LEVEL DISINFECTION</b>

## Annex 2

### Sample participants' guide

---

#### Tips:

1. This is a sample participants' guide for the training on the dissemination and implementation of the IPPF Medical and Service Delivery Guidelines. 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.
2. 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.
3. All handouts need not be provided at the start of the training, but can be distributed as you move through the training sessions.
4. All participants' guides should be adapted to the local training environment.
5. All participants should also have or receive a copy of the IPPF *Medical and Service Delivery Guidelines*.

---

## DISSEMINATION AND IMPLEMENTATION OF THE IPPF MEDICAL AND SERVICE DELIVERY GUIDELINES FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES

A training of trainers guide for health professionals

Participants' Guide (sample)

# Table of contents

---

## Abbreviations

## Introduction

- Goals and objectives

## Course outline

### Session 1:

Purpose of the training on Medical and Service Delivery Guidelines dissemination

Purpose of the Medical and Service Delivery Guidelines

Quality Of Care Standards – Client’s Rights, Providers’ Needs

Counselling and informed choice

WHO Medical Eligibility Criteria

WHO Selected Practice Recommendations

Physiology: menstrual cycle and conception

### Session 2:

Hormonal contraceptive methods

### Session 3:

Intra-uterine devices (IUD)

### Session 4:

Barrier methods

### Session 5:

Female and male sterilization

### Session 6:

Periodic abstinence methods

### Session 7:

Emergency contraception

### Session 8:

Infection prevention and control in SRH services

# Abbreviations

---

AR	IPPF Africa Region
AWR	IPPF Arab World Region
EN	IPPF European Network
ESEAOR	IPPF East & South East Asia and Oceania Region
HQ	Headquarters
IPPF	International Planned Parenthood Federation
MEC	WHO Medical Eligibility Criteria for Contraceptive Use
QI	Quality Improvement
QOC	Quality of Care
RO	IPPF Regional Office
SA	Self-assessment
SAR	IPPF South Asia Region
SDG	IPPF Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services
SDP	Service Delivery Point
SPR	WHO Selected Practice Recommendations for Contraceptive Use
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 participants to facilitate the training in dissemination and implementation of the IPPF *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services* at Regional and in-country levels.

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

1. Explain the purpose of the IPPF *Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services* (SDG) in the context of quality of care
2. Conduct SDG dissemination and implementation activities at Regional and Member Association levels using a participatory approach
3. Train Regional and Member Association facilitators to conduct SDG dissemination and implementation activities for service providers at service delivery sites using a participatory approach
4. Motivate Regional and Member Association staff for implementation and use the IPPF SDGs as a reference for the provision of quality of care (QOC).

# Course outline

Day 1	Day 2	Day 3	Day 4	Day 5
<p>Opening</p> <p>Welcome</p> <p>Participants' introduction and expectations</p> <p>Overview of training</p> <p>Pre-course questionnaire</p> <p>Session 1: Background and purpose of the IPPF Medical and Service Delivery Guidelines</p>	<p>Warm-up exercise</p> <p>Review reflection of the day</p> <p>Session 2: Hormonal methods of contraception (continued)</p>	<p>Warm-up exercise</p> <p>Review reflection of the day</p> <p>Session 3: Intra-uterine devices (continued)</p> <p>Session 4: Barrier methods</p>	<p>Warm-up exercise</p> <p>Review reflection of the day</p> <p>Session 7: Emergency contraception</p> <p>Session 8: Infection prevention and control</p>	<p>Warm-up exercise</p> <p>Review reflection of the day</p> <p>Session 8: Infection prevention and control (continued)</p> <p>Developing Regional / in-country training plans</p>
<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<p>Session 2: Hormonal methods of contraception</p> <p>Reflection of the day</p>	<p>Session 3: Intra-uterine devices</p> <p>Reflection of the day</p>	<p>Session 5: Female and male sterilization</p> <p>Session 6: Periodic abstinence methods</p> <p>Reflection of the day</p>	<p>Session 8: Infection prevention and control (continued)</p> <p>Reflection of the day</p>	<p>Final evaluation</p> <p>Closure</p>

# Day 1

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>• explain the process of guidelines development to colleagues at the Member Association or service delivery point</li><li>• identify effective dissemination methodologies for the IPPF Medical and Service Delivery Guidelines at the Member Association level</li><li>• explain the physiology of the menstrual cycle and conception</li><li>• explain the hormonal methods, discussing:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for each of the hormonal contraceptive methods.</li><li>• WHO medical eligibility criteria for the use of hormonal contraceptive methods.</li><li>• Type of counselling, information and instructions needed for effective use of hormonal contraceptive methods.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• sensitize service providers on the importance of offering SRH services that meet QOC standards based on Clients' Rights and Providers' Needs</li><li>• sensitize service providers on the importance of counselling in improving clients' contraceptive method choice and use</li><li>• implement select practices based on WHO recommendations at service delivery level</li><li>• motivate staff to implement the WHO medical eligibility criteria for the provision of quality services</li><li>• disseminate and implement the IPPF Medical and Service Delivery Guidelines for the provision of hormonal contraceptive methods considering:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for each of the hormonal contraceptive methods.</li><li>• WHO medical eligibility criteria for the use of hormonal contraceptive methods.</li><li>• Type of counselling, information and instructions needed for effective use of hormonal contraceptive methods.</li></ul></li></ul>

# Day 1

---

## Morning session



Time: The morning session should take 4 hours

### Opening:

- Welcome
- Participants' introductions
- Icebreaker activity
- Course objectives, participant expectations
- Logistics
- Rules of participation activity

#### Sample Rules of Participation

- No smoking.
- Participants can ask questions freely at any time.
- Each participant will try to include his or her views or experience during each open discussion opportunity.
- 100% participation for all group exercises.
- 100% participation for all individual written exercises.
- Facilitators keep to allotted time schedule.
- Participants and corresponding facilitators arrive in time for the beginning of each session.
- Facilitators speak clearly so everyone can hear.
- Feedback is given in a constructive fashion.

## Session 1

### Background and purpose of the IPPF Medical and Service Delivery Guidelines

#### Contents:

- 1.1 Purpose of the training on dissemination of the IPPF Medical and Service Delivery Guidelines
- 1.2 Purpose of the IPPF Medical and Service Delivery Guidelines (SDGs)
  - development process
  - components
  - strategies for effective utilization
- 1.3 Quality of Care Standards – Clients' Rights and Providers' Needs
- 1.4 Counselling and informed choice
- 1.5 WHO medical eligibility criteria
- 1.6 WHO selected practice recommendations
- 1.7 Physiology: menstrual cycle and conception

# Day 1

---

## 1.1 Purpose of the training for SDG dissemination



Time: 30 minutes

1. Facilitators will divide participants in 3 groups:

**Group 1:** Explain why the IPPF SDGs are important for quality of care?

**Group 2:** What are the main constraints for SDG dissemination and implementation in your Region/ Member Association?

**Group 3:** Describe two effective dissemination strategies/steps that would work in your Region/ Member Association.

2. Each group will have 10 minutes to discuss and 5 minutes to present in plenary.

## 1.2 IPPF SDG purpose and development process



Time: 30 minutes

1. Illustrative presentation and discussion on the purpose and background of the SDGs.

## 1.3 Quality of Care standards: Client's rights and providers' needs

### Participatory exercise: "Agree and disagree"



Time: 60 minutes

## 1.4 Counselling and informed choice: Working group activity



Time: 45 minutes

### Objective

To reflect and discuss the knowledge, skills and attitudes needed for a service provider to perform effective counselling in SRH.

1. The facilitator will divide participants into 3 groups:

- **Group 1:** will discuss the knowledge service providers need to provide effective SRH counselling
- **Group 2:** will discuss the skills service providers need to provide effective SRH counselling
- **Group 3:** will discuss the attitudes service providers need to provide effective SRH counselling

Groups will work for 20 minutes and then each group will have 10 minutes to present and discuss with the whole group.

# Day 1

---

## 1.5 WHO Medical Eligibility Criteria



Time: 30 minutes

1. In plenary, participants will discuss an illustrative presentation on the WHO Medical Eligibility Criteria, reviewing:

- The impact of the WHO eligibility criteria on quality of care
- The categories of the WHO eligibility criteria (1-4)

## 1.6 WHO Selected Practice Recommendations



Time: 30 minutes

1. In plenary, participants will discuss an illustrative presentation on the WHO Selected Practice Recommendations, reviewing:

- The impact of the WHO selected practices and recommendations on quality of care

## 1.7 Physiology of menstrual cycle and conception



Time: 30 minutes

1. The group will discuss the physiology of the menstrual cycle and conception.

## Reflection of the day

# Day 1

---

## Afternoon session



Time:

The afternoon session should take 3 hours

## Session 2

### Contents:

Hormonal methods

- Orals
- Injectables
- Sub-dermal implants
- IUDs

### 2.1 Activity: Working groups



Time:

Allow 2 hours 30 minutes

1. The facilitator will divide the participants in 3 groups. The task for each group is to read a specific section of the IPPF Medical and Service Delivery Guidelines and prepare an effective and participatory presentation on the selected topic.
2. The groups will work on the following contents:
  - Group 1:** Oral hormonal contraceptives
    - Combined
    - Progestogen-only
  - Group 2:** Injectable hormonal contraceptives
    - Combined
    - Progestogen-only
  - Group 3:** Hormonal sub-dermal implants and IUDs
3. Groups will have the rest of the afternoon to work on their presentations. Groups can use any materials that they would like for their presentations (flipchart paper, markers, contraceptive samples, etc) . Presentations will be given at the start of Day 2.

## Reflection of the day

# Day 2

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>• explain IUDs, discussing:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for the IUD</li><li>• WHO eligibility criteria for the use IUD</li><li>• Counselling, information and instructions needed for effective use of IUD</li><li>• IUD insertion and removal procedures</li><li>• The use of coaching for IUD insertion and removal</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Disseminate and implement the IPPF SDGs for the provision of hormonal contraceptive methods, considering:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for each of the hormonal contraceptive methods</li><li>• WHO eligibility criteria for the use of hormonal contraceptive methods</li><li>• Type of counselling, information and instructions needed for effective use of hormonal contraceptive methods</li></ul></li><li>• Disseminate and implement IPPF SDGs for the provision of IUDs, considering:<ul style="list-style-type: none"><li>• Indications, possible side-effects and follow-up for the IUD</li><li>• WHO eligibility criteria for the use of IUD</li><li>• Counselling, information and instructions needed for effective use of IUD</li><li>• IUD insertion and removal procedures</li><li>• The use of coaching for IUD insertion and removal</li></ul></li></ul>

# Day 2

## Session 2 (continued)

---

### Morning Session



Time: The morning session should take 4 hours overall

### Contents

Hormonal methods of contraception

- Oral pills
- Injectables
- Sub-dermal implants
- IUDs

#### 2.1 Activity: Working groups



Time: 120 minutes

1. Each group will prepare and present their presentations from Day 1.
2. The rest of the participants will observe the presentations using an observation checklist to provided feedback (see next page).

#### 2.2 Activity: Participatory exercise: Snake



Aims: To assess participants' knowledge gain about hormonal contraception and to clarify information, if needed.



Time: 1 hour

1. Facilitators will divide participants into two teams to play the game "snake".

## OBSERVATION CHECKLIST FOR GROUP PRESENTATION

---

Instructions: Please observe the group presentation and provide feedback regarding the following aspects of the presentation:

Items to be observed	Comments/recommendations
1 Introduction of the content	
2. Knowledge about the content	
3. Consistency with IPPF SDG	
4. Presentation methodology	
5. Level of participation of the group.	
6. Applicability of the methodology at Regional and Member Association levels	
7. Use of audiovisual aids	

# Day 2

---

## Afternoon Session



Time: The afternoon session should take 3 hours overall

## Session 3 Intra-uterine Devices (IUD)

### Contents:

- 3.1 IUD technical/ scientific information
- 3.2 IUD insertion and removal techniques
  - The use of coaching for IUD insertion and removal

### 3.1 IUD technical/ scientific information



Time: 60 minutes

1. The group will discuss an illustrative presentation on the IUD.

### 3.2 Demonstration: IUD insertion and removal techniques



Time: 1.5 hours

1. The facilitator will demonstrate the IUD insertion and removal techniques in a pelvic model, explaining the procedures step by step:
  - Loading IUD in the sterile package using the non-touch technique
  - Pelvic examination
  - IUD insertion and removal
2. Participants will follow the procedure using an observation checklist.

## Reflection of the day

## Checklist for IUD Clinical Skills

Place an  in case box if step/task is performed satisfactorily, and  if it is not performed satisfactorily, or N/O if not observed.

**Satisfactory:** Performs the step or task according to standard procedure or guidelines

**Unsatisfactory:** Does not perform the step or task according to standard procedure or guidelines

**Not Observed:** Step or task not performed by participant during evaluation by trainer

Participant .....

Course Dates.....

CHECKLIST FOR IUD CLINICAL SKILLS					
STEP / TASK	CASES				
<b>INSERTION OF COPPER T 380A IUD</b>					
<b>Pre-insertion tasks</b>					
1. Obtains or reviews brief reproductive health history.					
2. Checks that client has recently emptied her bladder and washed and rinsed her genital area if necessary.					
3. Tells client what is going to be done and encourages her to ask questions.					
4. Washes hands thoroughly and dries them.					
5. Palpates abdomen and checks for lower abdominal, especially suprapubic tenderness and masses or other abnormalities.					
6. Puts new examination or high-level disinfected surgical gloves on both hands.					
7. Arranges instruments and supplies on high-level disinfected or sterile tray.					
8. Performs speculum examination.					
9. Collects vaginal and cervical (urethral) specimens if indicated.					
10. Removes speculum and either sets aside on instrument tray or places in 0.5% chlorine solution for 10 minutes for decontamination if another high-level disinfected speculum is available for use.					
11. Performs bimanual examination.					
12. Washes hands thoroughly and dries them.					
13. Loads Copper T 380A in sterile package, using the "non-touch technique" ..					
<b>IUD insertion</b>					
14. Puts new examination or high-level disinfected surgical gloves on both hands.					
15. Inserts vaginal speculum to see cervix.					
16. Applies antiseptic solution two times to cervix, especially the os, and vagina.					
17. Gently grasps cervix with tenaculum.					

18. Sounds uterus using no-touch technique in the vagina walls.					
19. Adjust the blue "button" on the inserter tube, according to the measure obtained.					
20. Inserts the Copper T 380A IUD using the withdrawal technique.					
21. Cuts IUD strings to 3-4 cm in length.					
22. Gently removes tenaculum and speculum and places in 0.5% chlorine solution for 10 minutes for decontamination.					
<b>Post-insertion tasks</b>					
23. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination.					
24. Disposes of waste materials in leak-proof container or plastic bag.					
25. Immerses both gloved hands in 0.5% chlorine solution and removes gloves by turning inside out. If disposing of gloves, places in leak-proof container or plastic bag. If reusing surgical gloves, submerges in 0.5% chlorine solution for 10 minutes for decontamination.					
26. Washes hands thoroughly and dries them.					
27. Completes client record.					
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>					
<b>POST-INSERTION COUNSELLING</b>					
1. Teaches client how and when to check for strings.					
2. Discusses what to do if client experiences any side-effects or problems.					
3. Provides follow-up visit instructions and answers any questions.					
4. Assures client that she can have the IUD removed at any time, if she wants.					
5. Observes client for at least 15 to 20 minutes before sending her home.					
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>					
<b>IUD REMOVAL</b>					
<b>Pre-removal counselling</b>					
1. Greets client respectfully and with kindness.					
2. Asks client her reason for removal and answers any questions.					
3. Reviews client's reproductive goals and need for protection against STIs.					
4. Describes the removal procedure and what to expect.					
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>					

<b>REMOVAL OF COPPER T 380A IUD</b>					
1. Checks to be sure client has emptied her bladder and washed and rinsed her genital area if necessary.					
2. Tells client what is going to be done and encourages her to ask questions.					
3. Washes hands thoroughly and dries them.					
4. Puts new examination or high-level disinfected surgical gloves on both hands.					
5. Performs bimanual exam.					
6. Inserts vaginal speculum to see cervix and IUD strings.					
7. Applies antiseptic solution two times to the cervix, especially the os, and vagina.					
8. Grasps strings close to cervix and pulls slowly but firmly to remove IUD.					
9. Shows IUD to client.					
10. Immerses IUD in 0.5% chlorine solution and disposes of in leak proof container or plastic bag.					
11. Gently removes speculum and places in 0.5% chlorine solution for 10 minutes for decontamination.					
<b>Post-removal tasks</b>					
12. Before removing gloves, places all instruments in 0.5% chlorine solution for 10 minutes for decontamination.					
13. Disposes of waste materials in leak-proof container or plastic bag.					
14. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning inside out. If disposing of gloves, places in leak-proof container or plastic bag. If reusing surgical gloves, submerges in 0.5% chlorine solution for 10 minutes for decontamination.					
15. Washes hands thoroughly and dries them.					
16. Records IUD removal in client record.					
<b>SKILL/ACTIVITY PERFORMED SATISFACTORILY</b>					
<b>POST-REMOVAL COUNSELLING</b>					
1. Discusses what to do if client experiences any problems and answers any questions.					
2. Counsels client regarding new contraceptive method, if desired.					
3. Helps client obtain new contraceptive method or provides temporary (barrier) method until method of choice can be started.					

## Day 3

### Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"> <li>• Explain, step by step, the IUD insertion and removal procedure</li> <li>• Explain the barrier methods, discussing:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the barrier methods</li> <li>• WHO eligibility criteria for the use of barrier methods</li> <li>• Type of counselling, information and instructions needed for effective use of barrier methods</li> </ul> </li> <li>• Explain female and male sterilization discussing:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the sterilization methods</li> <li>• WHO eligibility criteria for the sterilization methods</li> <li>• Type of counselling, information and instructions needed for effective use of sterilization</li> </ul> </li> <li>• Explain periodic abstinence methods discussing:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the periodic abstinence methods</li> <li>• Who eligibility criteria for the periodic abstinence methods</li> <li>• Type of counselling, information an instructions needed for effective use of periodic abstinence methods</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Disseminate and implement IPPF SDGs for the provision IUDs considering:               <ul style="list-style-type: none"> <li>• IUD insertion and removal procedures</li> <li>• The use of coaching for IUD insertion and removal</li> </ul> </li> <li>• Disseminate and implement IPPF SDGs for the provision of barrier methods considering:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the barrier methods</li> <li>• WHO eligibility criteria for the use of barrier methods</li> <li>• Type of counselling, information and instructions needed for effective use of barrier methods</li> </ul> </li> <li>• Disseminate and implement IPPF SDGs for the provision of female and male sterilization considering:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the sterilization methods</li> <li>• WHO eligibility criteria for the sterilization methods</li> <li>• Type of counselling, information needed, for effective use of sterilization methods</li> </ul> </li> <li>• Disseminate and implement IPPF SDGs for the provision of periodic abstinence methods considering:               <ul style="list-style-type: none"> <li>• Indications, possible side-effects and follow-up for the periodic abstinence Methods</li> <li>• WHO eligibility criteria for the periodic abstinence methods</li> <li>• Type of counselling, information and instructions needed for effective use of periodic abstinence methods</li> </ul> </li> </ul>

# Day 3

---

## Morning Session



Time: The morning session should take 4 hours overall

## Session 3: IUDs (continued)

### 3.3 IUD insertion and removal practice with models using a procedure checklist.



Time: 2.5 hours

1. Participants will be divided into groups to practise IUD insertion and removal with the pelvic models. Each group should include a:

- Trainee
- Coach
- Client

While the trainee inserts and removes an IUD using a pelvic model, the coach will provide guidance and feedback using the observation checklist. The clients will act as real clients (questioning the doctor, feeling anxious, etc.) All the participants should practise each role at least once.

## Session 4 Barrier methods

- Male and female condoms
- Diaphragm, cervical cap, spermicides

### 4.1 Barrier methods: Working groups.



Time: 60 minutes

1. Participants will be divided into 3 groups to work on assignment sheets on barrier methods.
2. In plenary, groups will present their discussions.

# Assignment sheets

---

## Group 1:

### Barrier methods – Overview

1. Define barrier methods:
2. For each statement write a T if you think the following statements are “True” and a F if you think that the statements are “False”
  - One of the main advantages of the barrier methods is that the programmes don’t need a trained professional to provide them. ( )
  - One of the conditions that apply to all barrier methods is the client’s ability to obtain and use the methods consistently. ( )
  - Effectiveness of the barrier methods is comparable with the effectiveness of hormonal methods and IUDs. ( )
  - Individuals providing barrier methods should be properly trained on counselling and the technical aspects related to the provision of the various types of barrier methods. ( )
3. List all the conditions when the barrier methods are especially appropriate:
4. In general what kind of client’s health assessment is necessary to provide barrier methods?
5. List three advantages of barrier methods.

## Group 2:

### Barriers methods - Diaphragm and cervical cap

1. Define the diaphragm and cervical cap.
2. Describe the mechanisms of action of the diaphragm and of the cervical cap.
  1. Diaphragms are particularly appropriate for clients that:\_\_\_\_\_
  2. The group should demonstrate, in a model, the correct use of diaphragms.

## Group 3:

### Barrier methods - Male and female condoms

1. Explain the advantages and disadvantages of the male and female condoms.
2. Explain the storage and shelf-life of the male and female condoms.
3. The group should demonstrate in a model how to use the male and female condoms.

# Day 3

---

## Afternoon Session



Time: The afternoon session should take 3 hours overall

## Session 5 Contents

Female and male sterilization methods

### 5.1 Activity: Reading chapter



Time: Approximately 30 minutes

1. The facilitator will ask the participants to read the chapter 8 of the SDGs: "Female and male sterilization."
2. In plenary, the group will discuss the chapter and an illustrative presentation.

### 5.2 Working groups: Case studies



Time: Approximately 1 hour

1. Four groups will discuss a case study related to female and male sterilization services. Each group will discuss their scenario and respond to the questions provided.
2. In plenary, each group will present and discuss their case study.

# Case Studies

## Female and male sterilization

---

### Case Study 1

- A client, 26 years old with two children, has elected for female sterilization. She says that she had already received counselling.
- She wants the sterilization because she is having problems with her husband, and does not want to be pregnant again. Her husband is unemployed and she is planning to request a divorce and move to another city to live with her family.
- Her children are 6 and 3 years old.

1. What are the dilemmas in this case?
2. What would be the steps to assess if the client made an informed choice?
3. How would you conduct the client counselling and information process?

### Case Study 2

- A 35-year-old man arrived at the clinic with his partner to discuss the possibility to reverse his vasectomy.
- The vasectomy was performed 10 years ago by a doctor – his friend – just after he and his wife have had their third child.
- He is now divorced and will be getting married again, this time to a 28-year-old woman, and they want to raise a family together.
- He stated that at the time of the sterilization the doctor said that it would be very easy to reverse the vasectomy.

1. What is the dilemma in this case?
2. What should have been done in the past that would have avoided it?
3. What kind of counselling should the couple receive now?

### Case Study 3

- A family planning clinic in a rural area requires technical assistance from the Member Association to establish female and male sterilization services for the community.
- The clinic is located in the same area of two sugarcane farms, each one has around 300 families working and living in the area.
- The clinic has space to construct a room for sterilization purposes and they have just got the funds from a donor to do it.
- The clinic has physicians, three times a week, to provide services and they are willing to select one day just for sterilization procedures.

1. Prepare a plan to guide the clinic manager, with the appropriate training, facilities and equipment to establish the sterilization programme.

## Case Study 4

- A 33-year-old client with two children. She has successfully used Depo-Provera as her method of family planning for six years and is very happy with it. Her husband is now certain that he is too old to raise any more children and has suggested that she be sterilized; he says he is also concerned about her taking so many hormones for such a long time.
- The client comes to the clinic to get more information on sterilization. She says that she also does not want to have any more children, but is satisfied with Depo-Provera and is not sure why she should change. She is also concerned however, that she may be taking too much medication for too long a period of time. She repeatedly asks about the permanent nature of the sterilization.

1. What are the dilemmas in this case?
2. What would be the steps to make sure that the client will make an informed choice?
3. How would you conduct the client counselling and information process?

# Day 3

## Session 6

---

### Contents:

#### Periodic abstinence methods

- Cervical mucus method
- Calendar method
- Basal body temperature (BBT)
- Symptothermal (BBT + cervical mucus)
- The standard day method (Necklace)

#### 6.1 medical / technical discussions on periodic abstinence methods



Time: 30 minutes

1. The facilitator will present and discuss an illustrative presentation about periodic abstinence methods.

#### 6.2 Role-plays on client instructions for each periodic abstinence method



Time: 60 minutes

1. Participants will be divided into five groups according to the following periodic abstinence methods:
  - Group 1: Cervical mucus method
  - Group 2: Calendar method
  - Group 3: Basal body temperature (BBT)
  - Group 4: Symptothermal (BBT + cervical mucus)
  - Group 5: Necklace
2. Each group will prepare a role play in which a service provider is providing a client instructions on the given periodic abstinence method.
3. Role plays will be presented in plenary.

#### Reflection of the day

# Day 4

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>• Explain emergency contraception discussing:<ul style="list-style-type: none"><li>• Emergency contraception using pills and IUD</li><li>• Indications, possible side-effects of emergency contraception using pills and IUD</li><li>• Eligibility criteria for the use of emergency contraception</li><li>• Emergency contraception pills regimens</li><li>• Emergency contraception using copper-releasing IUDs</li><li>• Type of counselling, information and instructions needed for effective use of emergency contraception</li></ul></li><li>• Explain infection prevention and control practices:<ul style="list-style-type: none"><li>• Procedures for processing of equipment and instruments</li><li>• Procedures for processing of individual items</li><li>• Guidelines for storage of sterile or disinfected equipment</li><li>• Care during procedures</li><li>• Environment</li><li>• Prophylactic actions when exposed to contaminated items</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Disseminate and implement IPPF SDGs for the provision of emergency contraception considering:<ul style="list-style-type: none"><li>• Emergency contraception using pills and IUD</li><li>• Indications, possible side-effects of emergency contraception using pills and IUD</li><li>• Eligibility criteria for the use of emergency contraception</li><li>• Emergency contraception using copper-releasing IUDs</li><li>• Type of counselling, information and instructions needed for effective use of emergency contraception</li></ul></li><li>• Disseminate and implement IPPF SDGs for infection prevention and control practices considering:<ul style="list-style-type: none"><li>• Procedures for processing of equipment and instruments</li><li>• Procedures for processing of individual items</li><li>• Guidelines for storage of sterile or disinfected equipment</li><li>• Care during procedures</li><li>• Environment</li><li>• Prophylactic actions when exposed to contaminated items</li></ul></li></ul>

# Day 4

---

## Morning Session



Time: The morning session should take 3.5 hours overall

## Session 7

### Content: Emergency contraception - EC

Brainstorming exercise:

- What is emergency contraception?
- What are the available types of emergency contraception?
- What are the indications for the use of emergency contraception?

## Session 8

### Infection prevention and control in SRH services

#### Contents:

1. Introduction and definitions: Infection prevention and control
2. Antisepsis
3. Procedures for processing of equipment and instruments
  - Decontamination
  - Cleaning
  - High-level disinfection (HDL)
  - Sterilization
4. Procedures for processing individual items
  - Pelvic exam tabletop, or other large surface area
  - Linens for surgical procedures(caps, masks, gowns and drapes)
  - Gloves ( rubber or plastic)
  - Instruments for pelvic examination
  - Instruments for male and female sterilization, insertion and removal of IUD and Norplant
  - Endoscopes (laparoscopes)
  - Needles and syringes
  - Storage containers for instruments
  - Water
5. Storage of sterile or disinfected equipment
6. Care during procedures
  - Hand washing
  - Gloving
  - Injection procedures

## 7. Environment

- Cleaning of activities areas
- Traffic flow
- Processing area for instruments and other items
- Transport of clean, disinfected, sterile and soiled items
- Waste disposal

## 8. Prophylactic antibiotics

### 8.1. Infection prevention and control – definitions



Time: 60 minutes

1. BINGO!

### 8.2 Discussion and demonstration of infection prevention guidelines for hand washing, surgical scrub, gloving, antiseptics for procedures



Time: 60 minutes

1. Participants will be divided into 3 groups to practice one of three infection prevention measures.
2. In plenary, each group will explain and demonstrate the procedure.

#### Group 1

##### Steps of routine hand washing:

1. Wet hands with running water
2. Rub hands together with soap and lather well. Make sure to rub all parts of your hands
3. Vigorously weave fingers and thumbs together and slide them back and forth for 10-15 seconds (longer if hands are visibly soiled)
4. Rinse hands under a stream of clean, running water until all soap is gone
5. Dry hands with a paper towel or an individual clean towel

##### Hand washing tips!

- ☞ Use liquid soap or keep bar soap on a rack to allow drainage
- ☞ Always use running water-avoid dipping or washing hands in a basin or standing water
- ☞ Use small bars of soap, or cut large ones into small pieces.

## Group 2

### Steps of surgical scrub:

1. Remove all jewellery on your hands and wrist
2. Wet your hands and forearms thoroughly
3. Clean under each fingernail with a stick or brush. It is important for all surgical staff to keep their fingernails short
4. Holding your hands up above the level of your elbow, apply an antiseptic solution. Using a circular motion, begin at the fingertips of one hand and lather and wash between the fingers, continuing from fingertip to elbow. Repeat this for the second hand and arm. Continue washing in this way for 3-5 minutes.
5. Rinse each arm separately, fingertips first, hands and elbow, holding your hands above the level of your elbow.
6. Using a sterile towel, dry your hands and arms - from fingertips to elbow - using a different side of the towel on each arm - making sure that the towel does not reach an area that was not cleaned with antiseptic.
7. Keep your hands above the level of your waist and do not touch anything before putting on surgical gloves.

### Surgical scrub tips!

- ☞ Warm water makes antiseptics work more effectively. Avoid using hot water, which removes protective oils from the skin.
- ☞ If you routinely perform surgical procedures, you should keep your fingernails short.
- ☞ Always keep your hands above your elbows during and after scrubbing.
- ☞ Avoid using a hard brush during scrub.
- ☞ Always use an antiseptic during surgical scrub. If you are allergic to antiseptics or if antiseptics are not available, scrub your hands with plain soap, dry them, and use an alcohol hand rub.

## Group 3

### Steps of putting on surgical gloves:

1. Prepare a large, clean, dry area for opening the package of gloves. Either open the outer glove package before the surgical scrub or perform a surgical scrub and ask someone else to open the package for you.
2. Open the inner glove wrapper, exposing the cuffed gloves with the palms up.
3. Pick up the first glove by the cuff, touching only the inside portion of the cuff (the inside is the side that will be touching your skin when the glove is on).
4. While holding the cuff in one hand, slip your other hand into the glove (pointing the fingers of the glove toward the floor will keep the fingers open). Be careful not to touch anything, and hold the gloves above your waist level.
5. Pick up the second glove by sliding the fingers of the gloved hand under the cuff of the second glove. Be careful not to contaminate the gloved hand with the ungloved hand as the second glove is being put on.
6. Put the second glove on the ungloved hand by maintaining a steady pull through the cuff. Adjust the glove fingers and cuffs until the gloves fit comfortably.

### Steps of removing surgical gloves:

1. Rinse gloved hands in a basin of decontamination solution to remove blood or other body fluids.
2. Grasp one glove near the cuff and pull it part way off. The glove will turn inside out. Keep the first glove partially on before removing the second one to protect you from touching the outside of a glove with your bare hand.
3. Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it partway off. Keep the second glove partially on.
4. Pull off the two gloves at the same time, being careful to touch only the inside surface of the gloves with your bare hand.
5. Wash your hands immediately after gloves are removed. Dispose of the gloves immediately.

### Surgical glove tips!

- ☞ The outside of the glove package is not sterile. Either open the outer package before surgical scrub, or have another person open it for you.
- ☞ If the gloves become contaminated during a procedure, stop what you are doing, step away from the sterile field, remove the contaminated gloves, and put on new gloves.
- ☞ Don't let gloves snap while you are removing them or blood and other matter may splash on you or on those around you.
- ☞ During removal, don't allow the outside surface to contact your skin.
- ☞ Remove your used gloves before touching anything – including countertops, faucets (taps), pens, and pencils.

# Day 4

## Session 8 (continued)

---

### Afternoon Session

#### 8.3 Illustrative and participatory presentations and demonstrations: procedures for processing of equipment and instruments.



Time: 2.5 hours

1. Participants will be divided into 3 groups to prepare a participatory presentation on various infection prevention procedures. Groups will have the remainder of the day to prepare their presentations.

##### Group 1:

- Decontamination
- Cleaning
- High-level disinfection (HLD)
- Sterilization

##### Group 2:

- Procedures for processing individual items
- Storage of sterile or disinfected equipment

##### Group 3:

- Care during procedures
- Environment
- Cleaning of activity areas
- Prophylactic antibiotics

### Reflection of the day

**IPPF- QOC PROGRAMME**  
**INFECTION PREVENTION AND CONTROL - CHECKLIST FOR HEALTH UNITS**

Health Unit:

Observation dates:

Infection Prevention and Control
----------------------------------

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
<ul style="list-style-type: none"> <li>● <b>The health unit has:</b></li> </ul>		
1. Running water.	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-bathrooms</li> <li>-materials processing area</li> </ul> </li> </ul>	
2. Soap(bar)	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-bathrooms</li> <li>-materials processing area</li> </ul> </li> </ul>	
3. Soap(liquid)	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-bathrooms</li> <li>-materials processing area</li> </ul> </li> </ul>	
4. Disposable gloves	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> </ul> </li> </ul>	
5. Rubber gloves (household or utility)	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-materials processing area</li> <li>-cleaning personnel during cleaning</li> </ul> </li> </ul>	
6. Surgical gloves	<ul style="list-style-type: none"> <li>● Observe:                             <ul style="list-style-type: none"> <li>-consultation area</li> <li>-surgical area</li> </ul> </li> </ul>	

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
7. Paper towels for service providers and clients	<ul style="list-style-type: none"> <li>• Observe service providers during consultation.</li> <li>• Observe clients' bathrooms.</li> </ul>	
8. Puncture-resistant containers to dispose of sharp items.	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if they are sufficient</li> <li>-if they are located in adequate areas</li> <li>-if staff members use correctly</li> </ul> </li> </ul>	
9. Waste containers	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if they are no corrosive washable</li> <li>-if they are placed at convenient places for users</li> </ul> </li> </ul>	
10. Plastic containers for decontamination	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if they are no corrosive washable</li> <li>-if they are placed at convenient places for users.</li> </ul> </li> </ul>	
11. Hot air oven for dry heat equipment for sterilization(metal and glass items)	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if it's working adequately.</li> </ul> </li> </ul>	
12. Autoclave for steam sterilization	<ul style="list-style-type: none"> <li>• Observe: <ul style="list-style-type: none"> <li>-if it's working adequately.</li> </ul> </li> </ul>	

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
13. High-level disinfection container	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff use it.</li> </ul> </li> </ul>	
14. High-level disinfection pan for boiling	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if it's working adequately.</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• The health unit adopts infection prevention methods:</li> </ul>		
15. Washing hands before and after each client (consultation).	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-service providers during consultation.</li> </ul> </li> </ul>	
16. Decontamination	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (soak in a 0.5 % chlorine solution for 10 minutes before cleaning)</li> </ul> </li> </ul>	
17. Cleaning	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (wear rubber gloves</li> <li>-household/utility – clean instruments with detergent and water using a brush, rinse well, dry by air or with a clean towel)</li> </ul> </li> </ul>	
18. Sterilization by dry heat	<ul style="list-style-type: none"> <li>• Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly</li> <li>-if the staff use it correctly (170° C/340°F for 1 hour, once reached the temperature-total cycle time is 2/2 1/2 hours)</li> </ul> </li> </ul>	

OBSERVED CRITERIA	METHODS OF VERIFICATION	COMMENTS AND RECOMMENDATIONS
19. Steam sterilization by autoclaving	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly</li> <li>-if the staff use it correctly (121°C (250°F)and a pressure of 106kPa (15lb/in) during 20 minutes for unwrapped items and 30 minutes for wrapped items)</li> </ul> </li> </ul>	
20. Chemical sterilization	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (soak the items in glutaraldehyde solution for at least 10 hours)</li> </ul> </li> </ul>	
21. High-level disinfection – by boiling	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff use it correctly (Boil for a minimum of 20 minutes; starting timing when the water is at rolling boil)</li> </ul> </li> </ul>	
22. High-level disinfection – by chemicals	<ul style="list-style-type: none"> <li>•Observe:               <ul style="list-style-type: none"> <li>-if the staff is performing it correctly (soak in glutaraldehyde or chlorine 0.1% solution for 20 minutes, and rinse with sterile or boiled water )</li> </ul> </li> </ul>	

# Day 5

---

## Learning objectives

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

Knowledge gain	Skills acquired
<ul style="list-style-type: none"><li>Identify the essential information within the IPPF SDGs that everyone at the service delivery sites should know and practise.</li></ul>	<ul style="list-style-type: none"><li>Disseminate effectively the procedures for the processing of equipment and instruments.</li><li>Plan for the Regional and in-country SDG dissemination activities.</li></ul>

# Day 5

---

## Morning session



Time: The morning session should take 4 hours overall

### 8.3 Group presentations: infection prevention and control

1. The groups from day 4 will present the presentations they developed on the previous day. The rest of the participants will be observers and provide feedback using the observation checklist.

#### OBSERVATION CHECKLIST FOR GROUP PRESENTATIONS

Instructions: Please observe the group presentation and provide feed-back regarding the following aspects of the presentation:

Items to be observed	Comments/recommendations
<ul style="list-style-type: none"><li>• Introduction of the content</li></ul>	
<ul style="list-style-type: none"><li>• Knowledge about the content</li></ul>	
<ul style="list-style-type: none"><li>• Consistency with IPPF SDG</li></ul>	
<ul style="list-style-type: none"><li>• Presentation methodology</li></ul>	
<ul style="list-style-type: none"><li>• Level of participation of the group</li></ul>	
<ul style="list-style-type: none"><li>• Applicability of the methodology at Regional and Member Association levels.</li></ul>	
<ul style="list-style-type: none"><li>• Use of audiovisual aids</li></ul>	

# Day 5

---

## 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 dissemination and implementation of the IPPF Medical and Service Delivery Guidelines



**Time:** 1.5 hours

1. Participants will be grouped by Region or Member Association. Groups will identify within the IPPF SDGs the essential information that everyone at the service delivery sites should know and should practise. From there, using the training plan form, each group should work together to determine:
  - strategies/ activities
  - adaptation of the training module for the in-country training
  - number of participants
  - technical assistance needed

### Evaluation

### Closure

## Planning regional or in-country training activities

138

ACTIVITIES	OBJECTIVES	EXPECTED OUTCOMES	DATES	RESOURCES	RESPONSIBLE

Consider: Whether adaptation is needed  
Number of participants

# Final evaluation

---

1. 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) 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.

IPPF  
4 Newhams Row  
London, SE1 3UZ  
Tel: +44 20 7939 8200  
Fax: +44 20 7939 8300  
medtech@ippf.org  
www.ippf.org