



MINISTRY OF HEALTH

# Post Pregnancy Family Planning

## Facilitator's Guide

May 2017



**Postpregnancy  
Family Planning**  
PPFP CHOICES

**j;**  
**jhpiego**  
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# CONTENTS

LIST OF ACRONYMS	1
INTRODUCTION	2
COURSE GOAL	3
OVERVIEW OF PPFP TRAINING APPROACH	4
SUMMARY OF THE PPFP TRAINING FRAMEWORK	6
ROLES OF KEY PLAYERS IN THE PPFP TRAINING	8
GENERAL GUIDELINES TO THE TRAINERS	8
POST PREGNANCY FP TRAINERS SKILLS STANDARDIZATION SCHEDULE	9
POST PREGNANCY FP SERVICE PROVIDER TRAINING SCHEDULE	11
LEARNING APPROACHES	14
CLINICAL TRAINING SKILLS	14
Table 1: LIST OF TRAINING MATERIALS	22
SESSION PLANS	25
TOPIC: OVERVIEW OF FAMILY PLANNING	25
TOPIC: ANATOMY AND PHYSIOLOGY	27
TOPIC: CONTRACEPTIVE IMPLANTS	28
TOPIC: COPPER IUCDS	31
TOPIC: POST-NATAL CARE	32
TOPIC: POST PREGNANCY FAMILY PLANNING	34
TOPIC: INFECTION PREVENTION AND CONTROL	36
TOPIC: M&E FOR PPFP PROGRAMMING	37

TOPIC: INTRODUCTION TO REPRODUCTIVE HEALTH COMMODITY MANAGEMENT	38
TOPIC: PRACTICE ON HUMANISTIC MODELS	40
TOPIC: CLINICAL PRACTICE	42
CONTRACEPTIVE IMPLANT GAME SHOW INSTRUCTIONS AND ANSWER KEY	42

# LIST OF ACRONYMS

<b>BCS+</b>	Balanced Counseling Strategy Plus
<b>CHMT</b>	County Health Management Team
<b>FP</b>	Family Planning
<b>IPC</b>	Infection Prevention and Control
<b>IUCD</b>	Intrauterine Contraceptive Device
<b>IUS</b>	Intrauterine System
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>LAPM</b>	Long Acting and Permanent Methods
<b>LARC</b>	Long Acting Reversible Contraceptives
<b>LNG</b>	Levonorgestrel
<b>MEC</b>	Medical Eligibility Criteria
<b>MOH</b>	Ministry of Health
<b>NHSIP</b>	National Health Strategic and Investment Plan
<b>PPFP</b>	Postpartum Family Planning
<b>PPIUD</b>	Postpartum Intra Uterine Device
<b>RMHSU</b>	Reproductive and Maternal Health Services Unit
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# INTRODUCTION

Family planning (FP) is not only a key intervention for improving health; it is also a key strategy for the achievement of national and international development goals and commitments, including the Sustainable Development goals and FP 2020 targets. FP has been identified as a priority component in the Constitution of Kenya, National Health Strategic & Investment Plan (NHSIP) 2013-17, Vision 2030 and the Population Policy for National Development (sessional paper 3 of 2012-2030). The government of Kenya is committed to supporting FP as a crucial investment for health and development. Although there has been tremendous improvement in the uptake of FP, there are several challenges still facing FP services in Kenya. These include; high unmet need for FP, increasing teenage pregnancies, regional disparities in contraceptive use as well as low post pregnancy FP Uptake.

While FP is important throughout an individual's and couple's reproductive life, PPFPP focuses on enhancing spacing of pregnancy in the first 12 months following childbirth. The provision of family planning following pregnancy is a life-saving intervention that not only prevents unintended pregnancies, but also improves postnatal outcomes for mothers and infants and perinatal outcomes in subsequent pregnancies [1][2]. The WHO recommends spacing pregnancies by 2 years or more following the delivery of a newborn, and at least six months following spontaneous or induced abortion [1][2].

Prospective estimates find that 63% of Kenyan women in their first year postpartum have an unmet need for FP [3]. Data from Kenya demonstrates a great need for PPFPP services as 23% of births occur at intervals of less than 24 months, while only 19% of postpartum women begin using a family planning method during the first 6 months postpartum and 36% between 6-12 months postpartum [3].

Kenya has adopted the world Health Organization Medical Eligibility Criteria (MEC) 2015 which increased the modern family planning method choice within the immediate post-partum period to include contraceptive Implants, hormonal IUCDs, copper IUCDs and Progestin only pills. [4]

Post abortion clients are in need for family planning. Even if a woman wants to have a child immediately, WHO guidelines recommend she wait at least six months after an abortion before getting pregnant again (WHO, 2006).

Strong evidence demonstrates the feasibility, acceptability, and effectiveness of providing family planning services at the same time and location as post abortion services. Despite this evidence, many post abortion clients leave facilities without providers offering them family planning counseling or services.

The Post Pregnancy Family Planning training package consists of:

- Facilitators guide
- Learner's workbook

## Facilitators' guide

The facilitator's guide describes the training approach and give a step by step guide to the facilitator on how to implement the training. It consists of:

- Description of the training approach
- Training schedule
- Session plans
- Case studies with answers
- Pre and Post Test with answer key
- Role of key players in the training
- List of training materials

## Learner's workbook

The learner's workbook is a reference document for the learner during the training. It comprises of

- Content on various topics
- Learner activities
- Case studies
- Role plays
- Pre & Post test
- Learners checklists
- Job aids
- Mentee log book

## Course Goal

The overall goal of the course is to improve knowledge, attitude and skills of service providers to competently provide post pregnancy family planning in line with the revised family planning guidelines.

## Course Objectives

Upon completion this training, healthcare service provider should be able to;

1. Provide quality antenatal care services in line with the revised guidelines
2. Use the revised medical eligibility criteria to determine client eligibility for post pregnancy family planning
3. Competently counsel antenatal clients on postpartum family planning using the balanced counseling strategy approach

4. Competently provide post pregnancy family planning
5. Provide quality postnatal care services in line with the revised guidelines
6. Competently counsel post abortion care clients on immediate post abortion family planning.
7. Correctly document post pregnancy family planning services
8. Manage post pregnancy family planning commodities
9. Reorganize services offered in the facilities to incorporate post pregnancy FP services

## Overview of PFP Training Approach

The PFP clinical training entails two components

- Development of PFP trainers of trainers (TOTs)
- Development of competent PFP providers

## Development of PFP TOTs

### Selection of Trainers

PFP TOT selection criteria is based on the following criteria

1. Must be LARC trainers
2. Must be actively providing LARCs
3. Experience in providing PPIUCDS is an added advantage

### Development of trainers

This will entail standardization of two skills sets i.e. clinical training skills and technical competency for provision of PFP. To achieve this, TOTs will be taken through a 3 day skills standardization training for both technical and clinical training skills. This will include didactic presentation in a classroom set up, practice on humanistic models, teach-backs.

Once standardized, the trainers will undertake training for service providers.

## Development of competent PFP trainees

### Selection of trainees

Providers attending this training will be selected based on the following criteria

1. Must be nurses, clinical officers or medical officers
2. Providers must be from MCH, Maternity, Gynecology ward, PAC room, postnatal ward or theatre.
3. Must be interested in providing LARCs
4. Must be from the study of implementation sites

This will entail development of technical competency for provision short term and Long term methods during the interval, post-partum and post abortion periods. To achieve this, trainees will be taken through a five day classroom based training followed by two weeks clinical practice. The five day classroom based training will include didactics for one and half days followed by one and half days practice on humanistic models and 2days observed clinical practice. Thereafter the trainees will undertake individual practice for a period of 10 days. The trainee will create time from their routine work to visit PFP service delivery areas to offer services in order to achieve the minimum requirements for certification. NB. See the assessment and certification section below for the minimum requirements for certification.

## **Trainer trainee ratio**

A trainer trainee ratio of 1:4 will be observed during the training. The maximum recommended number of participants per training is 20 participants with 5 trainers. During the training, Each trainer will follow up his or her trainees until they develop competency. Upon competency development, trainees will receive external assessment for certification.

## **Training site selection**

The recommended number of training sites is 4. The facilities should be selected based on the following criteria.

1. Facility with High FP client load
2. Facility with the capacity to provide family planning including LARCs (Both interval and immediate post-partum)
3. Facility that is adequately equipped for FP provision (Both interval and post-partum)
4. Facility with adequate space for training
5. Facility with supportive administration

## **Training site preparation**

Conduct a site visit and ensure that training sites are prepared to support the training. Client mobilization strategies such as, booking clients during training days, counseling clients antenatal intrapartum and postpartum and post abortion, use of community mobilisers can be used to ensure adequate clients are available on the day(s) of training. Ensure adequate supplies, equipment and commodities are available to support the training. In addition client records, registers and reporting tools should be availed during the training.

## **Monitoring and supportive supervision**

The entire training process will be closely monitored by the county and project team for quality assurance. A joint (RHMSU, County and sub county HMT) monitoring and supportive supervision will be undertaken initially every 2 months then every quarter.

## **Assessment and certification**

For participants to be certified as competent, they will need to achieve the prescribed competencies in counseling and inserting 10 IUCD (5 interval and 5 postpartum IUCDs) and 5 implant insertions (3 Implanon NXT and 2 Jadelles) „This will be followed

by a skills assessment to ascertain competencies developed. Assessment will be conducted using the prescribed assessment checklist that will be administered by external trainers from other sub counties within the county in collaboration with the project team. The mentee logbook will be used to ascertain the number of procedures the trainee has successfully completed. The participant must complete all reading assignments and activities prior to assessment. Participants who are successful in the clinical assessment will be issued with a certificate.

The training approach is summarized in the figure below.

## Summary of The PFP Training Framework

Key Outcomes:

1. Provide quality antenatal care services in line with the revised guidelines
2. use the revised medical eligibility criteria to determine client eligibility for post pregnancy family planning
3. Competently counsel antenatal clients on postpartum family planning using the balanced counseling strategy approach
4. Competently provide post pregnancy family planning
5. Provide quality postnatal care services in line with the revised guidelines
6. Competently counsel post abortion care clients on immediate post abortion family planning.
7. Correctly document post pregnancy family planning services
8. Manage post pregnancy family planning commodities
9. Reorganize services offered in the facilities to incorporate post pregnancy FP services

## TRAINER PREPARATIONS

### Selection of Trainers Criteria

1. Must be LARC trainers
2. Must be actively providing LARCs
3. Experience in providing PPIUCDS is an added advantage

### Standardization of Trainers Approach

- 3 day classroom training
- Outcomes
- Trainers updated on PPF
- Trainers updated on clinical training skills

### Trainers Supportive Supervision by

- County RH focal Person
- Sub county RH focal person

## SERVICE PROVIDER TRAINING

### Training site selection

- High client caseload
- Adequately equipped

### Service provider selection criteria

- Nurses, clinical officers or medical officers
- From MCH, Maternity, Gynecology ward, PAC room, postnatal ward or theatre.
- Interested LARC provision
- From study or implementation sites Service Provider Training

### Approach

- 5 day Classroom Based followed by 10 days individual practice
- Outcomes
- Update on PPF
- Practice on humanist models
- Observed clinical Practice
- Individual practice

## ASSESSMENT & CERTIFICATION

### Assessment Approach

- External assessment using checklists
- After meeting prerequisite number of procedures

### Certification

- Upon successful assessment
- County level

Supportive supervision

Supportive supervision

## Roles of Key Players in The PFP Training

<b>County/Sub-county RH Focal Person</b>
<ul style="list-style-type: none"><li>• Identifies appropriate trainers ,supports them to implement and supervises them</li><li>• Assists in identifying training sites</li><li>• Addresses any system challenges e.g. trainee's rotations</li></ul>
<b>Trainer</b>
<ul style="list-style-type: none"><li>• Prepares the training site in collaboration with the facility in charge and the sub county RH focal person.</li><li>• Offers clinical instructions and guidance</li><li>• Demonstrates skills</li><li>• Ensures client safety</li><li>• Observes mentees competency development, provides feedback</li><li>• Evaluates mentees progress and mastery of skills</li><li>• Assesses mentees for certification</li><li>• Documents training activities</li><li>• Develops training schedules</li><li>• Coordinates mobilization of removal clients</li></ul>
<b>Facility in-charge</b>
<ul style="list-style-type: none"><li>• Ensures that the training site is appropriately equipped and supplied</li><li>• Orients staff on the training process</li><li>• Ensures client safety during the training</li><li>• Select mentees based on the criteria</li></ul>
<b>Trainee</b>
<ul style="list-style-type: none"><li>• Manages their skills development</li><li>• Completes learning activities</li><li>• Uses the mentorship material for self-study</li><li>• Assists in mobilization of clients</li></ul>

### General Guidelines to the Trainers

The following are general guidelines that will assist you in ensuring maximum training effectiveness:

- Keep in mind that you should apply all the guidelines in a group environment using discussion as a learning tool.
- Keep it short and to the point: focus on key learning activities and avoid giving long speeches with too much theory.
- Discuss the training content with your fellow trainers before implementing the training of trainers. This will help you make better decisions.

- Differences of opinion that arise during the training should be taken as an opportunity to explore an issue and not be allowed to create tension. During a discussion, the questions that people pose may help everyone to see the situation under review from new angles.
- Answers to the questions raised can stimulate fresh discussion and lead to new conclusions. You as facilitator can raise other questions to explore a subject further.

## Post Pregnancy FP Trainers Skills Standardization Schedule

POST PREGNANCY FP TRAINERS SKILLS STANDARDIZATION SCHEDULE					
DAY 1		DAY 2		DAY 3	
TIME	ACTIVITY	TIME	ACTIVITY	TIME	ACTIVITY
10 Mins.	Welcome Remarks and registration	5 Mins.	Welcome and Recap	5 Mins.	Welcome and Recap
20 Mins	Introductions Expectations & Norms Overview of course materials	90 Mins	Contraceptive implants (Theory and Group Demo on insertion & Removal)	45 Mins	RH Commodity Management (Theory and practice on forecasting and quantification)
5 Mins	Overview of the training objectives	90 Mins	Interval Copper IUCDs (Theory and Group Demo on insertion & Removal)	15 Mins	Setting up of practice stations for :- Implants insertion Implant Removal Copper IUCD insertion Postpartum IUCDs Insertion
15 Mins	Overview of PPFPP Choices project	60 Mins	Postpartum IUCDs (Theory and Group Demo on insertion & Removal)	245 Mins	Practice in all the stations. <i>Use learner's checklist to confirm competency.</i>
90 Mins	Trainer exercises on Clinical Training skills	20 Mins	Postnatal care	45 Min	PPFP data management (Theory and practice on filling in the register)
10 Mins	Break into 4 teams and allocate topics that Trainers will teach colleagues	20 Mins	Postpartum Family Planning Why PPFPP? Available FP Options for different PPFPP timings Key messages for antenatal, Intra and Postpartum mothers.	30 Min	Development of training plans and Closure

## POST PREGNANCY FP TRAINERS SKILLS STANDARDIZATION SCHEDULE

DAY 1		DAY 2		DAY 3	
TIME	ACTIVITY	TIME	ACTIVITY	TIME	ACTIVITY
40 Mins	Trainers prepare to teach colleagues on topics allocated	15 Mins	Post Abortion Family Planning  Why PAC FP  Available PAC FP options		
40 Mins	Focused antenatal care	60 Mins	Infection Prevention and control (Theory)  Why IPC?  Standard and additional precautions  Changes in IPC guidelines 2015  Instrument processing		
70 Mins	FP Counseling (Theory and BCS + role play)	30 mins	Prepare for the following day's sessions		
45 Mins	Medical Eligibility Criteria  (Theory and Practice)				
45 Mins	Overview of FP in Kenya,  Current Trends  Available methods  Key changes in the national guidelines  Healthy Timing and spacing of pregnancy				

## Post Pregnancy FP Trainers Skills Standardization Schedule

POST PREGNANCY FP SERVICE PROVIDER TRAINING SCHEDULE									
DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
TIME	ACTIVITY	TIME	ACTIVITY	TIME	ACTIVITY	TIME	ACTIVITY	TIME	ACTIVITY
10 Mins.	Welcome Remarks and registration	5 Mins.	Welcome and Recap	5 Mins.	Welcome and Recap	5 Mins.	Welcome and Recap	5 Mins.	Welcome and Recap
15 Mins	Introductions Expectations & Norms Overview of course materials	80 Mins	Copper IUCDs- Cop- per T380A (Theory and Group Demo on insertion & Removal)	40 Mins	Setting up of practice stations for :- – Implants insertion (Jadelle & Implanon) – Implant Removal – Copper IUCD insertion – Postpartum IUCDs Insertion	30	Preparation and Travel to clinical areas	30	Preparation and Travel to clinical areas
5 Mins	Overview of the training objectives	85 Mins	Postpartum IUCDs – CUT380A IUS (Theory and Group Demo on insertion & Removal)	325 Mins	Practice in all the 5 stations. Use learner's checklist to confirm competency.	355 Mins	Observed Clinical Practice	280 Mins	Observed Clinical Practice
20 Mins	Overview of PFP Choices project	20	Post Natal Care	20	Preparation for clinical practice	45 10 Closure		20	Post Test
15 Mins	Pre Test	50 Mins	Post pregnancy FP – Postpartum FP – Post Abortion FP						Facility Work plan development

## POST PREGNANCY FP SERVICE PROVIDER TRAINING SCHEDULE

DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
40 Mins	Focused Antenatal Care	60	Infection prevention and control Group demonstration of hand washing						

DAY 1		DAY 2							
TIME	ACTIVITY	TIME	ACTIVITY						
90 Mins	FP Counseling (Theory and BCS + role play)	45 Mins	PPFP data management (Theory and practice on filling in the register)						
45 Mins	Medical Eligibility for Contraceptives	45 Mins	RH Commodity Management (Theory and practice on forecasting and quantification)						
30 Mins	Overview of FP in Kenya <ul style="list-style-type: none"> <li>- Current Trends</li> <li>- Overview of available methods</li> <li>- changes in the national guidelines</li> <li>- HTSP</li> </ul>								

**POST PREGNANCY FP SERVICE PROVIDER TRAINING SCHEDULE**

DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
35 Mins	- Basic Anatomy and Physiology of the Female reproductive Health								
85 Mins	Contraceptive implants (Theory and Group Demo on insertion & Removal- Jadelle and Implanon NXT)								
<b>TO-TOTAL TIME</b>	<b>6 HOURS 30 MIN-UTES</b>	<b>TO-TOTAL TIME</b>	<b>6 HOURS 30 MIN-UTES</b>	<b>TOTAL TIME</b>	<b>6 HOURS 30 MINUTES</b>	<b>TOTAL TIME</b>	<b>6 HOURS 30 MIN-UTES</b>	<b>TOTAL TIME</b>	<b>6 HOURS 30 MIN-UTES</b>

## LEARNING APPROACHES

The primary learning approaches used in this course are outlined below.

### Mastery learning:

100% of those trained should master the desired competencies and be able to demonstrate the desired performance. Mastery learning assumes that all Mentees can become competent, given sufficient time and opportunity to study and practice.

### Adult learning principles:

Training builds on the Mentee's abilities and is designed or revised to recognize the Mentee's experience and expertise. Training is designed and continuously revised to ensure that it is efficient, effective, and relevant. Training actively involves the Mentees in setting their learning goals and in assessment of their progress.

### Humanistic:

This type of approach reduces Mentee stress and protects the safety and dignity of the Mentees and clients involved in the learning process. It involves practicing and mastering clinical services in simulation before working with clients to reduce the risk of client harm or discomfort and increasing confidence by having Mentees practice in a safe environment.

## CLINICAL TRAINING SKILLS FOR TOTS

### Exercise 1: Training Adult Learners

**Objective:** 1 The participants will be able to name characteristics of adult learning.

**Duration:** 20 minutes

**Materials:** Large sheets of paper, markers

**Prepare in Advance:** Flipchart paper with the following heading:  
“Adults learn best when...”

**EXPLAIN:** “When we were children and we attended school, we were often expected to absorb material presented by our teachers without question ... or at least without questioning why we were learning the material they presented to us. We studied history, geography, spelling, etc. and we were often told that what we were learning would serve us well someday. But now we are adults.”

**ASK:** “As adults, how are our learning needs different?”

**ENSURE:** That the following answers, or answers very similar to the following, are given:

Adults approach learning in a different way.

We draw upon our experiences and the knowledge that we have already gained to

build new knowledge and skills in our lives and our work.

We have many responsibilities and make many choices every day.

We need to see how we can use the new knowledge and skills we are being presented before taking the time to learn them.

When we learn a new skill, we want to use it in our lives or work right away.

## Brain-storming

**EXPLAIN:** that you would like participants to do a brainstorming activity.

**ASK:** participants to explain what brainstorming is.

**ENSURE:** that the following guidelines are mentioned:

Everyone may make suggestions.

No one should comment upon suggestions as others make them.

All of the suggestions will be written up where all can see them.

At the end of the brainstorming, people will be able to make comments about the list.

[**NOTE:** IF NO ONE CAN DEFINE BRAINSTORMING, THE TRAINER SHOULD PROBE, MAKING SURE TO BRING OUT THE GUIDELINES GIVEN ABOVE.]

**PLACE:** a large sheet of paper on the wall where all can see.

**ASK:** participants to brain-storm how to complete the following sentence: "Adults learn best when ..."

**ENSURE:** that the following ideas are represented in the statements made by participants:

**Training is relevant.** (Learning experiences should relate directly to the learner's job responsibilities.)

**The new learning acknowledges and takes advantage of the wealth of experience they bring.** (Trainers and participants learn from each other.)

**Training is participatory.** (Learners are actively involved in the training/learning.)

**Learning is pleasant.** (It generates little or no stress. This may include having a comfortable training environment, free from major distractions.)

**Feedback is positive.** (Corrections are made in a positive way.)

**Learning goals are clear and progress is measurable.** (Objectives are clear, so that progress can be assessed not only by the trainer, but also by the learners themselves.)

**Expectations are clear and appropriate.** (There is an adequate match between learners' abilities coming into the training and the expected results of training.)

**Participants have opportunities to practice their new skills.**

**WRITE:** all responses on the sheet. Add more sheets as needed. Ensure that no one comments upon the suggestions made by others.

**END:** the brainstorming when it seems that participants have no more to add.

## Discussion

**ASK:** participants to comment upon the list. For example, are there two or more suggestions that are the same? Is each suggestion clear or do some suggestions need an explanation?

**MAKE:** only those changes to the list that all (or most) participants can agree upon. (For example, eliminate duplications, clarify meanings, etc.)

**ASK:** One participant to read over the list as the group has finalized it.

## Summary

**ASK:** participants to group themselves in pairs. If there are an odd number of participants, one group should have 3 members.

**ASK:** the members of each pair to take turns naming for each other at least two characteristics of adult learning.

**CIRCULATE:** among all pairs to support each group and its members as they answer the questions, providing individual assistance as needed. When the pairs have finished.

**EXPLAIN:** that you will leave this list up for all to see, and that every so often during the training, participants and trainers alike may check the list to see whether the suggestions made about how adults learn are being followed in this training. Add that when the participants carry out trainings, they may want to keep such a list handy to remind them of how adults learn best.

## Exercise 2: Establishing and Maintaining a Learning Climate

**Objective:** 1. The participants will be able to explain how to establish and maintain a good learning climate.

**Duration:** 30 mins

**Materials:** Large sheets of paper, markers

**Prepare in Advance:** Five sheets of flipchart paper with the following headings:

**BEFORE THE TRAINING**

**AT THE BEGINNING OF TRAINING**

**DURING THE TRAINING**

**AT THE END OF TRAINING**

**AFTER THE TRAINING**

### Introduction

**EXPLAIN:** We as trainers must prepare carefully our training sites before participants arrive. In our homes, we establish a warm, welcoming climate to make our guests comfortable. When we invite participants to attend training, we establish a “learning climate” that supports them in their efforts to try out new activities and build new skills. In this section of the training, we will explore some ways to set up and to maintain a learning climate.

### Small group work

**DIVIDE:** participants into five groups.

**GIVE:** each group two large sheets of paper and markers

**PLACE:** on the wall, where all can see, a large sheet of paper with the following headings:

BEFORE THE TRAINING

AT THE BEGINNING OF TRAINING

DURING THE TRAINING

AT THE END OF TRAINING

AFTER THE TRAINING

**ASK:** all groups to list on the two sheets of paper that you have given them the **main tasks** that a trainer should carry out to create a “learning climate” for his or her trainees.

Suggest that they think about:

Using the headings you have written up on the sheet that you just posted.

Using their own experiences as trainers as well as trainees, and to include in their list

the best practices they have done or seen done.

Add that they will have 15 minutes to complete the task and choose a spokesperson for the group.

**CIRCULATE:** to provide assistance, as needed.

**GIVE:** The groups 15 minutes to work. At the end of 15 minutes, call the groups together.

## Discussion

**ASK:** The spokesperson from the first group to present the group's list.

**ASK:** Participants to comment upon the list. Do they agree with all that has been written? Are there any changes that might improve the list?

**EDIT:** The list as the participants mention duplications, missing items, etc. until the large group is satisfied with the list.

**ENSURE:** That the following tasks are included in the final list:

### BEFORE THE TRAINING

- Identify the participants
- Select the sites
- Coordinate with health facility managers/administrators
- Set the time
- Invite participants
- If appropriate, invite a dignitary/official to open the training event
- Prepare for training by dividing up tasks, readying materials, practicing
- Arrange all logistics (Refreshments? Seating? etc.)
- Prepare all materials, audio-visual equipment, hand-outs, etc.
- Set up stations (if needed)

**ASK:** A participant from the second group (the "At the Beginning of the Training" group) to come forward to present the group's list.

**ASK:** Participants to comment upon the list. Do they agree with all that has been written? Are there any changes that might improve the list?

**EDIT:** The list as the participants mention duplications, missing items, etc. until the large group is satisfied with the list.

**ENSURE:** That the following tasks are included in the final list:

## AT THE BEGINNING OF TRAINING

- Welcome participants
- Orient people to the facilities (if learners have come from another location)
- Cater to special needs
- Administer a pre-test
- Do an ice-breaker or starter
- Manage introductions
- Establish the work norms
- Review expectations of the training
- Learn participants' names as quickly as possible
- Give out materials

**ASK:** a participant from the third group (the “During the Training” group) to come forward to present the group’s list.

**ASK:** participants to comment upon the list. Do they agree with all that has been written? Are there any changes that might improve the list?

**EDIT:** the list as the participants mention duplications, missing items, etc. until the large group is satisfied with the list.

**ENSURE:** that the following tasks are included in the final list:

### During the Training

- Speak clearly and slowly enough for all to hear
- Use visual aids when you can
- Be concerned, attentive, interested
- Provide guidance and support during group work
- Make the training dynamic and participatory

**ASK:** a participant from the fourth group (the “At the end of training” group) to come forward to present the group’s list.

**ASK:** participants to comment upon the list. Do they agree with all that has been written? Are there any changes that might improve the list?

**EDIT:** the list as the participants mention duplications, missing items, etc. until the large group is satisfied with the list.

**ENSURE:** that the following tasks are included in the final list:

### At the end of training

- Review the training with the participants
- Administer Post Test

- Ask participants to evaluate the training
- Have participants fill out Action Plans\*
- Specify what follow-up (if any) the participants can expect
- Thank everyone for their participation

**ASK:** a participant from the fifth group (the “After the training” group) to come forward to present the group’s list.

**ASK:** participants to comment upon the list. Do they agree with all that has been written? Are there any changes that might improve the list?

**EDIT:** the list as the participants mention duplications, missing items, etc. until the large group is satisfied with the list.

**ENSURE:** that the following tasks are included in the final list:

### After the training

- Arrange a follow-up visit to the facility
- Ask providers how they have applied what they learned in the training
- Review any Action Plans that were prepared at the end of the training
- Specify what additional follow-up (if any) the providers can expect
- Thank everyone for their participation

**HANG:** the final list next to the list of ways that adults learn best.

**EXPLAIN:** that this list will also remain posted during this training, and that participants as well as trainers should refer to it often to verify that a good **learning climate** is being maintained. Again, mention that this may be something useful for anyone to do when he or she is in charge of preparing and carrying out a training program.

### Summary

**INVITE:** participants to continue to reflect upon the idea of a “learning climate” as the training progresses. What works well? What may be done differently to establish a better learning climate?

**ASK:** participants to summarize how to establish a learning climate. Allow other participants to add to and comment upon the summary.

## Exercise 3: Effective Communication Skills

### Objectives:

The participants will be able to explain why it is important to use effective communication skills in training.

The participants will choose to use vocabulary appropriate to their learners in their training.

**Duration:** 30 minutes

**Materials:** Large sheets of paper, markers

**Prepare in Advance:** Flipchart paper with the heading: “Language Concerns”

### Introduction

**EXPLAIN:** Each of us must be able to present information effectively. Perhaps we have to explain something to a child, or perhaps we need to explain to a supervisor why a particular task has been difficult to complete. As trainers, you will be asked to present information in such a way that your learners can master it and make it their own. In this exercise, we will examine one way that you can help assure that your presentation of information is effective: using appropriate vocabulary.

**EXPLAIN:** Your choice of words - technical or non-technical, jargon-y or everyday -- will have a significant impact on what your learners can achieve. After all, if your learners can't understand what you are saying, how can they learn?

### Discussion

**EXPLAIN:** “Imagine for a moment that you -- each of you -- has not been feeling well and so you visit the doctor. Your regular doctor is not available, so you see someone new. When the doctor comes in to talk to you, he says the following:”

“Your physical exam has raised some concerns. Unfortunately, I auscultated a pronounced tachycardia. Having this combined with Hypermyotonia leads me to believe you may suffer from Caridant Overload Syndrome. I would like to have your consent to perform a Colatorium procedure to assess the Coffurin level. If this level is elevated, then we will need to sit down and discuss possible treatment options and all necessary lifestyle changes.”

**ASK:** How would you feel if the doctor told you that?

(Expected answers: confusion, nervousness, panic, anger, resentment, etc.)

**ASK:** But what if the doctor had instead said the following?:

“Your check-up shows that your overall health is good. I do want to talk with you about one thing, though. I noticed that your heartbeat was a little fast. Drinking too much caffeine often causes this. I would like to get a urine sample from you to run a simple test to measure the amount of caffeine present in your urine. If, as I suspect, it is high, then perhaps you and I could sit down and talk about ways you could reduce your intake of caffeine.”

**ASK:** How would you feel?

Expected answers: understanding, relief, relaxed attitude, etc.

**EXPLAIN:** In other words, the doctor in the first example did not make any effort to speak the same language as his listener. He spoke as though he were talking to another physician. In the second instance, the second doctor expressed himself in simple, everyday language.

## Summary

**ASK:** “As trainers, then, what will be your responsibility in terms of the vocabulary you use?”

**ENSURE:** that the following responsibilities are mentioned (in the participants’ own words):

To express themselves in simple, everyday language.

To use the kind of language that will help learners understand and learn what they need to master.

## Tips for effective communication

“What you say is important, but **how** you say it is as important and leaves an impact on the learning of participants”

- Use simple and understandable language
- Use non-verbal communication like facial expression, hand movement and body language
- Change your tone and pitch of your voice. Avoid being monotonous.
- Give positive feedback
- Maintain eye contact with participants
- Use relevant examples
- Move around the room. Avoid standing in one place and talking.
- Try not to talk to the flip chart. Avoid showing your back to participants
- Keep content short specific and relevant. DO NOT OVERLOAD participants
- At the end of a session, summarize key take away messages

Table 1: **LIST OF TRAINING MATERIALS**

Training Materials:	Quantities for 25 participants
Facilitator’s Guide	30
Learners work book	30
National Family planning guidelines	30
National IPC guidelines (2015)	30
Course evaluation forms	25
Laptop	1

<b>Training Materials:</b>	<b>Quantities for 25 participants</b>
LCD Projector	1
Flash drive	1
WHO Medical Eligibility Wheels	30
BCS + cards and Algorithm	30
Stationery (Marker pens-12, Biro pens-30, Writing pads-30, , Flip charts-4, Name Tents-30)	As indicated
Daily activity Register (MOH 512)	1
Consumption Data Report and Request Form (CDRR)	1
Madam Zoe models	3
Mama U models	3
Reproductive implant training arm (RITA) Models	3
Hand held uterine models	13
IUCD Insertion sets (5 per facility)	20
Cheatle Forceps and Holder	5
Implant insertion and removal sets (7 per facility)	28
Fenestrated and non-fenestrated green towels	As per number of sets
Kelly's forceps 4 per facility	16
Sims speculum	8
Implanon NXT placebos	50
Jadelle placebos	10
Expired copper T 380A	30
FP Commodities i.e. LNG IUS Copper T380A, Jadelle, Implanon NXT, COCs, POPs, Condoms,	50 per facility
Blood pressure machine (1 per facility)	4
Weighing scale (1 per facility)	4
White light	6
Liner bags (red, yellow, black)	6
Chlorine (2.5 litres)	4
Hand sanitizer	8
Hand washing soap	8
Heavy duty gloves	4
Syringes and needles (Gauge 21) -100 per facility	400
Elastoplast (50 per facility) 1 packet per facility	4
Iodine	4 250 mls bottles

<b>Training Materials:</b>	<b>Quantities for 25 participants</b>
Cotton wool (rolls)	4
Chlorohexidine solution	4 1-litres bottles
Lignocaine (7- 30ml bottles)	28
Water for injection (10mls)	40
Acetic acid (2-500mls bottles per facility)	8
Lugol's of iodine (2-500mls bottles per facility)	8
Sterile gloves	4packets
Sterile gauze swabs(Packet of 100)	4
Small gauze bandages (Dozens)	12
Clean gloves	4packets
Mentee log book	25
IPC buckets (Colour coded) 1 set per facility	4 sets
Measuring jar	4
Sanitary Pads (Pack of 16)	4

# SESSION PLANS

## FOCUSED ANTENATAL CARE

**Time:** 40 Minutes

DATE	SESSION NUMBER: 1	DURATION: 40 MINS.
<b>TOPIC: FOCUSED ANTENATAL CARE</b>		
<b>Goal:</b> Describe key principles of focused antenatal care		
<b>Session objectives</b> On completion of this session, participants will be able to: Define focused antenatal care. List the five principles underlying the focused antenatal care model. Outline the recommended schedule of visits in focused ANC for a normal healthy pregnancy. Explain importance of birth and emergency preparedness		
<b>Advance Preparation</b> Have assorted marker Pens and Flipcharts Have adequate number of Learner's work book Write session objectives on the flipchart		

## OVERVIEW OF FAMILY PLANNING.

SESSION NUMBER :	DURATION: 45 MINS
<b>TOPIC: OVERVIEW OF FAMILY PLANNING IN KENYA</b>	
<b>Session objectives: By the end of this session, learners will be able to:</b> Describe the family planning situation in Kenya describe family planning, contraception, healthy timing and spacing of pregnancy (HTSP) describe the different choices of FP methods available	

SESSION NUMBER :	DURATION: 45 MINS
<p><b>Advance Preparation</b></p> <p>Prepare 5 PowerPoint slides on FP situation in Kenya (KDHS 2014)</p> <p>Prepare flip charts with information cards for short term method pasted on them.</p> <p>COCs</p> <p>POPs</p> <p>Condoms,</p> <p>Female condoms</p> <p>LAM</p> <p>Emergency contraceptives,</p> <p>Fertility Awareness methods</p> <p>Cycle beads</p> <p><i>(Refer to the learner's workbook page 26-27 for facts)</i></p> <p>Prepare a basket/box with samples of the above FP methods. In case any of the method is not available, prepare an index card for that method.</p>	

Methods and Activities	Materials/Resources
<p><b>Introduction (3 Mins)</b></p> <p>Review session objectives with participants</p>	<p>Flipchart with Session Objectives</p>
<p><b>Overview of family planning situation in Kenya (10Mins)</b></p> <p>Take participant through a power point presentation on the current FP situation in Kenya.</p>	<p>LCD projector</p> <p>Laptop</p> <p>Flash drive</p>
<p><b>Contraception, Family Planning and HTSP (10 Mins)</b></p> <p>Ask participants to discuss a definition of :</p> <p>Contraception</p> <p>Family planning</p> <p>HTSP</p> <p>Ask participants to state the benefits of family planning to the mother, child, the family and community at large.</p> <p>Review page 23-24 of the learners workbook with the participants</p>	<p>Learner's workbook</p>

Methods and Activities	Materials/Resources
<p><b>Overview of short term contraceptives: (20mins)</b></p> <p>Ask the participants to pick a method from the mix and match box and paste it to the relevant flip chart on the wall</p> <p>Ask the participant to share the information on the fact sheet about the method they have pasted on the wall</p> <p>Definition</p> <p>Mechanism of action</p> <p>How to use</p> <p>Who can use</p> <p>Who should not use</p> <p>Emphasize the key points.</p>	<p>Flip chart on the wall with facts about short term methods</p> <p><i>(Refer to the learner's workbook page 26-27 for facts)</i></p> <p>A box with sample short-term methods</p>
<p><b>Summary (2Mins)</b></p> <p>Summarize the key points from the session</p>	

<b>TOPIC: ANATOMY AND PHYSIOLOGY</b>
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Methods and Activities	Materials/Resources
<p><b>Introduction (3 min.)</b></p> <p>Take the participant through the training objectives</p>	<p>Learning objectives on a Flip chart</p> <p>Markers</p>
<p><b>Female reproductive health system (20 Mins)</b></p> <p>Ask participants to name and state the function of various parts of the male &amp; female Reproductive health system</p> <p>Take participants through a power point presentation on female RH system</p> <p>Take participants through a power point slide on the menstrual cycle</p>	<p>Power Point slides</p>
<p><b>Male Reproductive system (10 Mins)</b></p> <p>As participants to state the parts and functions of the male reproductive health system.</p> <p>Project a PowerPoint presentation and emphasize the key points</p>	<p>Power Point slides</p>
<p><b>Summary (2mins)</b></p> <p>Summarize the session with key messages</p>	

DATE	SESSION NUMBER:	DURATION: 85 MIN.
TOPIC: CONTRACEPTIVE IMPLANTS		
<p><b>Session objectives: By the end of this session, learners will be able to:</b></p> <p>Explain basic Attributes of contraceptive implants – effectiveness, health benefits and risk</p> <p>Explain who can use and not use contraceptive implants</p> <p>Describe, Side effects and their management</p> <p>Describe the implants insertion and removal procedure</p> <p>Describe follow up care for clients receiving contraceptive implants</p>		
<p><b>Advance preparation</b></p> <p>Prepare Implanon NXT and Jadelle insertion and removal stations</p> <p>Prepare Jadelle insertion and removal video</p> <p>Prepare Implanon NXT Insertion and removal video</p>		

Methods and Activities	Materials/Resources
<p><b>Introduction (3 min.)</b></p> <p>Review session objectives with participants</p>	<p>Flip chart of session Objectives</p>
<p><b>Contraceptive Implants Game show (15 min.)</b></p> <p><b>Objective</b></p> <p>To enable learners to explain how contraceptive implants prevent pregnancy and to describe implants' basic attributes, health benefits and risks, and side effects.</p> <p><b>Instructions for the facilitator</b></p> <p>To prepare for this activity, refer to “The Implant Game Show Answer Key”. Review all the questions and answers.</p> <p>Divide participants into 4 groups</p> <p>To begin the game show, open the “The Implant Game Show” (PowerPoint presentation) in Slide Show mode and advance to slide 2, which poses the questions and monitors the progress of the show.</p> <p>Ask a group to select a category and amount, click the corresponding square on the screen to reveal the question.</p> <p>Give the teams a maximum of 30 seconds to respond to the question.</p> <p>If a team answers correctly, click the green circle at the bottom of the screen. The presentation provides positive feedback and automatically returns to slide 2 to allow selection of the next category and amount. Notice that after a category and amount square is selected, it is no longer highlighted as an option.</p> <p>If a team answers incorrectly, click the red circle at the bottom of the screen. The presentation provides negative feedback and stays on the question to allow another team to answer.</p> <p>If no team answers the question correctly, click the blue circle, which provides no feedback but returns to slide 2 to allow selection of the next category and amount.</p> <p>Though 20 questions are available for selection, it is unlikely to move through all of them in 20 minutes. Be sure to stick to the allotted time.</p> <p>Populate the score for each team and award the best team</p> <p>Note: Refer to The Implant Game Show Answer Key for confirming the correct answers.</p>	<p>The Implant Game Show” (PowerPoint presentation)</p> <p>Laptop</p> <p>Projector</p> <p>Award for the winners of the game show.</p>

Methods and Activities	Materials/Resources
<p><b>Discussion: Contraceptive Implants (30 min.)</b></p> <p>Review the learners workbook with the participants making sure that the following areas are adequately covered</p> <ul style="list-style-type: none"> <li>Types of implants</li> <li>Duration of action</li> <li>Active ingredients</li> <li>Imaging and implants</li> <li>When to insert implants</li> <li>Contraceptive and non-contraceptive benefits</li> <li>Limitations of contraceptive implants</li> <li>Who can use contraceptive implants</li> <li>Who cannot use contraceptive implants</li> <li>Side effects and their management</li> <li>Anatomy of the arm</li> <li>Follow up care post insertion.</li> <li>Myths and misconceptions about implants</li> </ul>	<p>Learners workbook</p>
<p><b>Demonstration on insertion of Jadelle and Implanon NXT (35 Minutes)</b></p> <ul style="list-style-type: none"> <li>Show a Jadelle insertion and removal video</li> <li>Demonstrate the insertion and removal of jadelle as per the learners checklist</li> <li>Discuss any reactions from participants</li> <li>Show the implanon NXT insertion video</li> <li>Demonstrate the insertion and removal of implanon NXT as per the learners checklist</li> <li>Discuss any reactions from participants</li> </ul>	<p>Jadelle insertion and removal video</p> <p>Implanon NXT insertion and removal video.</p>
<p><b>Summary (2 min.)</b></p> <p>Summarize the main points of the session.</p> <p><b>NB: Client assessment before insertion will be conducted during practice on humanistic models.</b></p>	

Methods and Activities		Materials/Resources
TOPIC: INTERVAL COPPER IUCDS		
Date:	Session No:	Duration: 80
<p><b>Session objectives: By the end of this session, learners will be able to:</b></p> <p>Explain basic Attributes of copper IUCDs – Types, Mechanism of action, effectiveness, health benefits and limitations</p> <p>Explain who can use and not use copper IUCDs</p> <p>Describe, Side effects and their management</p> <p>Describe follow up care for clients receiving copper IUCDs</p> <p>Demonstrate loading of copper IUCD T 380A using the non-touch technique.</p>		
<p><b>Advance preparation</b></p> <p>Prepare demonstration stations for copper IUCD T380A</p> <p>Prepare a PowerPoint presentation based on</p> <p>Types of copper IUCDs</p> <p>Mechanism of action</p> <p>Effectiveness</p> <p>Prepare adequate samples of copper IUCDs for participants to practice loading</p>		

Methods and Activities	Materials/Resources
<p><b>Introduction (3 min.)</b></p> <p>Review session objectives with participants</p>	Flip chart of session Objectives
<p><b>Characteristics of PPIUCDs (10Mins)</b></p> <p><b>Discussion</b></p> <p>Ask participants to discuss the characteristics, Limitations, Health Risks of PPIUCDs</p> <p>Hormonal &amp; Copper IUCDs</p> <p>Review page XX of the learners workbook</p>	Learners work book
<p><b>Timing of IUCD insertion (10 Mins)</b></p> <p><b>Discussion</b></p> <p>Ask participants to Discuss who can have or cannot have PPIUCDs inserted?</p> <p>Review page XX of the learners workbook</p>	Learners work book

Methods and Activities	Materials/Resources
<p><b>Insertion of PPIUCDs on the models (60 Mins)</b></p> <p><b>Demonstration</b></p> <p>Play PIUCD insertion video to participants</p> <p>Review of Checklist and demonstration</p> <p>Ask learners to open PPIUD Insertion Checklists XX on page XX of the learners workbook</p> <p>Pre insertion screening checklist</p> <p>Post placental</p> <p>Intra cesarean</p> <p>Review each of the checklists with them. During the review of each checklist emphasize the key points they should observe about that insertion technique during the video demonstration.</p> <p>Encourage learners to ask any questions they may have.</p> <p>Discuss similarities and differences between postpartum Copper T 380A and LNG/IUS insertion techniques at different times</p> <p>Demonstrate the procedure of insertion on the Mama-U using insertion checklist</p>	<p>PPIUCD Video</p> <p>Laptop &amp; projector</p> <p>Learner's workbook</p> <p>PPIUCD demonstration station</p>
<p><b>Summary 3 min</b></p> <p>Summarize the key points during the session</p>	

DATE	SESSION NUMBER: 2	DURATION: 35 MIN.
TOPIC: POST-NATAL CARE		
<p><b>Session objectives:</b></p> <p><u>Learning objectives</u></p> <p>By the end of the section the participants will be able to:-</p> <p>Define postnatal care</p> <p>Describe the essential maternal care during the targeted postnatal visits</p> <p>Describe the essential newborn care during the targeted postnatal visits</p>		

Methods and Activities	Materials/Resources
<p><b>Introduction (3 min.)</b></p> <p>Review session objectives with the participants</p>	<p>Flip chart</p> <p>Markers</p>
<p><b>Overview of post-natal care (10 min.)</b></p> <p>Ask participants to define post-natal care</p> <p>Ask participants to list the elements of postnatal care</p> <p>Ask participants to list the recommended postnatal visits</p> <p>Review page XX of the learners</p>	<p>Learners workbook</p> <p>Flip chart</p> <p>Markers</p>
<p><b>Maternal and Neonatal care during the post-natal period</b> <b>(20 Min- 10 Min Discussion, 10 Minutes Presentation)</b></p> <p>Divide the class into two groups</p> <p>group one to focus on maternal postnatal care</p> <p>Second group to focus on neonatal care during the postpartum period</p> <p><b>Maternal services during Post Natal Care</b></p> <p>Ask group to discuss the post-natal maternal care</p> <p>Within 24hours</p> <p>After 24hours</p> <p>10-14days</p> <p>14days to 6 weeks</p> <p><b>Neonatal care during the post-partum period</b></p> <p>Ask group to discuss neonatal care during the following timings</p> <p>Immediately after delivery</p> <p>Within 4-6 weeks after delivery</p> <p>At 6months after delivery.</p> <p>Ask one representative from each group to share highlights of the discussion in plenary</p> <p>Review page XX of the learners work book emphasizing key points</p>	<p>Learners workbook</p> <p>Flip chart</p> <p>Markers</p>
<p><b>Summary of the session: (2min)</b></p>	<p>Learners workbook</p>

Session number:	Duration: 50 Min
TOPIC: POST PREGNANCY FAMILY PLANNING (Post-Partum and Post abortion Family planning)	
<p><b>Session objectives:</b> By the end of this session, learners will be able to:</p> <p>Define post pregnancy family planning</p> <p>Outline post-partum family planning timings</p> <p>Explain the benefits of post pregnancy family planning</p> <p>Explain contraceptive options for breastfeeding and non-breastfeeding mothers</p> <p>Outline key client messages during different antenatal and postnatal visits.</p>	
<p><b>Advance preparations</b></p> <p><b>Write key post-partum messages for mothers on flipcharts during the following periods</b></p> <p>Antenatal</p> <p>Intrapartum</p> <p>Within 48 hours postpartum</p> <p>48 hours to 4 weeks post-partum</p> <p>4 to 6 weeks post-partum</p> <p>6 weeks to 6 months postpartum</p>	
Methods and Activities	Materials/Resources
Review session objectives with learners (2 min)	Flip Chart of session objectives
<p><b>Definition of terms (7 min)</b></p> <p>Discuss the definition of post pregnancy family planning</p> <p>Discuss the timings for post-partum family planning</p> <p>Review page XX of the learners work book with the participants</p>	<p>Learners workbook page XX</p> <p>Flip Charts</p> <p>Markers</p>
<p><b>Health outcomes of closely spaced pregnancies (5min)</b></p> <p>Discuss the health outcomes of closely spaced pregnancies.</p> <p>Review page XX of the learners work book with the participants</p>	<p>Flip Charts</p> <p>Markers</p> <p>Learners workbook page XX</p>
<p><b>Post-partum and post abortion Return to fertility (5 Min)</b></p> <p>Discuss how soon fertility returns after a live birth</p> <p>Discuss how soon fertility return after a miscarriage o abortion</p> <p>Review page XX of the learners workbook with the participants</p>	<p>Flip Charts</p> <p>Markers</p> <p>Learners workbook page XX</p>

Session number:	Duration: 50 Min
<p><b>Contraceptive options during the post-partum period (15Min)</b></p> <p>Discuss post-partum options for a breastfeeding mother</p> <p>Discuss post-partum options for a non-breastfeeding mother</p> <p>Discuss family planning options for a post abortion client.</p> <p>Review page XX of the learner's workbook with the participants.</p>	<p>Flip Charts</p> <p>Markers</p> <p>Learners workbook page XX</p>
<p><b>Key messages to the mother during antenatal and postnatal period (10 Min)</b></p> <p>Ask participants to Discuss the key messages to the mother during antenatal and postnatal period</p> <p>Antenatal</p> <p>Intrapartum</p> <p>Within 48hours of delivery</p> <p>48hours of delivery to 4 weeks postpartum</p> <p>4 To 6 Weeks after postpartum</p> <p>6 weeks to 6 months postpartum</p> <p>Review the flipcharts on key messages with participants.</p>	<p>Flip Charts with key postpartum messages.</p> <p>Markers</p>
<p><b>Post abortion Family planning (10 Mins)</b></p> <p>Ask participants to Discuss the most appropriate time and place to offer Post abortion FP</p> <p>Ask participants to Discuss family planning options for post abortion clients</p> <p>Review page XX of the learner's workbook</p>	<p>Learners work book</p>
<p><b>Summary (3 Minutes)</b></p> <p>Summarize the key messages discussed during the session</p>	<p>Learner's workbook</p>

DATE	SESSION NUMBER:	DURATION: 60 MINS.
TOPIC: INFECTION PREVENTION AND CONTROL		
<p><b>Session objectives: By the end of this session, learners will be able to:</b></p> <p>Define infection prevention and control</p> <p>Describe the coordination of IPC activities as per IPC 2015 guidelines</p> <p>State the standard and additional</p> <p>Explain the Spaulding classification system for reprocessing medical devices</p> <p>Describe instrument processing</p> <p>Discuss the importance of effective cleaning prior to high level decontamination (HLD) or sterilization</p> <p>State the common products used in chemical disinfection</p> <p>Discuss the process of cleaning, disinfection and sterilization of patient-care devices</p> <p>Discuss how to store processed reusable equipment</p>		
<p><b>Advance preparations</b></p> <p><b>Prepare a power point presentation on processing of medical equipment</b></p> <p><b>Write learning objective on the flipchart</b></p>		

Methods and Activities	Materials/Resources
<p><b>Introduction (3 min.)</b></p> <p>Take the participant through the training objectives</p>	<p>Learning objectives on a Flip chart</p> <p>Markers</p>
<p><b>Overview of infection prevention and control (10 Mins)</b></p> <p>Ask participants to explain the rationale of IPC.</p> <p>Ask participants to outline the coordination of IPC activities the facility, Sub county, County and national level</p> <p>Review page XX of the national IPC guidelines 2015</p>	<p>National guidelines on IPC guidelines 2015</p> <p>PPP slides</p>
<p><b>Standard precautions, Additional precautions, Hand Washing (10 min.)</b></p> <p>Ask participants to list the standard and additional precautions</p> <p>Review IPC guidelines 2015 page XX (standard and additional precautions)</p>	<p>National guidelines on IPC 2015.</p>
<p><b>Hand Washing 10 Mins</b></p> <p>Ask a volunteer participant to demonstrate hand washing to the rest of the colleagues</p> <p>Review hand washing job aid XX with the participants and emphasize key points.</p>	<p>National guidelines on IPC 2015.</p> <p>Handwashing job aid</p> <p>Soap and water</p> <p>Buckets</p> <p>Serviettes</p>

Methods and Activities	Materials/Resources
<p><b>Instrument Processing (25 Mins)</b></p> <p>Take participants through a PowerPoint presentation on equipment processing with emphasis on the changes in 2015 guidelines</p>	<p>National guidelines on IPC 2015</p> <p>PowerPoint presentation</p>
<p><b>Summary (2Mins)</b></p> <p>Summarize the key points during the session</p> <p><b>NB: IPC station to be set up during the practical session. Activities to include hand washing, Gloving, Waste segregation, preparation of chlorine, use of Person Protective Equipment</b></p>	

DATE	SESSION NUMBER:	DURATION: 45 MIN.
TOPIC: M&E FOR PFP PROGRAMMING		
<p><b>Session objectives: By the end of this session, learners will be able to:</b></p> <p>Discuss importance of data</p> <p>Describe type of registers, reporting tools and data flow</p> <p>Demonstrate how to capture, interpret data and report results.w</p> <p>Discuss data for decision making</p> <p>Demonstrate how to use mentee log</p>		
<p><b>Advance preparations</b></p> <p>Obtain samples of data capture tools</p> <p>Prepare case scenarios for capturing PFP data</p>		

Methods and Activities	Materials/Resources
<p><b>Introduction (3 min.)</b></p> <p>Take the participant through the training objectives</p>	<p>Objectives on a Flip chart</p> <p>Markers</p>
<p><b>Importance of data management in PFP (5 min.)</b></p> <p><b>Discussion</b></p> <p>Ask participants to discuss importance of data capture and management</p> <p>Review page XX of the Learner's work book</p>	<p>Handout</p>
<p><b>Registers, Reporting tools and data flow (10 min.)</b></p> <p>Ask participants to list PFP data management tools</p> <p>Show samples of the data management tools</p> <p>Review page XX of the Learner's work book</p> <p>Review PFP data flow with the participants.</p> <p>Review page XX of the learners workbook</p>	<p>Handouts</p> <p>Copy of registers</p> <p>MOH 711 tool</p>

Methods and Activities	Materials/Resources
<p><b>Discussion: Data capture, interpretation and reporting (20 min.)</b></p> <p>Ask participants to open Mother Child booklet, FP, PNC and PAC registers</p> <p>Discuss fill in of the data tools in relation to PFP data capture.</p> <p>Ask participants to capture the data from the case study in the sample registers</p> <p>Review page XX of the learner's workbook</p> <p>Invite participants to identify any gaps in the entries done</p> <p>Ask for any extra comments or concerns in documenting PFP in the registers.</p>	<p>FP register</p> <p>PNC register</p> <p>PAC register</p> <p>Mother Child Booklet</p> <p>Case study</p>
<p><b>Discussion: Data for Decision Making (15 min)</b></p> <p>Discuss with participants on how to use PFP data generated to make important decisions</p> <p>Review page XX of the learners workbook</p>	<p>Learners workbook</p>
<p><b>Mentee log (10 min.)Discussion:</b></p> <p>Distribute mentees logbooks to participants</p> <p>Discuss with participants how to use mentee log.</p>	<p>Mentees logbook</p>

DATE	SESSION NUMBER:	DURATION: 45 MINS
TOPIC: INTRODUCTION TO REPRODUCTIVE HEALTH COMMODITY MANAGEMENT		
<p><b>Session objectives: By the end of this session, learners will be able to:</b></p> <p>Define and identify the RH commodities</p> <p>Describe the commodity management cycle</p> <p>Define and describe commodity Management including quantification</p> <p>Understand their Roles and Responsibilities in Reproductive Health Commodity management</p>		
<p><b>Advance Preparation</b></p> <p>Write objectives on flipchart paper</p> <p>Prepare a power point presentation on commodity management cycle</p>		

Methods and Activities	Materials/Resources
<p><b>Introduction (3 Mins)</b></p> <p>Review session objectives with participants.</p>	Flip Chart with session objectives
<p><b>Reproductive Health Commodity (5 Mins)</b></p> <p><b>Discussion</b></p> <p>Ask participants to state the categories of Reproductive Health Commodities</p> <p>Highlight on the Family planning specific RH Commodities.</p> <p>Review page XX of the learner's workbook</p>	<p>Presentation</p> <p>Flip Chart</p>
<p><b>Commodity management cycle and inventory management</b></p> <p><b>Interactive presentation (25Mins)</b></p> <p>Take participants through an interactive presentation on commodity Management Cycles.</p> <p>Give participants case scenarios to for forecasting and quantification.</p> <p>Review learners workbook page XX</p>	<p>Laptop &amp; projector</p> <p>Learner's workbook</p> <p>Case scenarios</p>
<p><b>The process of Requesting for RH commodities (5 Mins)</b></p> <p><b>Discussion</b></p> <p>Describe the process of Requesting RH commodities</p> <p>Review page XX of the Learners work book</p>	<p>Presentation</p> <p>Flip Chart</p>
<p><b>Roles and Responsibilities (5 Mins)</b></p> <p><b>Discussion</b></p> <p>Discuss the Roles and Responsibilities of Healthcare workers in Reproductive Health Commodity management</p> <p>Review page XX of the learner's workbook</p>	<p>Presentation</p> <p>Flip Chart</p>
<p><b>Summary (3Mins)</b></p> <p>Summarize the key points in the session</p>	

Session number: 8	Duration: 230 min	
TOPIC: PRACTICE ON HUMANISTIC MODELS		
<p><b>Session objectives:</b> By the end of this session, learners will be able to develop competency in</p> <p><b>FP counseling (1 Station)</b></p> <p>Use of BCS + counseling strategy in FP Counseling</p> <p><b>Infection Prevention &amp; Control (1 station)</b></p> <p>Gloving</p> <p>Handwashing</p> <p>Preparing 0.5% Chlorine</p> <p><b>Implants (3 Stations-Jadelle insertion, Implanon NXT insertion, Implant removal)</b></p> <p>Assessing a client prior to implant insertion</p> <p>Insertion of implanon NXT</p> <p>Insertion of Jadelle</p> <p>Conducting standard implant removals</p> <p><b>IUCDs (3 stations- Copper IUCD, LNG IUS, Postpartum IUS)</b></p> <p>Assessing a client prior to Copper IUCD insertion</p> <p>Conducting bimanual examination</p> <p>Inserting copper IUCD</p> <p>Conducing IUCD removal</p>		
<p><b>Advance Preparation</b></p> <p>Prepare 8 practice stations as per the list below</p> <p><b>FP counseling (1 Station)</b></p> <p><b>Infection Prevention &amp; Control (1 station)</b></p> <p><b>Implants (3 Stations-Jadelle insertion, Implanon NXT insertion, Implant removal)</b></p> <p><b>IUCDs (3 stations- Copper IUCD, LNG IUS, Postpartum IUS)</b></p>		

Methods and Activities	Materials/Resources
<p><b>Review of Checklist and demonstration Video (215 MINs)</b></p> <p>Allocate the trainers to the 4 stations based on their competences</p> <p>Divide the class into 4 groups and identify group team leaders</p> <p>Ensure that all practice stations are well set</p> <p>Ask participants to rotate in all the stations as they practice on all the 8 procedures</p> <p>The trainer in every station should coach all the participants visiting their station until competency is developed.</p> <p>Assessment should be based on the competency checklist</p> <p>Encourage participants to support each other in competency development. Participants should pair into twos; when one participant is practicing, the other is assessing. Give immediate feedback to the participant.</p> <p>Trainers should identify participants who require further coaching</p> <p>The group team leader in liaison with the trainer should ensure all participants practice in all the stations</p>	<p>Practice station.</p> <p>(Check the list of training materials for details)</p>
<p><b>Pre-clinical validation on models and wrap up (60 Mins)</b></p> <p>After adequate practice, the trainer should assess the trainee to confirm competency development</p> <p>Facilitators assess provider insertion and removal skills on models using checklist.</p> <p>Providers who need more practice continue to practice the procedure on the models.</p> <p>Providers who are confident and competent on the model will continue on to the clinical practice</p>	<p>Practice station.</p> <p>(Check the list of training materials for details)</p>
<p><b>Summary 5 min</b></p> <p><b>Give logistic instructions for teams going to facilities for clinical practice</b></p>	

## SESSION PLAN ON CLINICAL PRACTICE

DATE	VENUE	DURATION: 635 MIN
<b>Topic: Clinical practice</b>		
<p><b>Session objectives:</b> By the end of this session, learners will be able to:</p> <p>Provide short term and long-term family planning methods to eligible</p> <p>Provide routine follow-up care, management of side-effects and other potential problems</p> <p>Correctly document service provided</p>		
<p>Advanced Preparation:</p> <p>Inform the facility in advance about the clinical practice.</p> <p>Mobilize clients prior to training.</p> <p>Ensure availability of adequate medical consumables</p> <p>Ensure availability of adequate sterile medical equipment</p> <p>Ensure availability of adequate FP commodities</p> <p>Ensure availability data capture tools</p> <p>Pre-clinical validation (Facilitators to assess the competency levels of participants).</p> <p>NB. Only providers who have attained competency on the models can be allowed to serve clients in clinical practice areas.</p>		

## Contraceptive Implant Game Show Instructions and Answer Key

**Time Allocated:** 30 Minutes

**Total Questions:** 20

### Objective

The main objective of this activity is to enable learners to explain how contraceptive implants prevent pregnancy and to describe implants' basic attributes, health benefits and risks, and side-effects.

### Instructions for the facilitator

- To prepare for this activity, print out The Implant Game Show Answer Key (on the following pages). Review all the questions and answers.
- Divide learners into small groups
- To begin the game show, view Activity 10-2: The Implant Game Show (PowerPoint presentation) in Slide Show mode and advance to slide 2, which poses the questions and monitors the progress of the show. When a team selects a category and amount, click the corresponding square on the screen to reveal the question.
- Give the teams a maximum of 30 seconds to respond to the question.
- If a team answers correctly, click the green circle at the bottom of the screen. The presentation provides positive feedback and automatically returns to slide 2 to allow selection of the next category and amount. Notice that after a category and

amount square is selected, it is no longer highlighted as an option.

- If a team answers incorrectly, click the red circle at the bottom of the screen. The presentation provides negative feedback and stays on the question to allow another team to answer.
- If no team answers the question correctly, click the blue circle, which provides no feedback but returns to slide 2 to allow selection of the next category and amount.
- Though 20 questions are available for selection, it is unlikely to move through all of them in 30 minutes. Be sure to stick to the allotted time.

Note: Refer to The Implant Game Show Answer Key for confirming the correct answers.

The Implant Game Show Answer Key		
Value	Question	Correct Answer
<b>Characteristics</b>		
\$100	What are progestin-only implants?	Progestin-only implants are thin flexible rods or capsules, each about the size of a matchstick, that release a progestin similar to the natural progesterone in a woman's body.
\$200	How effective are progestin-only implants?	Progestin-only implants are one of the most effective and long-lasting methods, resulting in less than 1 pregnancy per 100 women using implants over the first year (5 per 10,000 women). This means that 9,995 of every 10,000 women using implants will not become pregnant during one year of use.
\$300	Name 3 advantages of using progestin-only implants.	They do not require the user to do anything once they are inserted. They prevent pregnancy very effectively. They are long lasting. They do not interfere with sexual intercourse. They are rapidly reversible
\$400	Name 3 limitations or disadvantages of using progestin-only implants.	Most women have some side-effects—especially changes in menstrual bleeding patterns. Insertion and removal require minor surgery. Progestin-only implants provide no protection against sexually transmitted infections (STIs), including HIV.
\$500	How do progestin-only implants prevent pregnancy (mechanism of action)?	Thickening cervical mucus (blocking sperm from meeting an egg) Disrupting the menstrual cycle, including preventing the release of eggs from the ovaries (ovulation)

## The Implant Game Show Answer Key

Value	Question	Correct Answer
<b>Side-Effects and Complications</b>		
\$100	Name 4 non-menstrual side-effects associated with progestin-only implants.	Headache Abdominal pain Acne (can improve or worsen) Weight change Breast tenderness Dizziness Mood changes Nausea
\$200	What menstrual changes can a <i>new</i> progestin-only implant user expect?	Changes in bleeding patterns in the first several months include: Light bleeding/spotting Irregular bleeding Prolonged bleeding Infrequent bleeding Amenorrhea (no monthly bleeding)
\$300	What menstrual changes can a progestin-only implant user expect after one year of use?	Lighter bleeding and fewer days of bleeding Irregular bleeding Infrequent bleeding
\$400	Name two possible complications associated with progestin-only implants	Infection at insertion site Difficult removal Expulsion of implant
\$500	What is the procedure if one or more progestin-only implants begins to come out of a woman's arm?	This is a rare occurrence; it usually happens within a few months of insertion or with an infection. If no infection is present, replace the expelled implant with a new rod or capsule through a new incision near the original insertion site. If there is an infection, treat prior to reinsertion if using the original insertion site.
<b>Medical Eligibility Criteria (MEC) and Initiation (Timings of Insertion)</b>		
\$100	Are heavy smokers good candidates for progestin-only implants?	Yes, smokers are medically eligible to use progestin-only implants. Smoking is considered a category 1 condition in the medical eligibility criteria.
\$200	Is a woman 5 weeks postpartum and breastfeeding eligible to initiate progestin-only implants?	Yes. According to the MEC, implants can be given immediately after delivery regardless of breastfeeding status
\$300	To which category does unexplained vaginal bleeding (prior to evaluation) belong?	Unexplained vaginal bleeding prior to evaluation is a category 3 condition, "usually not recommended."

## The Implant Game Show Answer Key

Value	Question	Correct Answer
\$400	According to the MEC, is a client who is HIV positive and on an ARV regimen eligible for progestin-only implants?	Yes, according to the MEC, HIV-positive women who are on antiretroviral (ARV) therapy can generally use progestin-only implants, but follow-up may be required in some cases. Progestin blood levels are slightly reduced by some ARVs, although these reductions are probably not enough to affect contraceptive efficacy.
\$500	If a woman meets the criteria for medical eligibility, when can she start using contraceptive implants?	<p>Anytime a provider is reasonably certain the woman is not pregnant:</p> <p>First 7 days of the menstrual cycle (5 days for Implanon and Nexplanon), no backup method needed</p> <p>After the seventh day (fifth day for Implanon and Nexplanon), rule out pregnancy and use a backup method for 7 days</p> <p>Postpartum:</p> <p>Can be given immediately after delivery regardless of breastfeeding status</p> <p>Post abortion or miscarriage: immediately, without backup</p> <p>Switching from a hormonal method: immediately if that method was used consistently and correctly</p> <p>After using emergency contraceptive pills: insert within 7 days after the start of her next menstrual period (5 days for Implanon and Nexplanon); use a backup method during the interim</p>
<b>Wild Card</b>		
\$100	Name 2 different brands of progestin-only implants.	<p>Jadelle—2 rods, 5 years</p> <p>Sino-implant (II)/Levonplant—2 rods, 4 years</p> <p>Implanon—1 rod, 3 years</p> <p>Norplant—6 rods, 5 years</p>
\$200	What are 3 key counseling messages to discuss with clients before inserting progestin-only implants?	<p>Reproductive health goals</p> <p>Advantages and limitations of implant use</p> <p>Possible side-effects</p> <p>Insertion and removal procedures</p> <p>Follow-up procedures and when to return</p>

## The Implant Game Show Answer Key

Value	Question	Correct Answer
\$300	What should a provider recommend to a client who returns because of irregular bleeding?	<p>Reassure the client that this is a common and expected side-effect. It is not harmful and usually lessens or stops after the first year of use.</p> <p>Recommend a five-day course of ibuprofen (up to 800 mg three times per day).</p> <p>If ibuprofen does not help, she can use combined oral contraceptives for 21 days to address irregular bleeding</p> <p>If bleeding is heavy, iron tablets may prevent anemia</p> <p>If irregular or heavy bleeding continues to bother the client, or starts after several months of normal monthly bleeding or amenorrhea, rule out a possible underlying condition unrelated to method use, such as uterine fibroids, a sexually transmitted infection, genital cancer, or pregnancy.</p>
\$400	Name 3 known health benefits associated with progestin-only implants.	<p>Reduced risk of symptomatic pelvic inflammatory disease (PID)</p> <p>Reduced risk of iron deficiency anemia</p> <p>Reduced risk of ectopic pregnancy</p> <p>Rate in implant users: 6 per 100,000</p> <p>Rate in women using no contraception: 650 per 100,000</p>
\$500	Name two conditions that are MEC category 2 for initiating progestin-only implants and category 3 for continuation.	<p>Current or history of ischemic heart disease</p> <p>History of stroke</p> <p>Migraines with aura, at any age</p>



