

# WHOLE-SITE ORIENTATION TO FAMILY PLANNING

## What Is It?

This orientation approach targets all staff working in a health facility – both clinical and non-clinical, even security guards and receptionists – to become advocates for family planning.

All staff receive “orientation” training to gain a basic understanding of family planning and its benefits. When a client encounters any staff member, that staff member is then able to either counsel and provide family planning services to the client or direct the client to someone else who can.

Orientation sessions are “low-dose, high frequency” – that is, the sessions are shorter and spread out over many days to avoid taking staff away from their posts for long periods of time and avoid disruption to services. The sessions also take place at the facility itself.



Whole-site orientation, an approach specific to Kenya, was undertaken at most (88.6%) Tupange facilities as part of their integration strategy.

## What Are the Benefits?

- Ensures that there are no missed opportunities for family planning
- All staff at the facility have basic knowledge of family planning; minimizes myths and misconceptions that staff themselves may have
- Addresses facility-related barriers to accessing family planning; for example, security guard teasing an unmarried woman for seeking family planning services or client getting lost trying to find the family planning clinic
- Serves as platform to support provider-initiated family planning

### Who Can Participate in the Orientation Sessions?

- Doctors, midwives, nurses, clinical officers, nurses aides, and any other clinical staff
- Receptionists, security guards, housekeeping staff, lab technicians, and other non-clinical staff
- Providers and staff from neighboring private clinics
- Pharmacists and pharmacy staff from surrounding areas
- Anyone else who might have interaction with a potential family planning client

## How to Implement?

### Step 1: Identify and develop a list of topics to be covered within a specific time frame

Facility trainers along with facility in-charges should plan a schedule of topics that can be completed within a two-month period.\*

Topics can be broad or specific, depending on what facility staff want to learn about and/or should learn about. In addition to covering family planning in general, the Tupange orientations focused on interpersonal communication skills, commodity management, and correcting family planning myths and misconceptions, especially about long-acting reversible contraceptives (LARCs), among staff. Staff

were oriented to refer appropriate clients who were visiting the facility for other reasons to the family planning room for counseling and services.

In the Tupange project, 17 topics were covered ranging from a general overview of family planning and method-specific lectures to infection prevention and how the SMS reporting system worked.

The complete list of topics, which came from other trainings Tupange conducted throughout the life of its project, included the following:

<b>Whole Site Orientation overview</b>	<b>Barriers methods</b>	<b>Natural methods</b>
Family planning overview	Combined oral contraceptives	Lactational amenorrhea method (LAM)
Family planning benefits	Progestin only pills	Record keeping and inventory management
Family planning policies	Injectables	Myths and misconceptions
Young people and family planning	Implants	Infection prevention
Medical eligibility criteria	IUCD	IEC materials – Family planning promotion in the community
Family planning counseling	Permanent methods	Intrepid

*\* The East Africa Hub recommends that the entire training take no longer than two months to cover all the topics.*

## Step 2: Develop content for each session

Each session should be short\* (about 2 hours or less).

Materials can be adapted from TCI University.

You can use or adapt a [232-slide presentation](#) developed by Tupange to implement your own Whole-Site Orientation!

*\* The orientation entailed 12 one-hour sessions at the facility at a convenient time that minimized disruption of services.*

## Step 3: Determine who will conduct the training

Trainers can be facility mentors, trainers, and facility managers, and they can take turns conducting orientation sessions.

## Step 4: Organize weekly sessions to learn about a single topic

Set aside a room at a facility and arrange the tables and chairs to suit the learning environment. All participants should be able to easily see and hear the trainer and any presentations.

## By the end of the orientation process:

- All staff working in the facility should be able to accurately describe family planning.
- All staff working in the facility should be able to describe the benefits of family planning to themselves and to clients.
- All staff working in the facility should know what types of family planning services are offered in the health facility and know how to inform, counsel, refer, direct, or provide clients with appropriate family planning services.
- Myths and misconceptions around family planning among staff should be diminished or eliminated

## **Tools Related to This Approach**

- [Whole Site Orientation Package for Family Planning](#)

## **Additional Resources**

- [Improving Service Delivery in Kenya from Top to Bottom](#)
- [Kenya's Approach for Implementing Whole Site Orientation](#)

To find out more, please visit TCI University at [tciurbanhealth.org](http://tciurbanhealth.org).