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Name of institution

Promote and Provide Family Planning Service

NTQF Level III

Learning Guide # 5

Unit of Competence	Promote and Provide Family Planning Service
Module Title:	promoting and Providing Family Planning
LG Code:	HLT MDW3 M07 LO05-05
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LO 5: Provide family planning counseling

Instruction Sheet	Learning Guide # 5
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This learning guide is developed to provide you the necessary information regarding the following **content coverage** and topics:

- Describing "REDI" frame work
- Counseling the client in "REDI" frame work
- Contraception practice Information for the client
- Demonstrating basic counseling skills

This guide will also assist you to attain the learning outcome stated in the cover page.

Specifically, **upon completion of this Learning Guide, you will be able to:**

- Counsel clients In “REDI” framework based on MOH family planning guideline
- Provide complete information for the client about each method of contraception method
- Demonstrate basic counseling skills

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below 3 to 6.
3. Read the information written in the information “Sheet 1, Sheet 2, Sheet 3 and Sheet 4, respectively.
4. Accomplish the “Self-check 1, Self-check 2, Self-check 3 and Self-check 4 in **page 17, 32, 38, and 40 respectively.**



5. If you earned a satisfactory evaluation from the “Self-check” proceed to “Operation Sheet 1 in page 41
6. Do the “LAP test” in page 45

Information sheet -1	Describing "REDI" frame work
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1.1. Definition of terms

Counseling is a type of client-provider interaction that involves two-way communication between a health care staff member and a client for the purpose of confirming or facilitating a decision by the client or helping the client address problems or concerns.

Informed and Voluntary Decision Making is an individual’s well considered, voluntary decision based on options, information, and understanding. When applied to decisions about FP, the concept of informed choice means that individuals freely choose whether to use a contraceptive method and which one, based on their awareness and understanding of accurate information about the methods.

Informed consent is a medical, legal, and rights-based construct whereby clients agree to receive medical treatment, such as surgery for FP method or to take part in a study, ideally as a result of the client’s informed choice.

Essential Elements of Informed and Voluntary Decision Making in SRH:

- Service and method options are available.
- The decision-making process is voluntary.
- People have appropriate information.



- Good client-provider interaction, including counseling, is ensured.
- The social and rights context supports autonomous decision making.

1.2. The Difference that Counseling Makes

Client-provider Interaction

Client-provider interaction refers to interpersonal communications (both verbal and nonverbal) between health care staff and the people who seek health care services. Health care staff can include anyone associated with a service site e.g., medical and paramedical staff, outreach staff, receptionists, cleaners, and drivers. This definition recognizes the importance of non-medical staff to clients' impressions of the health care setting and messages that they associate with the health care setting. The client interacts with facility staff from the moment he or she enters a service site.

Principles of Client Provider Interaction (CPI)

The key principles for cultivating good client-provider interaction include the following:

- Treat all clients with respect
- Tailor the interaction to the individual client's needs, circumstances, and concerns
- Interact with the client, and elicit his or her active participation
- Avoid information overload
- Provide or refer the client for their preferred FP method or address the client's primary concern (for other SRH issues)
- Use and provide memory aids.

Importance of counseling

- It ensures clients' right to informed and voluntary decision making
- It is an essential element of quality FP services
- It is a key determinant of the adoption and continuation of family planning

What does effective counseling do to clients?

Midwifery Level III	Vision :01 Sep. 2019:	Page 4 of 51
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- Enables clients to choose a method that suits their needs
- Enables clients to use their chosen method correctly
- Enables the client to continue using a FP method with satisfaction
- Informs and prepares clients for side effects

Consequences of poor counseling

Effect	Outcome
Incorrect method use	Unwanted pregnancy
Not counseled for side effects	Dissatisfaction/ Discontinuation
Failure to recognize serious warning signs	Health risks
Does not suit - Dissatisfaction with method	<ul style="list-style-type: none"> • Drop out • Poor word-of-mouth • Low utilization

Tasks during counseling

When providing counseling, health care staff is responsible for:

- Helping clients to assess their own needs for services, information, and emotional support
- Providing information appropriate to clients' identified problems and needs
- Assisting clients in making their own voluntary and informed decisions by helping them weigh the options
- Helping clients explore possible barriers to the implementation of their decisions and helping them develop the strategies and skills to overcome those barriers, and carry out their decisions
- Answering questions and addressing concerns, and making sure the client understands all the information they have received

Principles of Counseling



Providers should follow these guidelines when counseling clients:

- Create an atmosphere of privacy, respect, and trust.
- Engage in two-way communication with the client.
- Ensure confidentiality.
- Remain nonjudgmental about values, behaviors, and decisions that differ from your own.
- Show empathy for the client's needs.
- Demonstrate comfort in addressing sexual and gender issues.
- Remain tolerant with the client during the interaction and express interest.
- Provide reliable and factual information tailored to the needs of the client.
- Support the client's rights to sexual and reproductive health.

1.3. Providers Beliefs and Attitudes in FP Counseling

Beliefs are concepts and ideas that are accepted and thought to be true. Beliefs are important to individuals. They help us to explain how things work in the world, what is right, and what is wrong. They usually reflect our values, which are influenced by religion, education, culture, and family and personal experiences. Our beliefs and values shape our attitudes and the way that we think about and act toward people and ideas. Each interaction between clients and health care staff is influenced by the attitudes of both the client and the provider. Every interaction that a client has with a healthcare worker—from the time he or she enters the health care system until he or she leaves—affects the client's satisfaction with his or her care, how well he or she carries out decisions made during the counseling session, and whether he or she comes back for follow-up if problems arise. How we communicate our own beliefs, values, and attitudes (both verbally and nonverbally) is an important part of our interactions with clients. Our beliefs often are so ingrained that we are unaware of them until we confront a situation that challenges them.



Our beliefs, attitudes, and values might affect how we treat clients and respond to their problems, needs, and concerns. For example, our private reaction to the client's appearance, social class, or reason for seeking health care might determine the gentleness or harshness with which we treat them, how soon we serve them, and whether we consider their full range of health care needs. Being aware of our values and attitudes can help us be more tolerant of those whose values differ from our own by helping us separate our personal beliefs and attitudes from theirs. Effective counselors are able to overcome their biases and provide services in a nonjudgmental manner for all types of clients. When the counselor's beliefs make him or her uncomfortable talking about a particular FP method or SRH issue with clients, he or she should refer the client to another service provider and try to overcome the discomfort by learning more about the issue.

1.4. Ensuring Optimal Communication

Good counseling requires good communication skills. Counselors need the ability to establish rapport, elicit information, and provide information effectively in order to support clients' informed and voluntary decision making. To effectively assess clients' needs, providers must couple open-ended questions that encourage clients to talk about themselves with active listening skills and effective paraphrasing to ensure comprehension. To give appropriate information, providers must be able to effectively communicate their knowledge about RH/FP issues. They must have the ability to explain things in language and terms that the client understands (with or without the help of visual aids), and they must be comfortable talking about issues related to sexuality.

Praise and Encouragement

Praise



Praise is the expression of approval or admiration. Praising reinforces good behavior by identifying and supporting the good things a client has done. For example, praising clients:

- Shows that you respect their concern for their health
- Acknowledges difficulties they might have overcome to come to the health care facility
- Expresses approval for positive choices and actions

Encouragement

Encouragement means giving support, courage, confidence, and hope. In the health care setting, giving encouragement means letting clients or patients know that you believe they can overcome their problems and helping them find ways to do so. For example, encouraging clients:

- Points out hopeful possibilities
- Focuses on what is good about what they have done and urges them to continue
- Tells them that they are already helping themselves by coming to the health facility

Communication Techniques

A. Nonverbal Communication

Positive Nonverbal Cues

- Leaning towards the client
- Smiling (in a way that is culturally appropriate); not showing tension
- Avoiding nervous or inappropriate mannerisms
- Presenting facial expressions that inspire trust
- Maintaining eye contact with the client
- Making encouraging gestures, such as nodding one's head

Negative Nonverbal Cues

- Reading from a chart or any document



- Glancing at one's watch or mobile
- Yawning or looking at papers or out of the window
- Frowning
- Fidgeting
- Not maintaining eye contact

Actual words, body language (i.e., the movements of our body and our gestures), and tone of voice—have varying effects on the person(s) with whom we are interacting.

U.S. research conducted in the 1970s showed that the impact of each type of communication on the receiver is:

- Body language - 55%
- Tone of voice - 38%
- Actual words only - 7%

B. Asking Questions during Counseling

Why Do We Ask Questions during FP Counseling?

- To assess the client's FP needs and knowledge
- To learn about the client's medical status, previous contraceptive use, personal circumstances, preferences, and concerns
- To actively engage the client and elicit information about his or her needs, concerns, and preferences
- To establish a good relationship by showing concern and interest
- To prioritize the key issues to target during the time available for counseling
- To determine the educational or language level that will be best understood by the client
- To avoid repeating information that the client already knows
- To identify areas of misinformation that need to be corrected

Closed-ended questions usually will be answered by a very short response, often just one word. A closed question calls for a brief, exact reply, such as yes or no or a



Active listening is a primary tool for showing respect and establishing rapport with clients. If a provider does not listen well, a client might assume that his or her situation is not important to the provider, or that he or she as an individual is not important to the provider. Developing the trust needed for good counseling will be more difficult if the provider is not listening effectively.

Active listening is also a key communication skill for counseling. It is important for most efficiently determining what the client needs, what the client's real concerns are, and what the client already knows about his or her situation and options.

Tips for Active Listening

- Establish and maintain eye contact.
- Demonstrate interest by nodding, leaning toward the client, and smiling.
- Sit comfortably and avoid distracting movements.
- Pay attention to the client (e.g., do not engage in other tasks while you are meeting with the client, do not talk to other people, do not interrupt the client, and do not allow others to interrupt).
- Listen to the client carefully. Do not become distracted and think about other things or about what you are going to say next.
- Listen both to what your clients say and to how they say it, and make note of tone of voice, choice of words, facial expressions, and gestures.
- Imagine yourself in your client's situation as you listen.
- Allow for pauses of silence at times during your interaction so that the client has time to think, ask questions, and talk.
- Encourage the client to ask questions.
- Encourage the client to continue talking by using expressions like "yes," "hmm," and "and then what?"



- Repeat what the client has said. (Note, however, that exact repetition of what the client has said should be used sparingly. Instead, counselors should use paraphrasing or reflecting, as discussed below.)

Reflecting, clarification, and paraphrasing are techniques used to enhance active listening.

Reflecting is recognizing and interpreting the client's feelings and integrating what has been said into further discussion.

Clarification is asking questions to better understand what the client has said. These techniques convey to the client that the provider is listening to what she or he is saying, help the provider understand what the client has said, and encourage the client to continue talking.

Paraphrasing is restating what the speaker has said in your own words in order to demonstrate attention and understanding, and to encourage the speaker to continue.

1.5. Who are Our Clients?

Categorizing Clients (Increasing the Efficacy of Counseling)

Clients can be categorized in several different ways that can facilitate your understanding of their needs and your ability to tailor counseling. For example:

- New versus returning clients
- Clients returning for re-supply and/or routine follow-up versus those returning with problems
- Clients wishing to limit childbearing versus those wishing to space births

Providers need to quickly assess individual clients' needs so they can serve them in an efficient manner. Understanding who the client is and what his or her needs are helps the provider tailor the counseling accordingly. This reduces the provider's work, optimizes the amount of information to be given to the client, and shortens the time needed for counseling. Client-centered counseling also reduces the number of return



visits and the likelihood of discontinuation of FP use that sometimes results from poor counseling, misunderstandings, or incorrect use of the chosen method.

Most FP clients are either **return clients** who are already using a method or **new clients** who have a method in mind. Very few FP clients see a provider for assistance in choosing a method.

Different **population groups** (e.g., men, women, adolescents, married, unmarried, HIV-positive clients, post abortion clients, postpartum clients, people with disabilities) have different information and emotional support needs.

Likewise, clients' informational and emotional support needs vary according to their **fertility plans** (wishing to delay, space, or limit their childbearing), the **timing and outcome of their last pregnancy** (e.g., postpartum, post miscarriage, or post abortion), their **medical history and condition**, and their **individual risk for HIV and other sexually transmitted infections (STIs)**. All of these factors must be taken into consideration, and they have implications for counseling and the choices available to the client.

Understanding who the client is in relation to these categories can help to guide the counselor in:

- Identifying needs and concerns
- Determining the knowledge clients have as well as any gaps in knowledge
- Ascertaining what information to elicit from the client and to impart to the client
- Providing reassurance and support
- Ensuring and instructing clients in correct method use

For clients with disabilities, address the following essential ideas during the counseling process

- For persons with physical disabilities, make sure that the facility is physically accessible (Ramps, non-slippery floors, stairs with hand rails)



- For persons with visual impairment, make sure that they have felt and understand the specific method; make sure that IEC materials are prepared in braille and audio materials for persons with visual impairments
- For persons with hearing impairments, refer them to sign language trained counselors or use written explanation if the person is literate; make sure the facility has written indicators so that they can easily identify where the FP service is provided; IEC materials that are prepared in audiovisual media such as Video Compact Disc (VCD) should be interpreted with sign language.
- For persons with intellectual disability, speak very slowly and try to understand their specific behavior from an accompanying family member, if there is one.

New versus Returning Clients

The traditional approach to FP counseling focuses primarily on new clients who need to choose a method, but the majority of new clients already know which method they want to use. Most returning clients come for follow-up or supplies, and most of these clients are satisfied users who have no particular problems or concerns. Some clients return with side effects or other method-related problems. These clients face different kinds of decisions when they come for services.

Four Types of FP Clients and Decisions They Face

New Client

Method in mind

- Decision: Is this method the best choice and can he or she use it effectively?

No method in mind

- Decision: Which method to use?

Returning Client

Concerns about method

- Decision: Continue using the method, switch to another method, or stop using a family planning method?

No concerns



- Decision: No decision required, unless counselor determines that their original choice of method was not informed and voluntary (Check if their decision was informed and voluntary; if no, provide additional information or if yes, encourage to continue using the method)

Fertility Plans

Clients have different plans at different stages of their lives regarding having children. Those who do not have any children and wish to delay their first pregnancies can be thought of as *delayers*. Similarly, clients who have a child and want to delay their next pregnancy can be thought of as *spacers*. Clients should be encouraged to wait at least two years between pregnancies in order to reduce maternal and child health risks. Finally, some clients do not want any more children; they can be considered limiters. Of course, there are also clients who *want to get pregnant* right away. Family planning counseling is a good opportunity to give clients key messages about the healthy timing and spacing of pregnancies (HTSP).

Special Population Groups

In many FP programs, services focus on married women. However, other individuals, including unmarried people, adolescents (married or unmarried), and single men, also need and have the right to access FP services, and their particular needs should be considered and addressed. Minority groups, people who do not speak the national language, refugees, and people who are HIV-positive often have needs that require special consideration and accommodation.

FP Counseling Related to a Recent Pregnancy

To achieve the healthiest pregnancy outcomes, couples should wait at least two years after a live birth and at least six months after a miscarriage or abortion before trying to become pregnant again. Postpartum and post abortion clients have particular needs related to initiation of FP use, as well as emotional needs related to their personal circumstances (e.g., worries, stress or pain they might be experiencing). The provider should assess the best timing for FP counseling for these clients.



Postpartum FP: The ideal time to initiate counseling for **postpartum FP** is during the antenatal period. Early counseling allows sufficient time for the clients to make their decisions without the stress associated with the delivery. It also helps to ensure that clients receive their method of choice immediately after giving birth (*immediately postpartum*) should they choose postpartum intrauterine contraceptive device (IUCD) use or female sterilization. Counseling clients just before delivery is not appropriate. In such a case, sound decision making may be impaired by the stress the client is experiencing. With such clients, a provider has the responsibility to confirm that they are making an informed, voluntary, and sound decision. If there are signs of stress, the provider should postpone the client's counseling and decision making. The next appropriate opportunity to counsel the client is after delivery but before she leaves the facility. At this point, it may be too late to provide the client's method of choice during or at the end of the delivery, but this may help ensure that the client gets her method of choice *before discharge* or that she returns later to get it at *follow-up*. Another consideration is the types of FP methods that are appropriate at different times following delivery. For postpartum women, an important factor to consider is breastfeeding. Most methods can be used by breastfeeding women.

Post abortion FP: Providing FP counseling and methods is one of the key elements of post abortion care. The provider should decide about the best timing to initiate counseling for **post abortion FP**. For post abortion clients, counseling before the procedure can only be an option if the client is not under stress related to the procedure. This allows the client to receive her method of choice immediately after the procedure (*immediate post abortion*) should she choose a post abortion IUCD. However, in this case, the stress that the client is experiencing may impair sound decision making. With such clients, the provider has the responsibility to confirm that they are making an informed, voluntary, and sound decision. If there are signs of stress, the provider should postpone the client's counseling and decision making. The next appropriate opportunity to counsel such a client is after the procedure but before she leaves the facility. At this



point, it may be too late to provide some methods (such as the IUCD) at the end of the procedure, but this may help ensure that a client gets her method of choice *before discharge* or returns later to get it at *follow-up*. Use of any FP method can be initiated immediately post abortion.

1.6. Counseling Steps in Family Planning

Introduction to the REDI framework

- **The REDI framework** emphasizes the client's right and responsibility for making decisions and carrying them out
- Provides guidelines to help the counselor and client consider the client's circumstances and social context
- Identifies the challenges a client may face in carrying out their decision
- Helps clients build skills to address those challenges

The REDI framework moves away from traditional FP counseling that relies on routinely giving detailed information about every FP method. It avoids overloading clients with unnecessary information and instead emphasizes the client's preferences, individual circumstances, and sexual relationships and knowledge. In this way, the provider can help clients narrow down their FP method choices more quickly and better tailor the information to clients' needs. This not only saves time, it also meets clients' needs more effectively.

The REDI framework helps address the differing needs of clients: those who are new and have already chosen a method and those who have not, and those who are returning clients, whether they are experiencing problems or changes in personal circumstances or are merely visiting the facility for a re-supply of contraceptives.

Comparing REDI and GATHER

Many steps in REDI and GATHER overlap. Rapport building generally corresponds to Greet, with elements of Ask/Assess. Exploration incorporates Ask/Assess and Tell. Decision making includes the Help step and also elements of Ask/Assess and Tell.



Implementing the decision includes Help, Explain, and Return Visit. Because the counseling process is different for each client, participants may have other valid ideas about overlaps.

PHASES AND STEPS OF REDI

Step 1: Rapport Building

1. Greet client with respect
2. Make introductions (identify category of the client—i.e., new, satisfied return, or dissatisfied return)
3. Assure confidentiality and privacy
4. Explain the need to discuss sensitive and personal issues

Step 2: Exploration

1. Explore in depth the client's reason for the visit (*This information will help determine the client's counseling needs and the focus of the counseling session.*)

FOR NEW CLIENTS:

2. Explore client's future RH-related plans, current situation, and past experience
 - a. Explore client's reproductive history and goals, while explaining healthy timing and spacing of pregnancy (HTSP)
 - b. Explore client's social context, circumstances, and relationships
 - c. Explore issues related to sexuality
 - d. Explore client's history of STIs, including HIV
 - e. Explain STI risk and dual protection, and help the client perceive his or her risk for contracting and transmitting STIs
3. Focus your discussion on the method(s) of interest to client: discuss the client's preferred method, if any, or relevant FP options if no method is preferred, give information as needed, and correct misconceptions
4. Rule out pregnancy and explore factors related to monthly bleeding, any recent pregnancy and medical conditions

FOR RETURNING CLIENTS:



2. Explore the client's satisfaction with the current method used. Confirm if clients were given all the options while they made the decision. If not, tell all the available options.
3. Confirm correct method use
4. Ask the client about changes in his or her life (i.e., plans about having children, STI risk and status, and so on)

For dissatisfied clients only: explore the reasons for the client's dissatisfaction or the problems, including the issue, causes, and possible solutions such as switching methods as well as other options.

Step 3: Decision Making

1. Identify the decisions the client needs to confirm or make
2. Explore relevant options for each decision
3. Help the client weigh the benefits, disadvantages, and consequences of each option (Provide information to fill any remaining knowledge gaps)
4. Encourage the client to make his or her own decision

Step 4: Implementing the Decision

1. Assist the client in making a concrete and specific plan for carrying out the decision(s) (obtaining and using the FP method chosen, risk reduction for STIs, dual protection, and so on)
2. Have the client develop skills to use his or her chosen method and condoms
3. Identify barriers that the client might face in implementing his or her decision
4. Develop strategies to overcome the barriers
5. Make a plan for follow-up and/or provide referrals as needed

Self-check-1	Written test
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Directions: Answer all the questions listed below.



Part I say “True” if the statement is correct or “False” if the statement is incorrect

(each 1 point 2x 1= 2%)

1. Encouragement is the expression of approval or admiration.
2. Open-ended questions usually require longer responses and so are more effective in determining what the client needs and what he or she already knows.

Part II. Choose the correct answer for the following alternatives (each 1 point

8x1=8%)

1. _____ is a medical, legal, and rights-based construct whereby clients agree to receive medical treatment, such as surgery for FP method or to take part in a study, ideally as a result of the client’s informed choice.
 - A. Counseling
 - B. Informed and Voluntary Decision
 - C. Informed consent
 - D. Client provider interaction
2. What will the consequences if a provider does not counseled for side effects of a method to the client?
 - A. Unwanted pregnancy
 - B. Dissatisfaction/Discontinuation
 - C. Health risk
 - D. Drop out
3. Which nonverbal Communication technique is a Positive Nonverbal Cues
 - A. Presenting facial expressions that inspire trust
 - B. Reading from a chart or any document
 - C. Looking at papers or out of the window
 - D. Not maintaining eye contact
4. Which question is Closed-ended questions?



- A. How can we help you today?
 - B. What do you like about the method you want to use?
 - C. What have you heard about the method?
 - D. How many children do you have?
5. Which technique is NOT used to enhance active listening?
- A. Encouragement
 - B. Reflecting
 - C. Clarification
 - D. paraphrasing
6. The decision to continue using the method, switch to another method, or stop using a family planning method is made to whom type of a client?
- A. New client with a method in mind
 - B. New client with no method in mind
 - C. Returning Client with Concerns about method
 - D. Returning client with no concerns
7. Based on fertility plan if a clients who have a child and want to delay their next pregnancy is _____
- A. Delayer
 - B. Spacer
 - C. Limiter
 - D. To be pregnant
8. In which step of REDI framework, the client is supposed to be greeted with respect, introductions is made, confidentiality and privacy is assured and the need of disusing sensitive and personal issues is explained?
- A. Rapport Building
 - B. Exploration
 - C. Decision Making
 - D. Implementing the Decision

Note: Satisfactory rating - 5 points

Unsatisfactory - below 5 points

Answer sheet for True or False

1. _____

2. _____



Answer sheet for Multiple choose questions

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Score= _____

Rating = _____

Name: _____

Date: _____

Information sheet-2	Counseling the client in "REDI" frame work
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2.1. Rapport Building

1. Greet client with respect

- Welcome the client
- Offer a seat; help the client to feel comfortable and relaxed

2. Make introductions

- Introduce yourself:
- Ask general questions such as name, age, number of children, contact information
- Ask the purpose of visit (new or return client)

3. Assure confidentiality and privacy

- Make the client to feel comfortable by assuring him or her that all information that will discussed during your conversation will remain confidential.



- Create an atmosphere of privacy throughout the counseling session by ensuring that no one can interrupt or over hear your conversation, even if you are not able to a separate room.

4. Explain the need to discuss sensitive and personal issues

- Explain the reasons for asking questions about sexual relationships and behavior
- Make clear to the client the relevance of these issues to the potential risks of becoming pregnant or and contracting HIV and STIs
- Remind that the above issues are discussed with all clients, that they do not have to answer any questions they are not comfortable answering

5. Use communication skills effectively (initially in rapport building **and** throughout the counseling session)

- Show friendless by smiling: maintain eye contact with the client
- Use simple and clear language; ask open-ended questions
- Encourage the client to ask questions and to express his or her concerns
- Actively listen to the client; answer all of the client's questions
- Paraphrase the client to ensure correct understanding
- Do not interrupt the client unless absolutely necessary; remain nonjudgmental

2.2. Exploration

How to Give Information

Principles of Giving Information

Principles at a Glance

- Tailor information to the client's needs
- Find out the client's need or problem (method in mind? return client?)
- Find out what the client already knows
- Identify information gaps that need to be filled or misconceptions that need to be corrected
- Personalize information for the client



- Put information in terms of the client's situation
- Help the client understand what the new information means to her or him personally (e.g., what would it take or mean to start a new method, to cope with side effects, to discontinue or to switch to another method?)
- Make information understandable (use understandable language, speak clearly, use analogies)
- Put risks into perspective (e.g., the risks associated with carrying a pregnancy to term are much higher than risks associated with using a contraceptive method)

To confirm or make informed choices, clients need objective, accurate, useful, and understandable information. The information should include options that are suitable for the client and an explanation of possible results. It should be **tailored** and **personalized** for the client.

Tailored information is information that is adjusted in amount and scope in response to the client's individual needs and circumstances. In the **exploration** step of REDI counseling, counselors ask questions to learn what decisions the client has already made or is facing. Similarly, to tailor information to the client's needs, the counselor must explore what the client already knows, determine knowledge gaps that need to be filled, and find out what the client is interested in. As a counselor, you must also determine what methods are suitable for the client, excluding those that cannot be used nor that will not meet the client's expressed needs or circumstances. Then you can give specific information that helps the client make or confirm decisions. To avoid overloading and confusing the client, skip information the client already has or that is not relevant.

How to Tailor Information

A new client with no method in mind will need a review or overview of all available FP methods. Methods that are irrelevant to the client's needs may be mentioned by name without going into details (e.g., if the client has stated that she is considering having



children in the future, methods like female sterilization and vasectomy should only be mentioned by name because they are permanent). The counselor should also tell the client why he or she is not going into detail about those methods (because the client is still considering having children in the future). For *new clients with a method in mind*, information should start with and focus on the preferred method. Other methods should be briefly mentioned for the purpose of ensuring that the client is aware of them and that the client is making an informed and voluntary decision (i.e., the client is choosing the method in a fully informed manner). In such cases, if the counselor sees an information gap related to other methods and detects that the client has that method in mind but is not fully informed about all other options, the counselor should give information about all other methods as appropriate. “As appropriate” means tailoring. *Returning clients* do not need to receive a review of contraceptive methods unless they are considering switching to another method. Information should be limited to the problem or need for which the client has come to the facility (e.g., re-supply or routine follow-up).

Personalized information: Personalizing the information helps the client understand what the information means to her or him in particular. In a way, personalizing the information is a reality check that helps the client understand what the information means and implies for him or her.

Key Information for Clients Choosing a Contraceptive Method

Effectiveness

Effectiveness should be explained in easily understood terms. Providers must emphasize that client-controlled methods (e.g., oral contraceptives, barrier methods, natural family planning, and the lactational amenorrhea method) can effectively prevent pregnancy but only if correctly and consistently used. On the other hand, long-acting and permanent methods (e.g., sterilization, implants, and IUCDs) are nearly 100% effective once properly administered by the provider.



Counseling can help clients weigh the tradeoffs between effectiveness and other features of various methods and consider the use of short-acting methods in the context of their (and their partners') daily lives. For clients choosing short-acting methods, counseling should include plans for correct, consistent use. Issues to consider include whether the client is able and willing to delay intercourse in order to insert a spermicide, take a pill every day at the same time, or return for the next injection at the required time. It is also useful for clients to receive information on how to use oral contraceptives as emergency contraception and where prepackaged emergency contraceptives can be obtained.

When to return

Clients need advice on when to return for follow-up or re-supply. The follow-up visit is a good time to reinforce the importance of correct and consistent use of client-controlled methods and to ask whether the client is experiencing any unpleasant side effects that need management. If a client has developed medical contraindications to the method or has experienced a change in life stage, circumstances (e.g., a desire to get pregnant in six months), or lifestyle (e.g., the client now has multiple partners), the client should return to the facility and might wish to change or discontinue FP methods. In addition to scheduling return visits, providers should tell clients that they are welcome to return to the facility any time they have questions or concerns. Clients choosing implants might need help remembering when to have the implants removed—follow-up visits can help—and should be told that they can have the implants removed at any time before that date as well. In addition, the provider should give the client a piece of paper that shows the date of the return appointment.

Prevention of HIV and other STIs

As the prevalence of HIV and other STIs has increased, risk assessment and prevention messages are increasingly being integrated into FP counseling. Programs are also increasingly finding ways to approach treatment and referrals for STIs. Clients



Many service providers believe that explaining side effects and possible health risks and complications associated with FP methods scares away clients. Research shows the contrary.

Clients use their method longer when counselors have explained side effects in advance. In addition to explaining side effects, the counselor should ask the client how he or she would feel if the side effects occurred. Some side effects, such as prolonged bleeding, might have social or cultural implications (e.g., not being able to have sex, not being able to enter a house of worship, being isolated). Service providers should tell clients that health risks and complications are possible but rare and briefly explain what they are. Once the client has chosen the method (in the **implementing the decision** phase of REDI), service providers should explain the warning signs of any possible health risks and complications.

Preparing client for common side effects

New clients:

- Always explain possible side effects
- Explain that most people do not experience them but that many do (they are common but are not a cause for concern)
- Ask how the client would feel and cope if faced with the side effects
- Explain and reassure:
- Why and how side effects occur
- Many side effects are harmless and not signs of danger
- Many side effects go away without treatment and many others can be treated
- The client is always welcome to come back with any concerns or questions
- Clients are always welcome to change methods
- Always address the social and cultural implications of side effects, such as taboos during bleeding



Telling client about health risk and complication

- Always tell clients about possible health risks and complications
- Put information on health risks and complications into perspective (help the client compare the risk to other risks, such as risks related to pregnancy, delivery, or a surgical operation)
- Explain health risks and complications separately (not together with side effects)
- Explain signs of health risks and complications clearly, and urge the client to seek immediate help should they occur
- Have clients repeat in their own words the signs of health risks and complications
- Explain and reassure:
 - Health risks and /complications are very rare
 - Clients are always welcome to come back with any concerns or questions

Addressing misconceptions

- If clients understand why misconceptions are untrue, they are more likely to believe the correct information.
- Misconceptions can lead to discontinuation of FP methods. Thus, correcting misconceptions is an important step in ensuring continued use.

Handling a Client's Misconception

- Ask clients what they have heard about FP methods and what concerns they have about the methods.
- Take the client's concern or misconception seriously.
- Try to find out where the client heard the misconception or rumor.
- Explain tactfully why the misconception or rumor is not true.
- Find out what the client needs to know to have confidence in the FP method. Find out who the client will believe.



- Give the correct information. Be aware of traditional beliefs about health because they can help you both understand rumors and explain health matters in ways that clients can more easily understand and accept.
- Encourage clients to check with a service provider if they are not sure about what they hear about their method of choice or other methods after they leave the health care facility.

Dealing with Rumors in the Community

- Find a credible, respected person (such as a community leaders or satisfied user) who can tell people the truth and counter the rumor. Meet with that person, explain the situation/rumors, provide correct information, and seek their help in ensuring that community members receive the correct information.
- Try to figure out why the rumor started. If there was a FP-related complication that led to serious illness or death, it might be necessary to provide accurate and understandable information to the public to counter the rumors and fears that resulted.
- If rumors appear in the media, your facility director might wish to act at the institutional level.
- Encourage people to check first with service providers before they repeat rumors.
- Make use of outreach workers, if they are available locally, to detect and correct rumors.

2.3. Decision Making

Decision-Making Steps in Counseling

- 1. Identify the decisions that need to be made or confirmed in the counseling session.**



Depending on the client's needs, there might be one or more decisions that need to be confirmed or made in this counseling session: **Questions for new clients** include whether to use FP, which FP method to choose, whether it is necessary to reduce the risk of contracting HIV and other STIs, and whether to use a method that provides dual protection against pregnancy and STIs. For some new clients, this might be the first time that they have been faced with making a decision about having another child.

Other new clients might already have a method in mind; these clients need information, guidance, and support to confirm whether their decision is appropriate. **Questions for returning clients** include whether or not to continue using their current FP method, whether to switch to another FP method, and whether to come back for follow-up.

Naming these decisions in the **decision-making** phase of REDI helps the client focus his or her thoughts on the issue and implies that the client is expected to make his or her own decisions.

2. Explore relevant options for each decision.

This task should be done in an organized and logical way that responds to the expressed needs of the client. Provider should list (although not necessarily explain) all available options and then help the client eliminate those that are not relevant to his or her situation.

Options for **new clients** include all available FP methods that are appropriate for the particular client, dual-protection options, and other STI risk reduction options. **New clients with a method in mind** will need to confirm their decision. In these situations, the provider must give balanced information tailored to the particular method the client has in mind and make sure the client is making a well-considered decision by giving essential information on other methods that would be appropriate given the client's expressed need. The provider does not necessarily need to provide all information about each method, just enough detail so that the client can rule out the method.

Returning clients need to be told about options such as taking action to alleviate a side effect, discontinuing the method, or switching to another method.



3. Help the client understand the characteristics of each option

The options need to be presented in a personalized way—that is, by relating them to the unique situation of the client and explaining what choosing that particular option would mean or imply for the client. For **new clients with no particular method in mind**, this might mean reviewing the detailed information about FP methods, their side effects, health benefits, health risks, what it would mean or take to obtain those methods, and how each option may contribute to reducing the risk of HIV and other STIs risk reduction. These same areas need to be covered also **with new clients with a method in mind**, but in this case the provider should put more emphasis on the preferred method of the client while giving sufficient information about the benefits, disadvantages, and consequences of other options to enable the client to eliminate options. After receiving this information, clients might opt for a method different than the one they originally had in-mind.

Returning clients come with an idea about the benefits and disadvantages of the method they have been using (or have used in the past). They need help understanding what other options would mean or require. Providers should personalize information on the benefits, disadvantages, and consequences of each option. What would discontinuation mean? When would the client need protection again? What are the family and social implications? Clients facing problems with their current FP method need to consider whether to discontinue the method, switch to another method, or cope with the side effects they have been experiencing. This step also serves as a reality check for the client regarding the possible consequences of her or his choice. The counselor can help by asking questions about how the client would feel or what he or she might do in certain situations. Examples of such questions include “How would you feel about taking the pill every day?”, “What will your husband think of using a condom?” “What might make it difficult for you to come back to the clinic every three months for the injection? What would you do about that?”

4. Encourage the client to make his or her own decision.



The counselor's primary role is to help the client make and finalize his or her decision and plan how to carry it out. The counselor should ensure that the client's decision is a well-informed and appropriate choice. The counselor can reflect back the decision by saying, "So, you have decided to . . ." or "What is your decision?"

2.4. Helping Clients Implement their Decisions

The client's decision about which method to use and how he or she will address any problems or concerns about their method of choice (be it a new method or one she or he is currently using) should guide the counseling session. This means that the counselor should not only **give information** about how to use the method but also help the client **identify possible barriers** to implementing their decision, assist the client **to strategize how to overcome** these barriers, and help the client **build the skills necessary for** overcoming those barriers.

Implementing the Decision—Steps in Detail

1. Assist the client in making a concrete and specific plan for carrying out the decision (including correct method use).

- **Be specific.** The plan should include where and when to obtain the method, economic, family and social implications, and how to use the method. Asking a client the question "What will you do next?" is important in helping him or her develop a plan.
- For example, if the client has decided to start using **condoms**, the provider should ask the following questions: "How often?" "Where will you get the condoms?" "How will you pay for them?" "How will you tell your partner that you want to use them?" and "Where will you keep them so you will have them with you when you need them?" For the **pill**, the provider should ask how the client will remember to take it every day. For **injectables**, the provider's questions should include how the client will remember to return for repeat injections at the appropriate time.



If the client has chosen a method that is not immediately available or that requires booking at a later date or referral to another facility, the provider should counsel the client and provide the client with another temporary method that the client can use in the interim.

2. Identify barriers that the client might face in implementing the plan.

Ask about possible consequences of the plan (like the partner's reaction to the decision) and what social supports are available to the client. Who in the client's life can help the client carry out the plan? Who might create obstacles? The questions to ask the client might include the following:

- “How will your partner(s) (or any other person from the family or community) react?”
- “Do you fear any negative consequences?”
- “How will the plan affect relationships with your partner(s)?”
- “Can you communicate *directly* about the plan with your partner(s)?”
- “Will indirect communication be more effective at first?”
- What problems does the client think he or she might have? Examples include returning to the facility for follow-up or re-supply/re-injection, taking an oral contraceptive pill at the same time every day, and purchasing supplies at the pharmacy.
- Does the client think that he or she might experience difficulties (such as transportation, cost or availability) in accessing needed services or a skilled provider?

3. Develop strategies to overcome the barriers identified.

- Make sure that the client understands:
 - ✓ How to use FP methods that he or she has selected (repeat basic information and encourage him or her to ask for clarification)
 - ✓ What to do if side effects arise
 - ✓ What to do if warning signs of health risks or complications occur



- Provide the client with written information, if it is available.
- Help the client think through what he or she can or wants to do if the partner does not agree with the choice of method.
- Offer ideas for improving the client's skills in communicating and negotiating with his or her partner about FP, dual protection, condom use, or sexuality. For example, if a client feels that it might be difficult to negotiate condom use for STI prevention purposes, discuss whether it might be easier to introduce condoms as a means of preventing pregnancy.
- Help the client practice communicating and negotiating by role playing situations that may occur.
- Make a "Plan B"—that is, if the plan does not work, then what can the client do?

4. Identify and practice skills that the client will need.

- Make sure clients learn and practice the skills they need for use of specific FP methods (e.g., male and female condoms, diaphragm, spermicides, and Standard Days Method).
- Provide written information to the client, if it is available.

5. Make a plan for follow-up and provide referrals, as needed.

- Invite clients back for a follow-up visit if they find they need ongoing support with decision making, negotiation, and method use.
- Explain the timing for medical follow-up visits and contraceptive re-supply.
- Refer the client as needed for continued supplies, care, discontinuation (e.g., removal of an IUCD), switching to another method, or another service (such as STI diagnosis and treatment).
- Ensure that all of the client's concerns are addressed and that the client understands all of the information provided during the counseling session.

Essential information on method use to tell to clients



1. When to start using the method (for pills, male or female condoms, Standard Days Method, spermicides, LAM) or when to have the method inserted (for IUCDs or implants), given (for injectables), or performed (for tubal ligation, vasectomy); also consider the circumstances of clients who have just given birth or just had a miscarriage or abortion and the guidelines for use specific to these cases (see also cue cards on postpartum FP and post-abortion FP)
2. Where to obtain the method or supplies
3. How to use the chosen FP method (pills, male and female condoms, spermicides, Standard Days Method, LAM) or how to obtain it (IUCDs, implants, injectables, tubal ligation, vasectomy)
4. Tips for remembering to use the method correctly (e.g., how to remember to take pills daily; when to return for repeat injections)
5. Common side effects and how to deal with them
6. Warning signs of health risks and complications and what to do if they occur
7. How to prevent HIV and other STIs (including how to use condoms and where to obtain them)
8. How to communicate with partner about use of FP and/or condoms
9. When and where to return for re-supply or follow-up

Self-check- 2	Written test
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Directions: Answer all the questions listed below.

Part I say “True” if the statement is correct or “False” if the statement is incorrect
(each 2 point 3x 2= 6%)

1. A new client with method in mind will need a review or overview of all available FP methods.
2. Clients use their method longer when counselors have explained side effects in advance.



3. The counselor should ensure that the client's decision is a well-informed and appropriate choice.

Part II. Choose the correct answer for the following alternatives (each 2 point

3x2=6%

1. Which is INCORRECT information when we prepare new clients for common side effects?
 - A. Ask how the client would feel and cope if faced with the side effects
 - B. Side effects are harmful and signs of danger
 - C. Many side effects go away without treatment and many others can be treated
 - D. Clients are always welcome to change methods
2. In the decision-Making step of REDI which question is supposed to be for returning client?
 - A. Which FP method to choose
 - B. Whether it is necessary to reduce the risk of contracting HIV and other STIs
 - C. Whether to use a method that provides dual protection
 - D. Whether or not to continue using their current FP method
3. Giving information about how to use the method, assisting the client to strategize how to overcome these barriers, and help the client build the skills necessary for overcoming those barriers is included in which step of family planning counseling?.
 - A. Rapport Building
 - B. Exploration
 - C. Decision Making
 - D. Implementing the Decision

Note: Satisfactory rating - 6 points

Unsatisfactory - below 6 points

Answer sheet for True or False



1. _____
2. _____
3. _____

Answer sheet for Multiple choose questions

1. _____
2. _____
3. _____

Score= _____

Rating = _____

Name: _____

Date: _____

Information sheet-3	Contraception practice Information for the client
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3.1. Managing side effects and other problems

- Fears, concerns, and actual side effects constitute the main reasons for clients' discontinuation of their chosen FP method. Addressing and managing such concerns and complaints helps clients resume and continue using their method.
- Health care workers should take clients' complaints seriously, explore them in depth, and provide information and support to help clients cope with the situation.
- Most health care workers are also responsible for managing side effects and health risks/complications by either treating the problem or referring the client for treatment elsewhere.
- If clients' concerns and complaints cannot be resolved by reassurance and treatment, the client should be given the option of switching to another method.

Managing Side Effects and Other Problems

- Always acknowledge clients' complaints
- Take clients' complaints seriously



- Gain a full understanding of the complaint: Ask and listen! (Is it a side effect, a sign of a health risk/complication, or another problem?)
- Inform and reassure (for side effects):
- Explain to the client why and how side effects occur
- Assure the client that the side effect or complaint is benign and not a sign of a serious health problem
- Determine whether the side effect will go away without treatment or should be treated
- Explain what the client can do to cope with the inconvenience caused by the side effect
- Remind the client of the warning signs of health risks/complications
- Remind the client that he or she is always welcome to come back with any concerns or questions
- Remind the client that he or she is always welcome to change methods
- Discuss and/or offer medical management as appropriate (for side effects and health risks/complications)
- Discuss medical treatment options
- Treat side effects or complications as per guidelines, or refer the client if treatment is not available at your facility
- If the client is not satisfied with these options, offer the client the option of switching to another method

3.2. Helping clients continue or switch methods

Reasons for Method Discontinuation and Switching

- **Possible reasons**
 - ✓ Wanting to become pregnant
 - ✓ A change in health status (a chronic disease like hypertension or diabetes)



- ✓ A change in social status (lifestyle, economics, or relationships)
 - ✓ Changed risk (an increase, a decrease, or elimination of risk) for HIV and other sexually transmitted infections (STIs)
 - ✓ No longer needing protection against pregnancy (not having a partner anymore, post-menopausal, ...)
 - ✓ Pregnancy resulting from the failure of the method
 - ✓ Others ...
- Many clients decide, for a variety of reasons, to discontinue the method that they are using or to switch from one FP method to another.
 - Discontinuation and switching should not always be considered as inappropriate. The client's decision might be the result of a change in his or her fertility plans or dissatisfaction with a method. In fact, switching methods can be a way to help clients continue using FP when they are dissatisfied with their current methods or their needs change.
 - Some clients however, might decide to discontinue a method or switch to another one because of lack of information (especially on side effects) or because they are being influenced by rumors or misconceptions.
 - The provider should identify the underlying reasons for the client's decision to discontinue and should be able to identify signs that a client is dissatisfied.
 - For both discontinuation and switching, a provider who is supportive of clients' rights should ensure that the client is making an informed, voluntary, and well-considered decision by determining the reasons and giving information and options to the client rather than just discouraging a change and by maintaining a trustful relationship through counseling.
 - Supporting method switching as an option prevents negative consequences of discontinuation, such as unintended pregnancy.

Reasons that warrant further counseling



- Side effects of the method being used and/or lack of information about side effects
- Health risks/complications of the method being used
- Concerns about the method
- Rumors or misconceptions about the method combined with lack of correct information
- Partner's (or other family members') objection to the method being used
- Complaints that are unrelated to the method

Supporting Clients Who Want to Discontinue

- Explore the underlying reason for the client's desire to discontinue the method.
- "Why does the client want to discontinue the method?"
 - ✓ Because of side effects or other health and social reasons, concerns stemming from lack of information, the client wants to get pregnant (or preserve a pregnancy resulting from method failure) or no longer needs protection (i.e., change of circumstances, no longer at risk of pregnancy)
- Explore the reason in depth to see if it can be alleviated by treatment or other precautions (like treating irregular bleeding during the initial DMPA injections, or counseling and providing correct information to the client's partner, to counter misinformation).
- If the client decides to continue the method with additional treatment or precaution, provide appropriate counseling and service.
- Suggest switching to another method if the client still wants protection against pregnancy, and provide counseling and services as needed.
- Explore the concerns and misconceptions in depth, correct as needed, and fill in knowledge gaps.
- If the client decides to continue using the current method, continue providing appropriate counseling and services.



- If the client still wants to discontinue the method, despite wanting protection against pregnancy, offer the option of switching to another method and provide counseling and services as needed. Counsel the client and provide the service as needed (e.g., removal of the IUCD or implant).
- If the client still wants protection against pregnancy but cannot yet decide on another method, remind the client about the pregnancy risk and encourage the client to come back later.
- If the client wants to become pregnant, refer the client for preconception or antenatal care and encourage her to come back again after pregnancy.

Self-check 4	Written test
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Directions: Answer all the questions listed below.

Part I say “True” if the statement is correct or “False” if the statement is incorrect

(each 2 point 3x 2= 6%)



1. If clients' concerns and complaints cannot be resolved by reassurance and treatment, the client should be given the option of switching to another method.
2. Discontinuation and switching should always be considered as inappropriate.
3. The provider should identify the underlying reasons for the client's decision to discontinue and should be able to identify signs that a client is dissatisfied.

Part II. Choose the correct answer for the following alternatives (2 point 1x2=2%)

1. Which could not be a reason for Method Discontinuation and Switching of a method
 - A. Wanting to become pregnant
 - B. A change in health status (a chronic disease like hypertension or diabetes)
 - C. Side effects, misconception and misunderstandings
 - D. A change in social status (lifestyle, economics, or relationships)

Note: Satisfactory rating - 2 points

Unsatisfactory - below 6 points

Answer sheet for True or False

1. _____
2. _____
3. _____

Answer sheet for Multiple choose questions

1. _____

Score= _____

Rating = _____

Name: _____

Date: _____

Information sheet-4

Demonstrating basic counseling skills

4.1. Family Planning Counseling in Practice



Counseling Role Plays

- Form a pair and act one student as counselor and one as a client
- Demonstrate how to counsel FP clients, applying all of the counseling skills covered in this workshop and using the REDI model and profiled clients
- This session provide trainers with the opportunity to practice counseling and receive feedback on their performance. This is a very effective way of acquiring counseling skills.
- You can continue practicing counseling to further improve your counseling skills. This can be done in two ways: self-assessment and peer assessment.
- Self-assessment can be performed using the Learning Guides for FP Counseling Skills. After conducting a counseling session, you can go through the learning guides to score your own performance and identify the gaps they should work on.
- Peer assessment can be conducted, as you conduct counseling, a peer or colleague trained in counseling observes you. At the end of the counseling session, the peer fills in the Counseling Skills Observation Guide and gives you constructive oral feedback.

Constructive feedback should always:

- Start with strengths and positive points and then continue with ways to improve
- Be given at a private moment, as soon as the counselor is ready to listen
- Be specific in describing what exactly was observed and its impact (or consequences)
- Invite the counselor to respond or react to focus on solutions (the constructive part of feedback)



Self-check- 4	Role play
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Directions: Form a pair and acting one student as a counselor and act another student as a client and practice family planning counseling according to FMOH using REDI framework.(10%)

Note: Satisfactory rating - 5 points

Unsatisfactory - below 5 points

Score= _____

Rating = _____

Name: _____

Date: _____



Techniques for Family Planning Counseling and Assessment

GETTING READY

1. Greet the woman with respect and kindness.
2. Introduce yourself.
3. Confirm the woman's name, address, and any other required information.
4. Offer the woman a place to sit. Ensure her comfort.
5. Reassure the woman that the counseling session is confidential.
6. Tell the woman what is going to be done.
7. Encourage the woman to ask questions.
8. Listen to the woman attentively and respond to her questions and concerns.

FAMILY PLANNING COUNSELING

1. Ask the woman what she knows about family planning and if she has ever used a contraceptive method before; if yes:
 - What method did she use?
 - Did she have any problems with that method or does she have any questions or concerns about that method?
2. Ask the woman about her reproductive goals. Does she want to limit or space pregnancies?
3. Assess the woman's risk for STIs and HIV/AIDS.
4. Use visual aids, such as posters, flipcharts, drawings, samples of methods and anatomic models to provide general information about each contraceptive method available including:
 - How it prevents pregnancy



- How it is administered
 - Effectiveness
 - Advantages and disadvantages
 - Possible side effects
 - Possible problems or complications for which the woman should return to the clinic
 - Protection against STIs including HIV/AIDS
5. Clarify any misinformation the woman may have about family planning methods.
 6. Answer any questions the woman has.
 7. Ask which methods interest the woman.
 8. Help the woman choose an appropriate method.

METHOD-SPECIFIC COUNSELING – once the woman has chosen a method

1. Using the language the woman will understand, take a reproductive and basic medical history:
 - Name
 - Age
 - Menstrual history
 - Number of pregnancies
 - Number of births
 - Number of living children, their ages and gender
 - Date of last menstrual period
 - Any contraceptive methods she used in the past, for how long, why stopped and any problems with the method(s).
 - Contraceptive method she is currently using
 - Any medical conditions that may be a contraindication for the methods the woman is interested in using
 - History of STIs and treatment



2. Perform any physical assessment that is appropriate for the method chosen; if indicated, refer the woman for evaluation.
3. Make sure there are no contraindications for the chosen family planning method.
 - If the woman's chosen method is not appropriate for her, help her to find a more suitable method.
4. Briefly, giving only the most important information, tell the woman about the chosen method:
 - Type
 - How it works
 - Effectiveness
 - Advantages
 - Disadvantages
 - Contraindications
 - Common side effects and warning signs
 - Protection against STIs, HIV/AIDS
5. Provide the method of choice if available or refer her to the nearest health facility where it is available.
6. Instruct the woman about:
 - How to use the method of contraception.
 - Possible side effects and what to do if they occur.
 - Problems or complications for which the woman should return to the health facility right away.
 - Any other relevant information.
7. Provide the woman with information about prevention of STIs and HIV/AIDS if she is at risk.
 - If necessary provide her with condoms, instructions on how to use them and where to obtain more.



8. Encourage the woman to repeat the instructions to be sure she understands.
9. Ask if the woman has any questions or concerns. Listen attentively and address her questions and concerns.
10. Discuss return visits and follow-up care with the woman:
 - Schedule the date and time for her follow-up visit.
 - Where to go for more supplies
 - When to return to the health facility
11. Encourage the woman to return to the clinic at any time if she has questions, concerns, a problem, or needs medical attention.
12. Record all relevant information in the woman's chart.
13. Thank the woman, politely say goodbye and encourage her to return to the clinic if she has any questions or concerns and for her follow-up visit.

FOLLOWUP COUNSELING

1. Greet the woman with respect and kindness.
2. Introduce yourself.
3. Confirm the woman's name, address, and other required information.
4. Ask the woman what you can do for her.
5. Review her record/chart.
6. Check whether the woman is satisfied with her family planning method and is still using it. Ask if she has any questions, concerns, or problems with the method.
7. Explore changes in the woman's health status or lifestyle that may mean she needs a different family planning method.
8. Reassure the woman about side effects she may be experiencing and treat them if necessary.
9. Ask the woman if she has any questions. Listen to her attentively and respond to her questions or concerns.



10. Perform any necessary physical assessment (e.g. blood pressure check for the pill or Depo-Provera).
11. If necessary provide the woman with her contraceptive method (e.g. the pill, Depo-Provera, condoms, etc.).
12. Schedule return visit as necessary.
13. Record the relevant information in the woman's chart.
14. Thank the woman, politely say goodbye and encourage her to return to the clinic for follow-up care and if she has any questions or concerns.

Lap Test	Practical Demonstration
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Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, tools and materials you are required to perform the following tasks within 30 minutes

Task 1. Family Planning Counseling and Assessment

Prepared By



No	Name	Educational Back grand	LEVEL	Region	College	Email	Phone Number
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