

WHO-EM/WRH/100/E

Training manual on
Reproductive health
counselling
Facilitators' guide



World Health
Organization

Regional Office for the Eastern Mediterranean

Training manual on Reproductive health counselling

Facilitators' guide

WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean
Training manual on reproductive health counselling: facilitators' guide / World Health
Organization. Regional Office for the Eastern Mediterranean

p.

WHO-EM/WRH/100/E

1. Reproductive Health - education 2. Infant Health 3. Maternal Health 4. Family
Planning Services 5. Teaching Materials I. Title II. Regional Office for the Eastern Mediterranean
(NLM Classification: WQ 200)

© World Health Organization 2015

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Knowledge Sharing and Production, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: emrgoksp@who.int). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address; email: emrgoegp@who.int.

Contents

Introduction.....	5
Pre-workshop facilitators’ meeting.....	7
Workshop proceedings.....	8
Annex 1 Pre- and post-tests	37
Annex 2 Competency-based training reproductive health counselling skills assessment checklist.....	39
Annex 3 Country team work (120 minutes)	41
Annex 4 Evaluation of the intercountry training workshop on reproductive health counselling	43
Annex 5 Framework for monitoring implementation of..... reproductive health counselling activities in the Eastern Mediterranean Region.....	45
Annex 6 Resource materials	48

Introduction

Counselling is a vital part of maternal and newborn health and family planning services. The term “counselling” is often understood in many different ways. In this training manual facilitators’ guide we focus on counselling for maternal and newborn health and family planning as “an interactive process between the skilled attendant/health worker and a woman and her family during which information is exchanged and support is provided so that the woman and her family can make decisions, design a plan and take action to improve their health.”¹

Good counselling focuses on the client’s needs and situation. Good counsellors are willing to listen and respond to the client's questions and concerns.

The reproductive health counselling training workshop was designed for Ministry of Health programme managers and experienced ministry of health staff involved in national training programmes. The aim of this facilitator guide is to help national managers and trainers in their efforts to improve the health of mothers and newborn babies through a training programme on reproductive health counselling focused on maternal and neonatal health for skilled providers at any level of the health care system.

This guide is intended to assist skilled providers in using *Counselling for maternal and newborn health care: a handbook for building skills* (hereafter referred to as the “Handbook”) to provide counselling in the most effective and efficient manner possible. In addition, this training guide covers family planning counselling skills using a decision-making tool for providers and client.

The guide is designed to actively involve the participants in the learning process. Some of the sessions and activities were taken from the handbook and draft training guide. The session on simulation communication skills and practical activities was taken from the participatory community assessment training guide.

Workshop objectives

The purpose of the workshop is to qualify participants to provide safe, respectful and friendly care to women, newborn infants and their families and encourage mothers and families to use the health care system with confidence.

The workshop objectives are to:

- review and exchange relevant experience on existing practices of counselling for reproductive health, with specific focus on maternal and newborn health and family planning services;
- train a team of regional and national trainers in advanced counselling skills, including client information, assistance in decision-making and emotional support;
- introduce complementary concepts and a framework for the integrated curriculum on comprehensive counselling for reproductive health; and
- provide guidance on methodologies for adapting counselling frameworks and practices to help providers effectively assess and address client’s reproductive health needs.

¹ Counselling for maternal and newborn health care: a handbook for building skills. Geneva: World Health Organization; 2013.

Workshop methodology

The workshop includes updates on the basic steps of the counselling process, counselling guiding principles and counselling skills. The methodology employs participatory methods that engage workshop participants in an interactive manner through different techniques, such as presentations, role playing, and group and plenary discussions.

Workshop outcomes

The expected outcomes of the workshop are:

- the participants are acquainted with the concepts of the integrated curriculum on reproductive health counselling;
- the participants are advanced in counselling skills and knowledge in maternal and newborn health and family planning;
- country plans for reproductive health counselling training package adaptation and competency-based training are developed by country teams; and
- a regional team for reproductive health counselling is formulated to support and sustain the quality of reproductive health counselling services in countries.

Draft country workplans for addressing reproductive health counselling issues in the participating countries will be developed and future steps outlined on the final day.

Selection criteria for participants

The participants selected for the training should be health care professionals (doctors, midwives, nurses) who are:

- currently providing maternal and newborn care;
- interested in providing quality services;
- capable of offering the services being taught in this course;
- supported by their supervisors or managers; and
- motivated and ready to change their clinical practices where necessary to meet the standards and attitudes of quality client care.

Pre-workshop facilitators' meeting

Time	Activity	Notes
10:00 – 13:00	Pre-workshop facilitators' meeting	The objective of the pre-workshop facilitators' meeting is to ensure administrative and technical preparedness for the training
14:00 – 16:00	Pre-workshop facilitators' meeting (continued)	Agenda for pre-workshop facilitators' meeting: <ul style="list-style-type: none">• Facilitators' introduction• Review the training workshop agenda and provisional programme• Check the course materials, presentations, etc. are in place• Make a preliminary visit to the training venue to ensure the room set up is ready• Note daily facilitator meetings.

Workshop proceedings

Day 1

Time	Activity	Notes
9:00 – 9:30	Opening remarks	By Ministry of Health, WHO, UNFPA
9:30 – 10:00	Goal and objectives of the workshop	<p>Goal and objectives of the workshop</p> <p>These should be clearly defined.</p> <p>The goal of the training workshop is to provide participants with the opportunity to acquire new skills and improve their ability to provide reproductive health counselling with a focus on maternal and newborn health from pregnancy up to the postpartum period. This training will equip participants to provide quality, safe, respectful and friendly counselling to women, husbands and families, thereby encouraging mothers and families to use health care services with confidence and improving health outcomes for women and newborn infants.</p> <p>The objectives of the workshop are to:</p> <ul style="list-style-type: none"> • review and exchange relevant experience on existing practices of counselling for reproductive health, with a specific focus on maternal and newborn health and family planning services; • train a team of regional and national trainers in advanced counselling skills, including client information, assistance in decision-making and emotional support; • introduce complementary concepts and a framework for an integrated curriculum on comprehensive counselling for reproductive health; and • provide guidance on methodologies for adapting counselling frameworks and practices to help providers effectively assess and address client’s reproductive health needs.
	Methodology of the workshop	<p>Methodology of the workshop</p> <ul style="list-style-type: none"> • Is based on scientific evidence-based materials including modules and recommendations published by WHO and leading world associations of obstetrician-gynaecologists and neonatologists. • Aims at the development of knowledge, attitudes and practical skills for using effective communications and counselling methods in daily work. • Emphasizes the development of a team and multidisciplinary approach in administering and acquiring effective communication and consulting skills.
	Structure of the	<hr/> <p><i>I hear and I forget. I see and I remember. I do and I understand</i> Confucius</p> <hr/>

Time	Activity	Notes
	workshop	<p>Structure of the workshop</p> <ul style="list-style-type: none"> • Based on <i>Counselling for maternal and newborn health care: a handbook for building skills</i> (World Health Organization 2013) and <i>Decision-making tool for family planning clients and providers: a resource for high-quality counselling</i> (World Health Organization 2005). • Each session is comprised of a series of various activities, including presentations, group discussions, role plays, case studies and practical sessions. • There will be daily assessment of the training. • Participants will have homework. • Duration: five working days.
	Workday schedule	<p>Workday schedule</p> <ul style="list-style-type: none"> • The workshop will start at 8:30 with a warm-up and summing up of the previous day. • Work on handbook and other materials (according to schedule) in plenary sessions (joint and individual work) and small groups. • Two coffee breaks of 30 minutes each. • Lunch from 13:00 to 14:00. • At the end of the day there is a facilitators' and group representatives' meeting.
	Rules of the workshop	<p>Rules of the workshop</p> <p>Brainstorm rules by asking the participants what the workshop rules should be and write their answers on the flipchart. These may include the following:</p> <ul style="list-style-type: none"> • Do not be late • Attend sessions daily • Work in a team • Listen to colleagues and respect their opinion • Speak one at a time • Do not interrupt • Be interactive • Submit complicated issues for later review • Actively participate in all sessions including in role plays • Turn off mobile ringtones and internet during workshop activities. <p>Materials: Flipcharts with the training workshop objectives and rules should be prepared beforehand and displayed on the meeting room wall during the workshop.</p>
10:00 – 10:30	Introduction of the participants:	<p>Objectives</p> <p>By the end of this session:</p>

Time	Activity	Notes
	the “icebreaker”	<ul style="list-style-type: none"> • participants are expected to know each other better and to have become acquainted with the facilitators; • a friendly environment for further training course delivery should have been created.
		<p>Preparations</p> <ul style="list-style-type: none"> • Make sure that a list of the names of participants and facilitators is available. • Make sure that other facilitators are aware of their responsibilities for the session.
	Activity	<p>Group activity: the “icebreaker”</p> <ul style="list-style-type: none"> • Explain that the goal of this section is to allow all course participants to make a closer acquaintance with each other and with the facilitators. • Emphasize that this activity should be fun and any initiative is welcome to make this section more interesting and cheerful. Remember that the main objective of this activity is to establish contact with the participants to create a warm and friendly atmosphere. • Ask the participants to take a moment to write down two things they would like the other participants to know about their communication and counselling experience in maternal and neonatal health. • Explain that several minutes is allocated to “break the ice”: each participant and facilitator should introduce themselves to the group using a lottery method.
	Expectations	<p>Participants’ expectations</p> <p>Ask participants to say what their expectations from the course are.</p> <ul style="list-style-type: none"> • What do you hope to accomplish during the course? • Do you anticipate any difficulties during the course? • How do you think this training will help you at work? <p>Materials: Small cards with pair numbers corresponding to the total number of participants and facilitators; an LCD projector and screen; a flipchart and coloured markers.</p>
10:30 – 11:00	Break	
11:00 – 11:20	Pre-test	<p>Multiple choice or “true or false” questions for initial assessment of knowledge and skills. The pre-test results serve as a guide for facilitators to help them focus on those themes the participants need more attention on. A pre-test assesses a participant’s knowledge or skills before seeing any reading material, hearing a lecture or practicing skills. A post-test is given after the material has been covered.</p>

Time	Activity	Notes
11:20 – 11:40	Introduction to the training package and methodology	<p>The pre- and post-test should be developed taking into consideration the:</p> <ul style="list-style-type: none"> • goal and objectives of the training workshop; • the expected outcome of the training workshop; • the profile of the participants (their knowledge, skills and experience). <p>This guide provides a sample of pre- and post-test questions in Annex 1. However, you can develop them in accordance with your programme’s objectives and needs.</p>
		<p>Objectives</p> <p>By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • describe the aim and objectives of the training package; • assess the relevance of the aim and objectives of the training package to their needs; • plan how to use the training package to meet their needs. <p>The goal of this training package is to help the participant to improve and further develop his/her counselling and communication skills in maternal and newborn health care and family planning services.</p> <p>The training package and methodology should be used as a foundation to strengthen participant’s skills to effectively counsel and communicate with the women, their husbands and families during routine care and emergency preparedness in pregnancy, childbirth, postnatal periods.</p> <p>The course is designed to provide the participants with an opportunity to practice their counselling skills for care during normal pregnancy and after birth including for newborn care, so that they can effectively use these skills upon return to their places of work.</p>
	Review of the Handbook	<p>The Handbook</p> <p>The facilitator explains the participant folder with a focus on the Handbook. Ask participants to open the Handbook and to familiarize themselves with it. Review the contents and structure of the Handbook with the participants.</p>
	Training materials	<p>The Handbook is divided into three parts:</p> <ul style="list-style-type: none"> • Part 1: an introductory section providing an overview of the Handbook. • Part 2: four sections that focus on the principles of counselling and the different skills needed for counselling in maternal and newborn health. • Part 3: applies the counselling skills and processes to specific topics in maternal and newborn health.

Time	Activity	Notes
		<p>Review the Handbook format and advise participants that in this workshop Part 2 and selected sessions of Part 3 will be covered.</p> <p>Materials: See Annex 6.</p>
11:40 – 12:20	Introduction to principles of adult learning	<p>Objectives By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • identify the basic principles and characteristics of adult learning; • demonstrate how to apply adult learning theory to the training process and the counselling process. The principals of adult learning have two ends: a) for trainers to reflect on their own methods as adult, and b) for counsellors and health workers to apply these considerations in how they work with adults; • describe the importance of organizing training materials around “key concepts”. <p>Interactive lecture on main principles of adult learning</p> <ul style="list-style-type: none"> • Adults are <i>autonomous</i> and <i>self-directed</i>. • Adults have accumulated a foundation of <i>life experiences</i> and <i>knowledge</i> that may include work-related activities, family responsibilities and previous education. We should therefore not rely on just giving information, because, given this knowledge base, adults will have a need to compare their knowledge with the new information and we can discuss their involvement in the learning process. • Adults are <i>goal-oriented</i>. • Adults are <i>oriented to relevant issues</i>. • Adults are <i>practical</i>, focusing on useful lessons for their work. • As do all learners, adults need to be shown <i>respect</i>.
	Group activity	<p>Discuss how these principles apply to this training and to the situation between a counsellor and the client she/he is counselling.</p> <p>Group discussion on the relationship between facilitators and participants and between counsellors and clients</p> <p>To establish an environment of trust and respect, it is very important to establish a series of rules at the beginning of the programme. These rules include the following:</p> <ul style="list-style-type: none"> • Highlight the importance of building knowledge together: each person brings their knowledge and experience and we will construct knowledge together. • Treat all participants with respect regardless of differences of culture, age or sex. • Secure and respect confidentiality to allow facilitators and participants to discuss delicate issues (concerning sexual, reproductive and psychological health, and abuse of harmful

Time	Activity	Notes
		<p>substances) without fear of possible negative consequences.</p> <ul style="list-style-type: none"> • Consider the personal s of both facilitators and participants while seeking solutions for a complicated situation. • Be open to giving and receiving critical appraisal of activities and respect the role of criticism in making the fairness of decisions evident. • External experts will join the team of facilitators. From the very beginning, determine how facilitators and invited specialists will cooperate together, voice their opinions (both positive and negative) and keep each other within the context of the programme. This could be done during the session itself (such as by asking permission to speak of the colleague who is leading the session) or by taking notes and discussing them during the facilitators’ meeting. • Agree that when a facilitator or an expert is making a presentation, the second facilitator will keep the timing and warn the presenter when the allocated time has elapsed. Some facilitators set alarm clocks at the beginning of the session, but if you do this then ensure that the sound of the alarm is not too loud! <p>All the above, combined with basic teaching skills, will contribute to the creation of a productive training environment. Some facilitators prefer making a “training contract” at the very beginning of the training course to ensure that facilitators and participants agree on the main principles underlying the educational process for adults.</p> <p>Summary of the session</p> <p>Materials: <i>Education material for teachers in midwifery. Foundation model. Modules 5 and 6 of The midwife in the community; strengthening midwifery toolkit. See Annex 6.</i></p>
12:20 – 13:00	Principles of counselling for maternal and newborn health and family planning	<p>Objective</p> <p>By the end of this sessions participants should be able to:</p> <ul style="list-style-type: none"> • define and describe the counselling process; • outline the guiding principles of good counselling. <p>Group activity: Brainstorm</p> <p>Divide the group into three small groups and ask them to discuss and answer the following question:</p> <ul style="list-style-type: none"> • What does the word “counselling” mean for you? Write down some key words that come to your mind when you hear the word counselling. Look at the words you have written. Use them to come up with some examples of counselling in maternal and newborn health that you have done already. <p>Interactive lecture</p> <p>The key steps of the counselling process are:</p>

Time	Activity	Notes
		<ul style="list-style-type: none"> • assess situation • define problems, needs and information gaps • generate alternatives • prioritize solutions • develop a plan • review and evaluate. <p>The guiding principles of counselling for maternal and newborn health are:</p> <ul style="list-style-type: none"> • self-reflection • empathy and respect • encouraging interaction • building on current knowledge and skills • sharing problem-solving • tailoring for women-specific needs.
	Group activity	<p>Group activity: case studies</p> <p>The counselling wheel should be prepared and placed on a wall (or on a flipchart) visible to the participants. The same case study and questions for discussion will be distributed to participants.</p> <p>Case study 1</p> <p>The client is a 28-year-old mother of three children. The youngest is four years old and his birth was very difficult. She does not want to have any more children and her husband agrees. To prevent further pregnancies, she began taking Depo-Provera injections about one year ago. It is not yet time for her next injection, but she has returned to the clinic because she is worried: she has not had a menstrual period for two months and is afraid that the menstrual blood is building up inside her.</p> <p>Case study 2</p> <p>F. is 22. This is her first pregnancy. She comes to the reception room with complaints of labour pains. F. is very afraid of the birth. In addition, she does not want any of her relatives to be present at the birth.</p> <p>Case study questions</p> <p>How would you manage the situation? How would the guiding principles of effective counselling help you?</p> <p>Note for trainer: A case study is written to pose a problem, generally a real situation and provoke the participants to consider how they would handle it. Many participants will read the case study and come to a conclusion quickly without addressing the underlying problem. This is why it is important to give very specific instructions when addressing the problem.</p> <p>Summary of the session</p> <p>Counselling in maternal and newborn health is about facilitating</p>

Time	Activity	Notes
		<p>the provision of information, advice and support to help people (woman, their families and communities) to make their own decisions and take the actions needed to improve the health of the woman and the newborn. Counselling is not about persuading or obliging people to act in certain ways.</p> <p>Materials: Handbook (session 2).</p>
13:00 – 14:00	Break	
14:00 – 15:00	Counselling skills in maternal and neonatal care	<p>Objectives By the end of this sessions participants should be able to:</p> <ul style="list-style-type: none"> • define counselling and its role in improving reproductive health care; • describe the key skills of counselling for maternal and newborn health; • outline the elements of each of these skills; • make a plan of how to put these skills into practice. <p>Definition Counselling for maternal and newborn health is an interactive process between the skilled attendant/health worker and a woman and her family, during which information is exchanged and support is provided so that the woman and her family can make decisions, design a plan and take action to improve their health.</p> <p>Notes for trainer: The counselling definition should be prepared on the flipchart beforehand and posted on the wall. The counselling wheel should be prepared and placed on the flipchart.</p> <p>Interactive lecture</p> <p>Interactive lecture: the six key skills that are needed for counselling in maternal and newborn health (Handbook part 2, session 3) The six key skills are:</p> <ul style="list-style-type: none"> • two-way communication • forming an alliance • active listening • open-ended questioning • providing information • facilitation. <p>Key messages</p> <ul style="list-style-type: none"> • Counselling is communicating with people in order to understand their feelings and provide them assistance in decision-making. • Health care workers should possess good communication skills in order to understand the needs of their clients. • Women are reported to value the quality of the interaction with the provider in their perceptions of the quality of the care

Time	Activity	Notes
	Introduction of competency-based training skills assessment checklist	<p>received, including how providers communicate with them, listen to them, understand their needs and use this information in giving effective care.</p> <ul style="list-style-type: none"> • Through counselling, clients discuss information which helps them to make choices that best respond to their needs. • During counselling, the client has an opportunity to look at the situation from a different point of view, to consider the impact of the different options, to change her attitudes and to make informed decisions. • Good counselling requires a sympathetic attitude (confidentiality, compassion, care, taking the client's point of view), knowledge (facts, information) and communication skills (listening, questions, answers to questions).
	Demonstrations	<p>Introduction of competency-based training skills assessment checklist</p> <p>The facilitator will introduce the competency-based training skills assessment checklist that will be used for entire course. Each step should be analysed to determine the most efficient way to perform and learn it. These checklists make the required steps easier to learn and enable objective evaluation of the learner's performance.</p> <p>Counselling video demonstration</p> <p>Discussion</p> <p>After the video is finished, ask participants to fill out the competency-based training skills assessment checklist to assess their own skills. Discuss feedback.</p> <p>Summary of the session</p> <p>Materials: Handbook (section 3); <i>Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice.</i></p>
15:00 – 15:30	Break	
15:30 – 16:30	Small group work: practice communication skills	<p>Group work: Practise communication skills</p> <p>Objective</p> <p>By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • identify which skills need to be discussed thoroughly over the next sessions; • develop and practice micro-skills for communication counselling; • consider how to address them in sessions over the coming days. <p>Form small groups of three participants each: one questioner, one respondent and one observer.</p>

Time	Activity	Notes
		<p>Ask each person to pick one of the following themes:</p> <ul style="list-style-type: none"> • The quality of counselling services during antenatal visits • Counselling in family planning • Men’s role in maternal and neonatal care <p>They should take two or three minutes to come up with a list of questions related to their theme. They should then take turns to ask questions for five minutes each</p> <p>Participants should practice the following skills, and the observer should make notes on how the questioner performs.</p> <ul style="list-style-type: none"> • Write on a flipchart communication tips: <ul style="list-style-type: none"> ○ Listening actively ○ Forming an alliance ○ Asking open-ended questions ○ Clarifying ○ Paraphrasing ○ Probing ○ Providing information ○ Facilitating ○ Avoiding leading questions <p>Participants in each group should swap roles after five minutes. Do this twice so that everybody gets a turn to ask questions.</p> <p>After they have finished, bring them back to the plenary and ask them to reflect on their experience. Of the different skills, which do they feel they had the most problems with and need more practice in? Ask how they felt as observers, questioners and respondents.</p> <p>Summary of the session Summarize for the group the importance of: (1) the way that you communicate; and (2) how you respond to the communication of others.</p>
16:30 – 16:45	Day reflections: review of sessions and self-evaluation	<p>Day review Choose some of the questions below to facilitate the session.</p> <ul style="list-style-type: none"> • What was most useful during the day in your opinion? • What was least useful? • What was difficult? Why? • Have you obtained any information of particular value on the subject covered? • What new skills have you acquired? Did you have an opportunity to practice? How was it? • Are there any topics that you would like to review again tomorrow? Please indicate. • What suggestions do you have for the next day?

Time	Activity	Notes
	Homework and closure of the day	Homework Participants should read part 2 and part 3 of the Handbook (sessions 6, 7, 8 and 9).

Day 2

Time	Activity	Notes
08:30 – 09:00	Day 1 review	Warm-up and summing up of previous day Brainstorm exercise/question and answer session. Where are we? This activity should be used as an opportunity to share insights, clarify the issues, resolve any problems and review important materials that participants need to remember.
09:00 – 10:30	Factors that influence the counselling environment	Factors that influence the counselling environment Objectives By the end of this session the participants should be able to: <ul style="list-style-type: none">• explain the key contextual factors which have an impact on counselling for family planning and for maternal and newborn health;• analyse the effect these factors may have on the counselling relationship;• explain the importance of couple counselling and counselling on sensitive issues. Interactive lecture using PowerPoint slides Factors that influences counselling include: <ul style="list-style-type: none">• social and cultural context – understanding woman’s socioeconomic situation;• the impact of gender roles on health;• household decision-making processes. Note: There are situations in couple counselling and counselling on sexuality issues where the understanding of these factors would be particularly important. Key messages The provider should always have responsibility and control over the following factors: <ul style="list-style-type: none">• tolerance, empathy, and supportive attitude;• respect for clients;• technical knowledge;• the belief and knowledge that family planning saves lives and improves families’ quality of life. Limitations due to lack of space, staff and supplies must be addressed by providers creatively and with health facility staff as a team. Cultural factors must always be taken into account and client comfort levels and individual needs should be satisfied as much as possible by providers.

Time	Activity	Notes
	Group activity: practical exercise	<p>Many practices are deep-rooted in social and cultural norms and gender roles and perceptions. However, health workers can play an important role in stimulating discussion on the issues in the community.</p> <p>Understanding the gender roles in the community can help you to better understand the situation of the women and men you counsel, and thus improve your counselling interactions.</p> <p>Group activity: A practical exercise to assess whether local practices are helpful, harmful or harmless The scenarios for the practical exercise should be developed taking into consideration the cultural context and socioeconomic situation.</p> <p>Aim of the exercise To assess if local practices in the community in relation to maternal and newborn health are helpful, harmful or harmless.</p> <p>Divide participants into four small groups and ask them to discuss their local practices as following:</p> <ul style="list-style-type: none"> • group 1: local practices in pregnancy; • group 2: local practices in childbirth; • group 3: local practices in postnatal period; • group 4: local practices in postpartum woman asking for family planning (oral contraceptive pills). <p>Plenary discussion or feedback from groups on practical exercise.</p> <p>Summary of the session</p> <p>Materials: Handbook (session 4).</p>
10:30 – 11:00	Break	
11:00 – 11:50	Practical considerations in the counselling process	<p>Practical considerations in the counselling process</p> <p>Objectives By the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> • organize the counselling environment both at the health facility and for a home visit; • use a range of different tools and aids to support counselling activities; • evaluate existing tools and aids to see which are most appropriate for the provider’s needs as a counsellor, and tailor them to the needs of women and couples. <p>Interactive lecture using PowerPoint slides The counselling environment should be:</p>

Time	Activity	Notes
	Group activity	<ul style="list-style-type: none"> • welcoming; • comfortable; • a place with few distractions; • private and confidential. <p>Small group work Duration: 15 minutes for group discussion and preparation of the presentation plus 2.5 minutes for each group presentation.</p> <p>Two small groups should be formed with 10 to 12 participants in each group. Participants will discuss issues related to organizing and assuring a comfortable, welcoming and safe counselling environment.</p> <p>The theme for small group work 1 is creating welcoming and safe interaction, and the theme for small group work 2 is evaluating the physical environment.</p> <p>Summary of the sessions</p> <p>Materials: Handbook (session 5)</p>
11:50 – 13:00	<p>Applying counselling skills to specific maternal and newborn health and family planning topics and situations</p> <p>Antenatal care: general care at home during pregnancy</p>	<p>Applying counselling skills to specific maternal and newborn health and family planning topics and situations</p> <p>1. Antenatal care: general care at home during pregnancy</p> <p>Objectives By the end of this session, participants should be able to:</p> <ul style="list-style-type: none"> • counsel and communicate effectively with women on self-care in the home during pregnancy; • consider cultural and religious beliefs in the community affecting the care a pregnant women receives in the home and the support she receives from her partners and family; • assess how to involve partners and other key family members in counselling; • consider household decision-making dynamics. <p>Method Interactive presentation that includes brainstorming, questions and answers, and engaging participants in discussion.</p> <p>Key messages</p> <ul style="list-style-type: none"> • The main objective of antenatal care is to: a) support and inform the woman so she can take care of herself with the support of her family; and b) detect and manage problems that may emerge during pregnancy. • It is important for a woman to receive care as early as

Time	Activity	Notes
		<p>possible in the antenatal period – during the first trimester.</p> <ul style="list-style-type: none"> • Women should make at least four antenatal care visits.
	Group activity: practical session	<p>Practical session</p> <p>This activity aims to help participants prioritize the most important information that needs to be communicated to women and other family members.</p> <p>Please work in country teams. Refer to the list of WHO recommendations for self-care during pregnancy. Each team will be assigned one question and will have 10 minutes to organize a response and three minutes to present the response.</p> <ul style="list-style-type: none"> • Identify the three most important recommendations and identify one recommendation you think is missing. • Identify which recommendations will require counselling rather than just communication. • Think of household decision-making processes. Which information is most important to be shared with husbands? Should this be done as a couple or should a separate group be organized with men? • Think of household decision-making processes. Which other family member is important in these processes? How could a health worker talk to families about the decisions they make?
		<p>Summary of the session</p> <p>Materials: WHO recommendations for self-care during pregnancy (Handbook, session 6, page 75); <i>Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice</i>; <i>Working with individuals, families and communities to improve maternal and newborn health</i> (see key interventions page 12).</p>
13:00 – 14:00	Break	
14:00 – 15:00	Antenatal care: planning for safe childbirth	<p>2. Antenatal care: planning for safe childbirth</p> <p>Objective</p> <p>By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • support women to understand the importance of birth with a skilled attendant and explain the content of a plan for safe childbirth and complications; • understand the importance of interactions and counselling to support women in developing a plan for safe childbirth and complications; • assess with women the availability and quality of community support available to them and their families to

Time	Activity	Notes
		<p>implement their birth and complications plan.</p> <p>Interactive presentation</p> <ul style="list-style-type: none"> • What is a planning for safe childbirth and complications? • Skills for supporting pregnant women to plan for safe childbirth and complications. • Providing information for the plan. • Facilitating individual and household problem-solving. • Establishing links with the community to support planning for safe childbirth and complications <p>Key messages for participants as future counsellors</p> <ul style="list-style-type: none"> • The woman should plan for a safe childbirth in her first antenatal visit and know where to get immediate skilled assistance if problems arise during pregnancy, during childbirth or after. • The plan should be reviewed in every antenatal visit and updated accordingly. • A skilled birth attendant, such as a doctor, nurse or midwife, should check the woman at least four times during every pregnancy, assist at birth and check the woman in the post-partum period. • It is important that the woman discusses the plan with her husband and family. • Additional resources in the community can be important in supporting women to reach skilled care for childbirth or in the case of complications. <p>Practical session: Practise supporting women, families and communities to develop a plan for safe childbirth and complications</p> <p>This session focuses on the questions used to develop a birth and emergency plan.</p> <p>Note for trainer: Divide the participants into two groups. Ask both groups to review the questions suggested in this session to help women and families prepare for birth with a skilled attendant and for an eventual complication. Ask one group to consider the birth questions and the other group to consider the complications preparedness questions.</p> <p>Ask both groups to brainstorm, discuss and report back on how appropriate the questions are, what additional questions should be asked, what counselling techniques would be most effective to support the plan and what cultural factors and contexts might influence the plan.</p> <p>Feedback on planning for safe childbirth</p>
	Group activity: practical session	

Time	Activity	Notes
Summary of the session		
Materials: Handbook (session 7); <i>Planning for safe delivery; Standards for maternal and neonatal care: birth and emergency preparedness in antenatal care; Working with individuals, families and communities to improve maternal and newborn health</i> (pages 14 and 15).		
15:00 – 15:30	Break	
15:30 – 16:15	Antenatal care: danger signs in pregnancy	<p data-bbox="671 533 1262 566">Antenatal care: danger signs in pregnancy</p> <p data-bbox="671 618 820 651">Objectives</p> <p data-bbox="671 656 1398 689">By the end of this session participants should be able to:</p> <ul data-bbox="671 694 1469 920" style="list-style-type: none"> • list and explain the most common danger signs and complications in pregnancy and childbirth; • effectively communicate danger signs to women and their families; • effectively communicate how to access timely emergency care when a danger sign is recognized. <p data-bbox="671 965 1003 999">Interactive presentation</p> <p data-bbox="671 1003 1487 1070">Below are a list of signs and symptoms that women should be aware of during pregnancy.</p> <p data-bbox="671 1081 1487 1149">Advise to go to the facility or contact the skilled attendant if they notice any of the following signs:</p> <ul data-bbox="671 1167 1310 1279" style="list-style-type: none"> • a bloody sticky discharge; • painful contractions every 20 minutes or less; • membranes have broken. <p data-bbox="671 1323 1487 1424">Advise to go to the hospital/health centre immediately, day or night, without waiting if they notice any of the following signs:</p> <ul data-bbox="671 1435 1206 1659" style="list-style-type: none"> • vaginal bleeding; • convulsion; • severe headaches with blurred vision; • fever and too weak to get out of bed; • severe abdominal pain; • fast or difficult breathing. <p data-bbox="671 1704 1487 1771">Woman should go to the health centre as soon as possible if they notice any of the following signs:</p> <ul data-bbox="671 1783 1134 1917" style="list-style-type: none"> • fever; • abdominal pain; • feeling ill; • swelling of fingers, face or legs. <p data-bbox="671 1962 1487 2029">Four delays in response to obstetric complications are key contributors to maternal mortality. These are:</p>

Time	Activity	Notes
		<ul style="list-style-type: none"> • Recognition: The first delay is in the woman, her family or a community birth attendant recognizing that she is in crisis, often because of excessive bleeding. It is difficult to know how much is too much without education, as some bleeding is normal during childbirth. • Decision: The second delay is in deciding and taking steps to seek skilled obstetric care once a crisis is recognized. This decision may involve finding a means and the money for transportation, permission from a husband or other key decision-makers to seek care, and lack of faith in existing services or not knowing where to find skilled care. The woman and her caretakers may not be confident in the care she will receive or feel mistreated by facility staff. • Location: The third delay is in reaching or finding the facility, due to lack of money, transportation, distance, poor roads, bad weather or lack of information. • Facility: The fourth delay occurs at the facility, which may be poorly staffed and equipped, and unable or unwilling to treat the woman in a timely manner. The family may not be able to pay for care or have cultural fears about donating needed blood. Blood shortages play a critical role in the fourth delay, as surgery may be postponed for many hours while a willing matched donor is sought or the appropriate blood type is sourced from a blood bank. <p>The four delays reflect the many cultural, economic and infrastructure barriers to quality health care in poor and traditional communities. Postpartum haemorrhage, like many intransigent health challenges, cannot be addressed by clinical interventions alone.</p> <p>Demonstration of role play</p> <p>Objective: To demonstrate effectively communicating danger signs during pregnancy to the pregnant woman and her family.</p> <p>Scenario: M. has her first pregnancy; she is on her 32 gestation week. She came with her husband and mother-in-law for the antenatal care visit.</p> <p>Task: Counselling to encourage timely recognition of danger signs and actions to be taken by woman and family.</p> <p>Note for trainer: Before the session ask four participants to take part in the role play and discuss their roles as counsellor, pregnant woman, her husband and mother-in-law.</p> <p>Discussion and feedback</p> <p>Summary of the session</p> <ul style="list-style-type: none"> • Although pregnancy is a normal process, complications can occur. • Danger signs serve as a warning that something has
	Group activity	

Time	Activity	Notes
		<p>occurred that is not normal and could harm the health of the woman, her baby or both.</p> <ul style="list-style-type: none"> • It is important for a woman and the family to recognize the danger signs in pregnancy so she can be taken immediately to the facility, day or night, without waiting. • Pregnancy-related complications that are detected early are more easily treated and managed. • Seeking timely care with skilled health attendance will provide the necessary treatment to improve the situation and help prevent complications and death. <p>Materials: Handbook (sessions 8); <i>Standards for maternal and neonatal care: birth and emergency preparedness in antenatal care.</i></p>
16:15 – 16:30	<p>Review session and self-evaluation</p> <p>Homework</p>	<p>Review of day 2</p> <p>Homework Participants should read sessions 9, 11 and 12 of part 3 of the Handbook.</p>

Day 3

Time	Activity	Notes
8:30 – 9:00	Day 2 review	<p>Day 2 review Warm-up and summing up of previous day Brainstorm exercise/question and answer session Where are we? This activity should be used as an opportunity to share insights, clarify the issues, resolve any problems and review important materials that participant need to remember.</p>
9:00 – 9:45	Postpartum and postnatal care	<p>Postpartum and postnatal care</p> <p>Objective By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • communicate key information on postnatal care for the mother and newborn, including complications.
	Brainstorm presentation	<p>Interactive presentation: Important issues to discuss with women and their family</p> <ul style="list-style-type: none"> • Care of mother after birth. • Potential examination for the mother and baby. • Providing adequate care at home. • Danger signs for the woman. • Care of the newborn. Counselling the mother and the family about appropriate care for their newborn is an important part of the examination process. It is important to teach the parents to keep the baby warm, to promote exclusive breastfeeding and to plan further medical assessment and immunization with the family. • Danger signs for the newborn. Explain to the mother and father when it is important to seek care immediately and where they should go.
	Group activity	<p>Group activity: practice asking for clarification and paraphrasing while communicating the danger signs or communicating on how to care for the baby.</p> <p>Explain that active listening must go beyond just listening. Explain that it is important to clarify what has been said. One way to clarify is to paraphrase back to the speaker, to check understanding.</p> <p>On a flipchart, write the heading: “Ways to clarify and paraphrase”. Ask the group to brainstorm about phrases they can use to clarify. Examples include:</p> <ul style="list-style-type: none"> • Do I understand you correctly to say....? • So you are saying that, is this right? • I hear you saying that...., is that right? • Have I heard you correctly to say....? • I’m not sure I understood that clearly. Did you mean that....?

Time	Activity	Notes
		<p>Remind the group that they should use simple language with any clarification and paraphrasing. Demonstrate the point by asking one participant a question, for example, “So please tell us Dr H, why do you think many pregnant women in this village do not know postpartum danger signs?” Wait for their response, then paraphrase back their answer for the rest of the group to understand.</p> <p>Small group exercise</p> <p>Ask participants to get into pairs to practice clarifying and paraphrasing. Ask the pairs to discuss “How to care for the baby”. One person should ask questions and the other should answer. The questioner should clarify and paraphrase what the answerer says. They can swap roles after three minutes.</p> <p>Summary of the session</p> <ul style="list-style-type: none"> • Counselling is important but needs adequate skills and patience. • Identification of danger signs and care seeking remain a priority. • Involve less-qualified facility health workers and community health workers to help in counselling mothers. <p>Materials: Handbook (session 11); <i>Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice</i>; <i>WHO technical consultation of postpartum and postnatal care</i>.</p>
9:45 – 10:30	Family planning counselling, including decision-making tool for family planning clients and providers and medical eligibility criteria for contraceptive use	<p>Family planning counselling, including decision-making tool for family planning clients and providers and medical eligibility criteria for contraceptive use</p> <p>Objectives</p> <p>By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • define the purpose of WHO’s family planning guidelines and counselling tools; • identify the use and application of medical eligibility criteria and practice recommendations for family planning service delivery; • identify the use of family planning tools for counselling service provision. <p>Interactive lecture: the need for evidence-based guidance</p> <ul style="list-style-type: none"> • To base family planning practices on the best available published evidence. • To address misconceptions regarding who can safely use contraception. • To reduce medical barriers. • To improve access and quality of care in family planning. <p>The purpose of family planning counselling tools and guidelines is</p>

Time	Activity	Notes
		<p>to improve the quality of family planning counselling by:</p> <ul style="list-style-type: none"> • helping providers apply best practices in client-provider interactions; • encouraging providers to give accurate, relevant and up-to-date technical information at appropriate points; • promoting participation and informed choice by clients. <p>Demonstration of the tools</p> <p>Summary of the session</p> <p>Materials: <i>Family planning: a global handbook for providers; Decision-making tool for family planning clients and providers: a resource for high-quality counselling; Medical eligibility criteria wheel for contraceptive use.</i></p>
10:30 – 11:00	Break	
11:00 – 12:00	<p>Postpartum depression: providing recognition and support</p> <p>Group activities</p> <p>Interactive presentation</p>	<p>Postpartum depression: providing recognition and support</p> <p>Objectives By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • describe the symptoms and treatment methods of postpartum depression; • provide support to women with postpartum depression. <p>Group work Divide participants into three groups. Provide each group with questions and ask them to discuss possible answers to those questions. Give them approximately 5–7 minutes for this task.</p> <p>Questions to the small groups:</p> <ul style="list-style-type: none"> • Group 1: What is postpartum depression? How can we help to identify it? • Group 2: How do you see the role of a medical worker in providing help to women with postpartum depression? Who else can help? • Group 3: What steps are taken in your medical facility to help women with postpartum depression? <p>After the specified time and/or when all groups have finished answering their questions, ask each group to present the outcome of their discussion to the audience.</p> <p>Interactive lecture</p> <ul style="list-style-type: none"> • Key definitions to be discussed with participants. • Key factors that may lead to postpartum depression. • Key practices for management and prevention of postpartum depression and psychosis during the antenatal period. • Key tasks during the postnatal period. <p>Key messages</p>

Time	Activity	Notes
		<ul style="list-style-type: none"> • Postpartum depression develops in 10–15% of women. • Most women and their family members do not realize that this condition requires support and treatment. • In order to overcome postpartum depression successfully, a woman needs the support of her friends, relatives, health care providers and social workers. • Health care providers should identify postpartum depression and provide individual support and treatment in a timely manner. <p>Summary of the session</p> <p>Materials: <i>Maternal, child and adolescent mental health: challenges and strategic directions for the Eastern Mediterranean Region.</i></p>
12:00 – 13:00	<p>Postpartum and post-abortion counselling on family planning</p> <p>Group activities</p>	<p>Postpartum and post-abortion counselling on family planning</p> <p>Objectives</p> <p>By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • assess the family planning needs of individual women; • communicate the importance of birth spacing and family planning methods use; • communicate information on the importance of family planning in the postpartum period. <p>Interactive lecture</p> <p>The session includes:</p> <ul style="list-style-type: none"> • the family planning health benefits for mother, baby and family; • fewer children in a family means more resources and time for the parents to dedicate to each child; • younger women can delay pregnancy until their bodies are mature; • reducing maternal and infant mortality; • when to counsel on birth spacing; • helping a woman to choose a method that is right for her. <p>Group activity</p> <p>Read statements and ask participants whether they “agree” or “disagree” with the statement. Ask participants to discuss their opinions for each statement.</p> <ol style="list-style-type: none"> 1. Fatima is breastfeeding her four-month baby boy and she wants to start taking the monthly injectable for family planning (disagree). 2. Khadija had a normal vaginal delivery three weeks ago. She is not breastfeeding her baby girl and wants to start combined oral contraceptives for spacing (agree). 3. Mini-pills can be started immediately after birth if the woman

Time	Activity	Notes
		<p>is not breastfeeding (agree).</p> <ol style="list-style-type: none"> A woman can become pregnant within four weeks after birth (agree). Immediate post-partum intrauterine device insertion should be performed immediately after expulsion of the placenta and within 48 hours before hospital discharge (agree). A woman can become pregnant as soon as two weeks after an abortion (agree). A woman who has recently experienced an abortion or miscarriage should wait at least six months before another pregnancy (agree). Progestin-only pills can be taken within six weeks of birth if the woman is breastfeeding (disagree). <p>Summary of the session</p> <p>Materials: Handbook (session 12); <i>Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice</i>; <i>Family planning: a global handbook for providers</i>; <i>Birth spacing: facilitators' guide and cluster representatives and health volunteers' guide</i>.</p>

13:00 – 14:00	Break	
---------------	-------	--

14:00 – 15:00	Practice session	<p>Practice session</p> <p>Objectives</p> <p>Participants will practice their skills using the Handbook, <i>Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice</i> and family planning support materials such as <i>Decision-making tool for family planning clients and providers: a resource for high-quality counselling</i> and job aids (booklets, flyers, posters and other materials).</p> <p>The focus of the practical session will be on:</p> <ul style="list-style-type: none"> practicing counselling and communication skills in order to effectively communicate with women, their families during pregnancy, childbirth, the postpartum period and for family planning; demonstrating effective communication skills, methods and approaches to counselling in different situations; identify the level of information required and communicating key messages on maternal and neonatal health; supporting women and their families to take action for better health and facilitating this process. <p>Practice using the competency-based training skills assessment checklist for observing and evaluating the counselling skills of peers in role plays and case studies.</p> <p>Role plays</p>
---------------	------------------	--

Time	Activity	Notes
		Work in small groups of three participants in each group: clients, providers and observers. Rotating roles. The scenarios/scripts for 10 role plays will be developed along with the questions for group discussion.
15:00 – 15:30	Break	
15:30 – 16:00	Practice session (continued)	<p>Feedback from the observers using the competency-based training skills assessment checklist</p> <p>Summary of the session</p> <p>Materials: Competency-based training skills assessment checklist; <i>Decision-making tool for family planning clients and providers: a resource for high-quality counselling</i>; leaflets and other job aid materials; samples of contraceptives.</p>
16:00 – 16:15	Review session and self-evaluation	Review of day 3

Day 4

Time	Activity	Notes
8:30 – 9:00	Day 3 review	Day 3 review Warm-up and summing up of previous day
9:00 – 10:30	Linking with the community	Objectives By the end of this session participants should be able to: <ul style="list-style-type: none">• list and discuss the benefits and challenges of working with communities and others to find ways to support maternal and newborn health;• identify relevant local groups, organizations and service providers to link to so that they provide community support to improve maternal and newborn health;• facilitate effective networks and timely joint action between local groups, organizations and service providers. Interactive lecture The aim of working with individuals, families and communities is to contribute to the empowerment of women, families and communities so that they can contribute to improvements in maternal and newborn health, as well as to increase access to and utilization of quality health services, particularly those provided by skilled birth attendants. The main aspects of linking with the community are: <ul style="list-style-type: none">• the concept and guiding principles of working with individuals, families and communities;• strategies and setting priority areas;• healthy settings for women, mothers and the newborn. Panel discussion Note for trainer: Prior to the session (a day before) ask four participants to take part in the panel discussion. Ask participants to share experiences they have had in their communities Discussion and summarizing the session Materials: Handbook; <i>Working with individuals, families and communities to improve maternal and newborn health.</i>
10:30 – 11:00	Break	

Time	Activity	Notes
11:00 – 13:00	<p>Introducing and adapting the training package and materials</p> <p>Group activity</p>	<p>Introducing and adapting the training package</p> <p>Objectives</p> <p>By the end of this session participants should be able to:</p> <ul style="list-style-type: none"> • identify areas and issues in training and implementation of the counselling tools and guidance documents for adaptation. • provide examples of adaptation of these areas and issues; • prepare plans for adaptation of these tools for local settings. <p>Presentation of suggested process for adaptation</p> <p>Small group work: the adaptation plan for each country</p> <p>Participants should identify points in the book that they think will need to be adapted and how they will do this in their country.</p> <p>Small group presentations</p>
13:00 – 14:00	Break	
14:00 – 15:30	<p>Developing training plans on reproductive health counselling</p> <p>Country group work</p>	<p>Developing training plans on reproductive health counselling</p> <p>Objectives</p> <p>By the end of this session, country teams should have developed a detailed country workplan for preparing and organizing training on reproductive health counselling and communication skills, with a focus on maternal and newborn health and family planning.</p> <p>Country group work</p> <p>Suggest that country teams:</p> <ul style="list-style-type: none"> • review existing policy, strategy and activities on pre- and in-service training on reproductive health counselling (maternal and newborn health and family planning); • review and adopt training curricula for reproductive health counselling (maternal and newborn health and family planning) based on the provided materials; • develop/strengthen the core team of trainers on counselling for maternal and newborn health and family planning: prepare curricula and programme for training (refresher training) for the core team of trainers; and conduct training for the core team of trainers; • adapt the training module on reproductive health counselling (maternal and newborn health and family planning) for the national provider training strategy and plan; • develop and integrate the training course on reproductive health

Time	Activity	Notes
		<p>counselling (maternal and newborn health and family planning) into the existing pre- and in-service training plan;</p> <ul style="list-style-type: none"> • develop and adopt the inventory of aids and tools to assist reproductive health counselling training and sessions; • develop the framework for facilitative supervision to assist providers in mastering newly acquired/refreshed skills and practices; • develop a plan for monitoring and evaluation of the process of adaptation and implementation of the training plan. <p>Provide example of a country work plan for preparing and organizing training for reproductive health counselling with a focus on maternal and newborn health and family planning (see the Table 1 below).</p> <p>Facilitators should work with groups if they have any problems.</p>
15:30 – 16:00	Break	
16:00 – 16:45	Developing training plans on reproductive health counselling (continued)	Continue to develop a detailed country work plan for preparing and organizing training on reproductive health counselling and communications skills with a focus on maternal and newborn health and family planning
16:45 – 17:00	Review session and self-evaluation	Review of day 4

Table 1. Examples of a country work plan for reproductive health counselling with a focus on maternal and newborn health and family planning

Objectives	Activities and sub-activities	Expected outcomes	Timeframe	Resources/ technical support	Responsible	Remarks/ comments

Day 5

Time	Activity	Notes
8:30 – 9:00	Day 4 review	Day 4 review Warm-up and summing up of previous day
9:00 – 10:30	Country plan presentations	Country plan presentations
9:00 – 10:30	Break	
11:00 – 13:00	Country plan presentation (continued)	
13:00 – 14:00	Break	
14:00 – 14:30	Post-test	Post-test
14:30 – 15:00	Evaluation of the workshop	Evaluation of workshop See Annex 4.
15:00 – 15:30	Closing of the workshop	Closing of workshop

Annex 1

Pre- and post-tests

Purpose of the pre- and post-tests

The pre- and post-tests are designed to gauge the level of change in knowledge and skills of participants as a result of the training workshop. The pre-test results also serve as a guide for facilitators to focus on those themes where participants need more attention. Both pre- and post-tests are similar and contain five multiple-choice questions and six “true or false” questions. You will have 30 minutes to complete the test. The test is confidential: you do not need to identify your name.

Pre-test instructions

Put a four digit number in the specified space. Please make a confidential record of the number. You will be requested to put the same number on the post-test sheet.

Post-test instructions

Put the same number as you put on the pre-test sheet in the specified space.

Note: Correct answers will be distributed after the completion of the post-test.

Pre-test

Put a four digit number here: _____

Please circle all correct answers for each of the following multiple choice questions.

Training

1. Competency-based training focuses on:
 - a. practicing the skills according to the steps described in the relevant learning checklist until the participant becomes competent;
 - b. acquiring skills and practicing them with peers or with customers in the clinic;
 - c. not building competency and confidence, because participants do not know the expected level of performance;
 - d. all of the above.

2. The purpose of participant evaluation in training is to:
 - a. determine the participant’s knowledge of the subject at the beginning of the course;
 - b. motivate the participant to widen the scope of his/her knowledge;
 - c. determine whether progress has been made towards achieving the training objectives;
 - d. identify training activity weaknesses and gaps;
 - e. all of the above.

Counselling

3. Which of the following are key counselling tasks?
 - a. helping clients to assess their own needs for reproductive health services, information and emotional support;
 - b. providing information appropriate to a client's identified problems and needs;
 - c. assisting clients in making their own voluntary and informed decisions;
 - d. helping clients to develop the needed skills to make correct decisions;
 - e. all of the above.

4. Which of the following is **not** the responsibility of service providers in reproductive health counselling?
 - a. being a reliable and factual source of information on reproductive health;
 - b. creating an atmosphere of privacy, respect and trust;
 - c. enlightening the client on the morality of his or her decisions;
 - d. engaging in a dialogue or an open discussion with the client.

5. Which of the following is **not** required for a client to be able to make an informed choice?
 - a. a service provider's recommendation;
 - b. the availability of appropriate information;
 - c. a voluntary decision-making process;
 - d. the availability of adequate service options.

Put true (T) or false (F) for each statement in the space provided.

- 1) _____ Perinatal care can be made better by improving client satisfaction. This includes encouraging families to empower women to be involved in the decision-making process during pregnancy, delivery, the postpartum period and newborn care.

- 2) _____ The purpose of listening and obtaining adequate information from the client is to allow the service provider to decide on the best method to advise.

- 3) _____ The best approach for a practitioner is to use evidence-based protocols, standards and algorithms.

- 4) _____ Close-ended questions during counselling are more effective for meeting a client's needs than open-ended questions, because they allow the service provider to see more clients in less time.

- 5) _____ Counselling for maternal and newborn health is an interactive process between the health worker and a woman and her family, during which information is exchanged and support is provided.

- 6) _____ During counselling, the client has an opportunity to look at the situation from a different point of view, judge its impact differently, change her/his attitudes and make informed decisions.

Annex 2

Competency-based training reproductive health counselling skills assessment checklist

Instructions

Dates of training	
Name of the participant	
Name of the observer	

This assessment tool contains the detailed steps that a service provider should follow in counselling and providing information and recommendations for antenatal care, childbirth, the postpartum period and family planning. The checklist will be used during the training to monitor the progress of the participants as she/he acquires the new skills.

The following rating scale should be used:

- 2 = Done according to standards
- 1 = Needs improvement
- N/O = Not observed

Observers should only observe the role plays and fill in the form using the rating numbers. Specific comments should be provided when a task is not performed according to the standards. The same copy should be used for several observations to see the progress.

Observer's role play checklist for reproductive health counselling skills

Task/activity	2	1	N/O	Comments
Establishes supportive environment				
1) Creates comfortable external environment				
2) Uses culturally-appropriate greeting gestures that convey respect and caring				
3) Offers seat (if available)				
4) Assures privacy and confidentiality				
5) Uses appropriate body language and tone of voice				
6) Provides a comfortable, trusting atmosphere for patient to ask questions				
7) Responds to questions and concerns appropriately				
8) Addresses concerns based on client's priorities				
9) Begins with less intimidating/less sensitive issues				
Uses active listening				
10) Looks at client when speaking (if culturally appropriate)				

Task/activity	2	1	N/O	Comments
11) Uses attentive body language and facial expression				
12) Uses occasional nonverbal gestures, such as nods, etc				
13) Uses verbal cues such as “yes” or “OK” and “I agree”				
Uses effective questioning				
14) Uses open-ended questions to elicit information				
15) Asks relevant questions				
16) Waits for answers rather than speaking immediately				
17) Repeats or rewords statements back for conformation				
Summarizes information				
18) Takes time to summarize information obtained from the client				
19) Checks or confirms with client to ensure understanding of important concerns and issues				
Provides education and positive messages				
20) Gives positive and correct messages				
21) Provides information and responds without judgment				
22) Guides client to prioritize concerns				
23) Helps client identify steps of action for identified concerns				
24) Helps client identify strengths and resources				
25) Plans the return visit as needed				

What did you learn from observing this role play?

Please record your comments/observations for feedback to participants (both positive and negative):

Annex 3

Country team work (120 minutes)

Objective

By the end of this session country teams are expected to develop a work plan for preparing and organizing training on reproductive health counselling and communications skills with a focus on maternal and newborn health and family planning.

Instructions for the country team work

The points below are suggested to help guide the defining of the objectives in your work plan:

- review existing policy, strategy and activities on pre- and in-service training on reproductive health counselling (maternal and newborn health and family planning);
- review and adopt training curricula for reproductive health counselling (maternal and newborn health and family planning) based on provided materials;
- develop/strengthen existing core team of trainers on counselling for maternal and newborn health and family planning; prepare curricula and programme for training/refresher training of core team of trainers; conduct training of core team of trainers;
- adapt the training module on reproductive health counselling (maternal and newborn health and family planning) for the national provider training strategy and plan;
- develop and integrate the training course on reproductive health counselling (maternal and newborn health and family planning) into existing pre- and in-service training plans;
- develop and adopt the inventory of aids and tools to assist reproductive health counselling training and sessions;
- develop the framework for facilitative supervision to assist providers in mastering newly acquired/refreshed skills and practices;
- develop a plan for monitoring and evaluation of the process of adaptation and implementation of the training plan.

Fill out table A3.1

For each defined objective, identify priority activities and break them down into activity/sub-activity components. Indicate tentative timeframes (start and end) for each identified activity/sub-activity component that will add up to the total time needed to complete the priority activity.

For each priority activity and sub-activity indicate: expected outcome; responsible parties; required resources/ technical support; and potential partners. Outline remarks/comments as necessary.

The completed table is expected to be used for a PowerPoint team presentation followed by a panel discussion; 15 minutes are allocated for each country team to make a presentation on the last day of the workshop.

Country teams are requested to finalize the work plan in consultation with all concerned stakeholders after returning to the home country. The finalized work plan should be submitted to the country office.

Table A3.1. Examples of a country work plan for reproductive health counselling with a focus on maternal and newborn health and family planning

Objectives	Activities and sub-activities	Expected outcomes	Timeframe	Resources/ technical support	Responsible	Remarks/ comments

Annex 4

Evaluation of the intercountry training workshop on reproductive health counselling

Participant name (optional) _____

Location of clinical practice _____

Type of clinical practice _____

Review each of the items below and rank them according to the scales provided. Also provide brief comments or an explanation if you would like to. Rank on a scale of 1 to 5, where: 5 = excellent, 4 = very good, 3 = good, 2 = just ok, 1 = poor or not satisfactory.

General impression of the training workshop	5	4	3	2	1
Overall assessment of the training	5	4	3	2	1
Facilitators skills and knowledge	5	4	3	2	1
Training workshop techniques	5	4	3	2	1

Please rate the following aspects of the training workshop and provide your comments.

Content of the training workshop	5	4	3	2	1
----------------------------------	---	---	---	---	---

Level of information in the training (too difficult, too easy, etc.)	5	4	3	2	1
---	---	---	---	---	---

Was the information contained in the training new to you? Please specify.	5	4	3	2	1
--	---	---	---	---	---

Organization of the training workshop	5	4	3	2	1
---------------------------------------	---	---	---	---	---

Activities and small group work	5	4	3	2	1
---------------------------------	---	---	---	---	---

Length of training workshop	5	4	3	2	1
-----------------------------	---	---	---	---	---

Materials provided to support training workshop	5	4	3	2	1
--	---	---	---	---	---

Did the training workshop help you to develop new skills? If so, how? If not, what should we change?

Were there any skills, information or content missing in the training workshop which should be added? Why?

Were there any skills, information or content in the training workshop which should be removed? Why?

Were there any resources you needed during the training workshop that were not provided? Which resources?

Will you now work in a different way with women, their partners and their families?

What will you do differently? If not, why not?

Would you recommend the training to colleagues that you work with?

Were the training workshop arrangements, accommodations and meals satisfactory?

Any other comments?

Thank you for your participation and frank evaluation!

Annex 5

Framework for monitoring implementation of reproductive health counselling activities in the Eastern Mediterranean Region

This monitoring framework was prepared in response to the workshop as future steps to develop a monitoring framework to facilitate follow-up of the country work plans in accordance with the planned activities.

This monitoring framework will serve as a results-based tool for analysing and conceptualizing outcomes of the reproductive health counselling training workshop. It can also be used for designing, implementing, monitoring and evaluating the country work plans with the aim of improving the quality of counselling services during pregnancy, childbirth, the postpartum and neonatal periods, and family planning.

Table A5.1. Table of indicators

Indicator	Definitions	Source of data	Remarks
1. Number of countries submitted work plan to strengthen national capacity for reproductive health counselling	Participating countries that submitted work plan	Participating countries work plan submitted	Process indicator
2. Number of countries selected by WHO and UNFPA to provide technical support to implement planned reproductive health counselling activities	Participating countries that received technical support from WHO/UNFPA to improve reproductive health counselling	Report WHO/UNFPA	Process indicator
3. Number of countries selected by WHO and UNFPA to receive financial support to implement planned reproductive health counselling activities. Selection criteria: <ul style="list-style-type: none"> • compliance; • meeting deadlines; • magnitude of problems (MDG 5 targets). 	Participating countries that received financial support from WHO/UNFPA	Report WHO/UNFPA selection panel	Process indicator
4. Number of participating countries that received donor funding sources (other than WHO and UNFPA) to implement reproductive health	Participating countries that received other than WHO and UNFPA funds to implement	Country reports	Process indicator

Indicator	Definitions	Source of data	Remarks
counselling activities outlined in the work plan	reproductive health counselling		
5. Number of countries that have developed, adapted or upgraded national or subnational policies to support improving reproductive health counselling services	Participating countries that have national policies to support reproductive health counselling services	Country information, reports, publications	Input/ process indicator
6. Number of countries that have developed, adapted or upgraded guidelines to improve reproductive health counselling services	Participating countries that have developed, adapted or upgraded guidelines to improve reproductive health counselling services	Country information, reports, publications	Input/ process indicator
7. Number of reproductive health counselling-related meetings/workshops conducted by ministry of health or other national institutions	Number of meetings/workshops that aim to support /advocate for improving reproductive health counselling services	Country reports	Process indicator
8. Number of national trainers trained on reproductive health counselling in country	National trainers trained in reproductive health counselling	Training reports	Input/ process indicator
9. Number of health care providers trained on reproductive health counselling services	Health care providers trained on reproductive health counselling	Training reports	Input/ process indicator
10. Number of countries that have reproductive health counselling services integrated into primary health care services	Participating countries that have policy and standards to integrate reproductive health counselling into primary health care services	Country reports	Input/ process indicator
11. Number of countries have improved/integrated reproductive health counselling teaching curricula for pre-	Participating countries that have revised pre-service curricula in place	Country reports, university reports	Process indicator

Indicator	Definitions	Source of data	Remarks
service education			
12. Number of countries have improved/integrated reproductive health counselling teaching curricula for in-service education	Participating countries that have revised in-service curricula in place	Country reports	Process indicator
13. Number of countries that have reproductive health counselling training for faculty members	Participating countries that have faculty members trained in reproductive health counselling	Training reports	Process indicator

Annex 6

Resource materials

A toolkit for IFC implementation. Module 4: training course for facilitators of the participatory community assessment in maternal and newborn health. Geneva: World Health Organization; (in press).

Birth spacing: facilitators' guide and cluster representatives and health volunteers' guide. Cairo: WHO Regional Office for the Eastern Mediterranean; 2008 (unpublished). Adapted from session 12 of Counselling for maternal and newborn health care: a handbook for building skills. Geneva: World Health Organization; 2013 (see below).

Counselling for maternal and newborn health care: a handbook for building skills. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/44016/1/9789241547628_eng.pdf, accessed 30 November 2015).

Counselling for maternal and newborn health care: a handbook for building skills. Adaptation guide. Geneva: World Health Organization; 2010 (updated 2014) (http://www.who.int/maternal_child_adolescent/documents/adaptation_guide_counselling_handbook.pdf, accessed 30 November 2015).

Decision-making tool for family planning clients and providers: a resource for high-quality counselling. Geneva: World Health Organization; 2005 (http://www.who.int/reproductivehealth/publications/family_planning/9241593229index/en/, accessed 30 November 2015).

Education material for teachers of midwifery. Foundation module: the midwife in the community. Geneva: World Health Organization; 2008, (http://apps.who.int/iris/bitstream/10665/44145/1/9789241546669_1_eng.pdf, accessed 30 November 2015).

Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, World Health Organization. Family planning: a global handbook for providers. Geneva: World Health Organization; 2011 update (http://www.who.int/reproductivehealth/publications/family_planning/9780978856304/en/, accessed 30 November 2015).

Maternal, child and adolescent mental health: challenges and strategic directions for the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2011 (<http://applications.emro.who.int/dsaf/dsa1214.pdf?ua=1&ua=1>, accessed 30 November 2015).

Medical eligibility criteria wheel for contraceptive use. Geneva: World Health Organization; 2015 (http://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/, accessed 30 November 2015).

Planning for safe delivery. Cairo: WHO Regional Office for the Eastern Mediterranean; 2008 (unpublished). Adapted from sessions 7 and 8 of Counselling for maternal and newborn health care: a handbook for building skills. Geneva: World Health Organization; 2013 (see above).

Standards for maternal and neonatal care: birth and emergency preparedness in antenatal care. Geneva: World Health Organization; 2007 (http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/emergency_preparedness_antenatal_care.pdf?ua=1, accessed 30 November 2015).

Strengthening midwifery toolkit. Geneva: World Health Organization; 2011 (http://www.who.int/maternal_child_adolescent/documents/strengthening_midwifery_toolkit/en/, accessed 30 November 2015).

The midwife in the community; strengthening midwifery toolkit. WHO technical consultation of postpartum and postnatal care. Geneva: World Health Organization; 2010

(http://www.who.int/maternal_child_adolescent/documents/WHO_MPS_10_03/en/, accessed 30 November 2015).

Working with individuals, families and communities to improve maternal and newborn health. Geneva: World Health Organization; 2010

(http://www.who.int/maternal_child_adolescent/documents/who_fch_rhr_0311/en/, accessed 30 November 2015).

World Health Organization, United Nations Population Fund, UNICEF, The World Bank. Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice (third edition). Geneva: World Health Organization; 2015 (http://www.who.int/maternal_child_adolescent/documents/9789241549356/en/, accessed 30 November 2015).

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int