VCAT CURRICULUM FOR FAMILY PLANNING PROVIDER

WHEN IN DOUBT CLARIFY!
# MSI VCAT for Service Delivery Teams Facilitator's Agenda

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- Hopes, Hesitations and Motivations
- VCAT: Comfort Continuum
- VCAT Broader statements on Contraception
- VCAT Overview of data, laws, policies, standards and guidelines on contraceptive services for all
- VCAT activity: Four Corners
- VCAT activity: Why Did She Die? (Scenarios)
- VCAT activity: Personal Beliefs versus Professional Responsibilities
- VCAT Visual explorer
- VCAT activity: Closing Reflections

Appendix 1
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Appendix 3
The goal of this training is to enhance Health service givers’ knowledge, attitudes and intended practices regarding contraceptive care and services to improve country program work and results.
OBJECTIVES:
By the end of this training, participants will be able to:

1. Clarify and articulate their own and others’ values, beliefs and attitudes that inform contraceptive and service delivery for clients

2. Distinguish between myths, biases and factual information on contraceptive care and service delivery for clients

3. Describe the consequences when contraceptive care and services for women in reproductive age are not accessible or are not provided in a compassionate, client-centered and rights-based manner

4. Demonstrate empathy toward women seeking contraceptive and other RH care

5. Distinguish and appropriately separate their personal beliefs from their professional roles and responsibilities in contraceptive care and service delivery for women

6. Articulate their personal commitments to improve contraceptive care and service provision for women that are consistent with their affirmed values and attitudes

ELIGIBILITY REQUIREMENTS
To be eligible to take part in this module trainees must be able to demonstrate the following competencies.

1. Where possible, the training be implemented with participants who are already comfortable talking about sensitive issues with each other.

2. Knowledge of the range of sexual and reproductive healthcare services available from WHO and affiliate organizations

3. Demonstrable pro-choice, client-centered style of client consultation and counselling

4. Excellent knowledge of infection prevention in a range of settings

5. Effective management of a range of medical emergencies typical to sexual and reproductive healthcare

6. Clear record keeping and reporting, including incident management
It is the Trainer’s responsibility to ensure that trainees meet these requirements prior to joining the course to avoid wasting time.

To teach this module the clinical trainer must be possess the following competencies.

1. MOH approved TOTs
2. Sound and current experience of performing the relevant procedures according to WHO guidelines
3. Ability to plan and manage classroom-based learning sessions according to available resources
4. Effective demonstration and coaching skills in the clinical setting
5. Ability to provide timely, supportive and challenging feedback as part of an objective competency assessment process

FACILITATOR’S GUIDELINE

This training manual contains guidance for the facilitators to conduct each session in the form of session plans including session title, objectives, allocated time, training methodology, materials, power point presentations and selected handouts.

It is recommended that the facilitators uses interactive techniques to stimulate group thinking and active participation through a variety of training methods including brain storming, asking questions, group work and role-plays, which are included in this training manual. Facilitators develop a set of relevant power point presentations that will be used to cover each sessions. The presentations and other training materials to be shared with the participants for later reference.

This training workshop is designed to be implemented in three days but it could be adapted to a longer or shorter duration according to the needs, background and number of participants. The manual contains samples of Workshop Agenda (training schedule), True False Quizzes and Evaluation Forms.
WARM-UPS AND OTHER USEFUL TRAINING TECHNIQUES
Trainers are required to set up appropriate conditions for training according to best practice in clinical training.

In order to do this there are several warm-up exercises and/or techniques that would benefit this training course. The trainer is advised to include some or all of these at some point during their VCAT training course.

Overview and expectations
(timing: approximately 15 minutes. Purpose: To clarify expectations, and involve trainees in learner-led training)

Give an overview of the course objectives and the proposed agenda. Then ask participants if they have any individual objectives. Write these up on a flip chart and re-visit them after the training to ensure they have been met.

Ground rules
(timing: approximately 10 minutes. Purpose: To build trust within the group and establish a supportive learning environment)

Ask volunteers to suggest some rules for how people should behave in the training room. As well as typical rules about no mobile phones etc. encourage people to think of things like: listening to and respecting the opinions of others; actively taking part in all sessions; keeping to time; and keeping personal information confidential. Make sure everyone agrees to them before writing them up on the wall.

Pre-course knowledge test
(timing: approximately 20 minutes. Purpose: To lay a foundation of knowledge for participants on to build on; to identify particular issues for individuals to concentrate on during the course)

Distribute the pre-course knowledge test and invite trainees to complete this on their own. Indicate that, at this stage, they are testing their own knowledge as a way of identifying gaps and guide their learning over the rest of the course. Emphasise that this test result is not part of the formal course assessment. After the test ask trainees to discuss and make a note of any questions they got wrong or areas they would like to investigate further.
Revisiting learning at the end of the day and again at the beginning of the next day is a good way of reinforcing learning points. At the end of the day, ask trainees simply to share one thing that stuck out for them to help them review the day’s content and embed new knowledge. Then ask an individual or small group of individuals, to invent a short game for their colleagues to play before the start of the next day’s training that will revise what was learned the day before. Suggest doing something that will engage the other trainees actively to increase the blood flow and wake them up, for example throwing a ball and asking whoever catches it a question about yesterday’s sessions.

**Energisers**
*(timing: approximately 2 minutes. Purpose: To re-focus attention on the trainer and to stimulate blood flow to the brain)*

Whenever the group appears to be losing concentration, gazing into space or acting distractedly, get them all to stand up and move about by playing a short game. This could be as simple as asking them to clap out the syllables of their name, or as complicated as asking them to stand up and throw a ball to each other, calling out something they learned from the previous session when they catch it. This will ‘re-set’ the group to concentrate on the training. NB: After lunch is always a good time for an energiser.

**Course monitoring and evaluation**
*(timing: approximately 20 minutes. Purpose: To collect information on training outcomes and how the course may be improved in future)*

Collect information on how well the course was run and how it may be improved in future using feedback sheets that score, on a scale of 1 to 4, how satisfied trainees were in terms of:

- Length of the course
- Appropriateness of content in terms of academic level and relevance to roles
- Quality of reference materials and other resources
- How well organised the course was
NB: Always give trainees the chance to give details or offer ideas for improvement and only ask questions about things that you are willing and able to change.

Also collect information on the names of people that completed the course and what job title they hold (outputs), as well as how trainees have benefitted from the training (outcomes). These include the results of knowledge tests, competency assessments and follow-up conversations with trainees once they have returned to their place of work. Fill in the table on the next page for each trainee.
WELCOME AND INTRODUCTION

ALLOCATED TIME: 2HRS

Session Objectives:
By the end of this session, participants will be able to:
1. Describe the training goal, objectives, expected outcomes and agenda
2. Identify participants’ expectations from the training workshop
3. Establish ground rules and group norms for the training workshop
4. Select their team leaders
5. List the names of facilitators and the participants
6. Answer the pre-test questionnaire

Materials:
1. Flipchart and Marker pens
2. LCD Projector and power point presentations
3. Training agenda
4. Adequate number of the True False Quiz copies
5. Sticky notes
6. Four signs labeled Agree, Strongly Agree, Disagree and Strongly Disagree
7. Pens and participants note books.
8. Tape (for attaching signs to wall)
9. Four Corners worksheet Part A and Part B

METHODOLOGY:

Annex 1- Welcome
1. Lead trainer welcomes participants as they arrive at the training room.
2. Welcome the participants into the training room and introduce yourself and all facilitators to the trainees
3. Ask participants to introduce themselves by their names, work stations, designations, years of experience handling FP clients and to mention one interesting experience or encounter they have had.

Annex 2 - Introduction to the Workshop and the Participants
1. Welcome and introductions
2. Purpose: Trainers introduce and set up the training, begin to establish rapport among participants and prime participants for learning.
3. Present the goal, objectives, expected outcomes, evaluation methodologies, and the agenda of the training workshop to the participants.
4. Group agreements/norms
5. Garden (parking lot)
6. Participant task groups: Icebreakers, Energizers, Evaluators and Logistics
7. Training toys if any
8. Issue the participants with sticky notes to write their training expectations.
9. Establish ground rules and group norms with participants and write it on a flipchart.
10. Logistics announcements
11. Distribute the Agenda, Pre-Post Test, training resources to participants.

THE LEARNING PROCESS FOR VCAT TRAINING

David Kolb describes the “Learning Cycle” as a process that involves experience, observation, theory and application. The exercises that will be used throughout the training will integrate these four important processes. The participants will be able to share experience, reflect on what is happening, think on the effects and come up with possible solution to what is happening in their country.
Global Statistics on unmet need for contraception

Discuss Current National Statistics

VALUES AND PRINCIPLES IN RELATION TO FP SERVICE PROVISION

ALLOCATED TIME: 120 MINUTES

Session Objectives

By the end of this session, participants will be able to:

1. Define values and principles
2. Discuss sources of values and principles
3. Explain how personal values can affect one’s behaviour
4. Discuss the influence of values and principles on decision-making

DEFINITION OF VALUES AND PRINCIPLES

Instruction to the facilitator

Individual exercise

Step I

1. Ask learners to list ideas and beliefs that are important to them and those that help them make decisions.
2. Ask learners what they understand by the words ‘Values’ and ‘Principles’.
3. Facilitate a discussion on values by asking the following questions
   » Where do we think we get our values?
   » State one of your family values.
   » State one religious value you may have been taught.
   » Which of your values come from your cultural beliefs?
   » What is a National value that may be less important in other countries?
   » Can you think of a value someone else has that you do not share?

Step II

Explain that learners will be asked to express their feelings about particular values,

1. Designate 4 areas of the room as: ‘Agree’, strongly agree ‘Disagree’ and strongly disagree.
2. Select 5 out of the statement below and read each statement aloud.
3. After each statement ask learners to move to the part of the room to show whether they agree, dis-agree strongly agree or strongly disagree.

4. Explain that there are no right or wrong answers and that everyone is entitled to his/her opinion.

**Value Statements**

1. FP services should be available to every woman who wants them
2. A woman should be able to have children even if her husband wants otherwise.
3. A country should have liberal FP laws.
4. Men should accompany their wives to the FP clinics
5. Young unmarried girls should be allowed to have FP if they want.
6. contraceptives is disallowed by the religion
7. Contraceptive causes women barren.

**Discussion points**

After this exercise bring the group together and discuss

Did you know right away how you felt or did you have to think about each statement?

**Mini-Lecture: Definition of Values & Principles and their sources**

The facilitator will make a mini-presentation on the definition of the terms Value and principle. The facilitator will also do a power point presentation on the common sources of values and principles:

1. Family
2. Friends and peers
3. Culture
4. Religious teachings
5. Media
6. Education (school)
7. Professions
8. Social environment
9. Life experiences
10. Political influence
11. Economic status
EFFECT OF VALUES ON BEHAVIOUR

Activity 1
Ask the group to think of examples of values that have influenced their own lives in some way.
Give one example of a behaviour that resulted from your value, e.g.
1. Value : People should help each other
2. Behaviour : Donating money, food, clothing, etc. to the needy.

Activity 2
Ask learners to think of values learned from their families, cultures or religious leaders that have influenced their behaviour. Include the following examples

<table>
<thead>
<tr>
<th>Values</th>
<th>Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honesty</td>
<td>Not cheating or stealing</td>
</tr>
<tr>
<td>Love</td>
<td>Taking care of your brothers or sisters</td>
</tr>
<tr>
<td>Respect</td>
<td>Respecting other people</td>
</tr>
</tbody>
</table>

Discuss how such values / principles have influenced their behaviours.

Activity 3
Explain that you will read several statements followed by a series of questions. They should not answer the questions aloud, but think about them and write down their responses.

A: Value statements and behaviour questions
B: myths and misconceptions statements.
Some of the statements might include:
1. Contraceptives encourages Immorality.
2. Contraceptives make women barren.
3. Contraceptives should only be available to elderly married women.
4. Contraceptives reduce the breast Milk.
Activity 4
Pair the participants up and have them discuss the common myths and misconceptions in their community. Share them to the larger group.
Some May Include:-
1. IUCD causes infection
2. The IUD device will rust
3. Implants causes infertility
4. Contraceptives were introduced by the whites to reduce countries population.
5. Condoms increases risks of HIV infections
6. Condoms causes illegal sex.
PRIORITISING FAMILY PLANNING

Watch the video-why did Mrs. X die retold
https://www.youtube.com/watch?v=g57fCvCle1k

ACTIVITY
Conduct the VCAT exercise using the following statements.

1. FP services should be available to every woman who wants them.
2. A woman should be able to access FP even when her husband/spouse wants otherwise.
3. Young Unmarried Girls should be allowed to have FP if they want to.
4. A country should have liberal FP Laws.

In three groups the participants to discuss “why family planning”
Impact of less FP uptake in the community.
Class room presentation from the groups.
Power points presentation (available on flash)

Objectives:
1. Identify common barriers to adopting the desired behavior change presented by providers.
2. Develop appropriate solutions to overcome these barriers.
3. Deliver solutions using 4 step process to overcoming barriers.
4. Practice overcoming barriers with solutions.

Handouts:
1. Provider Strategy Planner
2. Objection Handling Handout
3. Overcoming Barriers Worksheet

Materials Needed:
1. Flipcharts (one for every 4-6 participants)
2. Visual Aids
3. A4 paper
4. Markers’
5. Tape

BEST PRACTICE
1. Affix flipcharts to the wall so participants can reference them during the training.

All activities in this session are country specific. Participants should be seated so they can easily break into small group.
## Session/Activity | Time | Directions | Materials
--- | --- | --- | ---
Slide 1: Introduction to Overcoming Barriers to Change |  | Explain: This session focuses on a common and difficult stage of the change process: overcoming barriers to change. Barriers are often referred to as “objections” or “obstacles.” All three terms are synonymous and interchangeable. Objections often surface after the value proposition has been presented. They are often prefaced with the words “yeah, but that won’t work for me because…..” or something similar. Objections require solutions in order to move the provider along the adoption continuum. | SLIDE 1

Slide 2: Objectives of the Session |  | Say the objectives of the session:  
1. Identify common barriers to adopting the desired behavior  
2. Develop appropriate solutions to overcome these barriers  
3. Deliver solutions using the 4 step process to overcoming barriers | SLIDE 2

Slide 3: Barriers Often Emerge during Conversations with Providers: Why? |  | 1. Say: Objections can surface any time during a provider visit. They often arise after a value proposition has been presented to the provider. Ask: Why is this?  

2. Show slide 3  
   • Weaknesses in the value proposition  
   • Pre-conceived provider notions/ideas/beliefs about the service, product or behavior  

Simple resistance to change; sometimes there is no weakness in the value proposition. Change is uncomfortable. | SLIDE 3
1. Say: Does anyone drive? Do you take the same road to work every day? There might be a better road but we stick to the normal path because we are scared of getting lost. Providers are scared of the unknown when trying new products or services. Any problems that occur could ruin their reputation.

2. Explain: Barriers are not the worst nightmare! They are opportunities to clarify a provider’s motivations and learn more about what he/she needs.

3. Show slide 4

4. Share key points for when a provider raises a barrier:
   - Don’t take it personally – it is probably not you or your offer, but the provider’s resistance to change.
   - See this as an opportunity to learn more about the provider’s needs and possible solutions.
   - The provider is letting you know about information they still feel is missing.
   - The provider is opening up to you about his/her concerns.
   - Barriers are GOOD – they let us know what we need to address to motivate behavior change.
   - Don’t ask why a provider objects, this will put him/her on the defensive. Show him/her that you understand.

4. Explain: It is tempting to feel that you must come up with an answer immediately:
   - If you have a good option, then go ahead and offer it.
   - If you have to think about it, tell the provider you will work on finding a solution and follow up soon. This shows credibility and that you care enough to remember their request.
1. Say: When a provider raises an objection or barrier -- Don’t tell the provider they are wrong! Don’t be defensive! Use the following four steps to strategically overcome a barrier:

2. Key Points:
   - Show slide 5 or write the Four Step Process on Flipchart.
   - Clarify the Barrier: Make certain you understand the provider’s concern. You can also use a quantifying follow-up question to clarify, for example: “Do you mean that all of your IUD clients say they have side effects?” This will put the barrier into perspective for you and the provider.
   - Empathize with the Provider
   - Offer a Solution
   - Confirm Understanding

1. Show slide 6 and Explain that the quotes on the slide are suggestions for the types of questions to ask to clarify the barrier.

2. Say: When you are clarifying your provider’s barrier, ensure that you understand the barrier by stating it back to the provider and asking for confirmation. Remember four key points:
   - State your intention to help
   - Find out more:
     - What do you mean?”
     - “Tell me more about that.”
     - “Could you explain?”
   - Clarify the scope of the barrier (i.e. does the barrier affect all clients? All family planning services?)
   - Confirm this is in fact a main barrier to the provider behavior change
<table>
<thead>
<tr>
<th>Slide 7: Step 2: Empathize with the Provider</th>
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<tbody>
<tr>
<td>1. Say: Empathize with the provider regarding the barrier and share your commitment to finding a mutually beneficial solution.</td>
</tr>
<tr>
<td>2. Show slide 7, review and explain the three points listed on the slide.</td>
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<tr>
<th>Slide 8: Step 3: Offer an Incremental Solution</th>
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<tbody>
<tr>
<td>1. Show slide 8</td>
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<tr>
<td>2. Say: Offer a Solution! Provide evidence or a new solution that overcomes the barrier you discussed.</td>
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<tr>
<td>3. Emphasize: This can (and should) be a small step towards behavior change, providers may perceive bigger changes as more risky.</td>
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<tr>
<th>Slide 9: Step 4: Confirm Understanding</th>
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<tbody>
<tr>
<td>1. Show slide 9</td>
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<tr>
<td>2. Say: Confirming that you both understand the obstacle and solution is a key step.</td>
</tr>
<tr>
<td>· Confirm that the provider accepts and acknowledges the solution you have proposed and understands the benefits that will come from it.</td>
</tr>
<tr>
<td>· Be sure to ask for an agreed “next step” – don’t leave without it!</td>
</tr>
<tr>
<td>· Set a realistic timeline for your commitment and stick to it.</td>
</tr>
</tbody>
</table>
Group Discussion:

1. Say: We are now going to identify the most common objections for your products/services/behavior.
2. Write the product/service/behavior on the top of a flipchart.
3. Ask: What are the common barriers or objections providers pose?
   Some examples may include: purchase of equipment, purchase of IUD, time investment for training, long-lasting effect means loss of income, takes too much time to counsel, clients can’t afford it, etc.
4. Record: The top barriers/objections for the product/service selected as each participant shares.

Note to Facilitator: Many barriers/objections may sound similar to needs. For example, a provider may need “more time” to insert IUDs and a barrier/objection may be that “IUDs take too much time” to insert. Solutions may also be similar. This is okay. Don’t get caught up in defining as one or the other. It just depends on when and how the comment comes from the provider and how you frame and deliver the solution. The most important take away is that the trainers are able to deliver the solution.
Activity 1:

Group Work: Creating Solutions to Common Barriers

1. Break into groups of 2-3 people and assign each group several barriers/objections from your list.
2. Each group creates at least one solution to each assigned barrier/objection using the Overcoming Barriers Worksheet. Each group should use the Visual Aid to demonstrate how the Visual Aid will support overcoming the barrier.
3. When finished, each group will share the barriers and solutions with the larger group.
4. Discuss: Does the solution address the barrier? Could a stated barrier mean more than one barrier? Is the clarifying question helpful in understanding exactly what the provider means?
5. Adjust and refine solutions as necessary.
6. Collect Overcoming Barriers Worksheets for next Activity.

Activity 2:

Round Robin: Practicing Overcoming Barriers using the 4 Step Process

1. Show slide 12
2. Instructions:
   - If you have more than 8 participants, divide into 4 groups.
   - Shuffle the Overcoming Barriers Worksheets.
   - Stand in a circle. Toss a ball to one participant.
   - Participant chooses one Overcoming Barriers Worksheet and hands to Facilitator.
   - Facilitator reads the Barrier to the Participant.
   - Participant must use the 4 Step Process to Deliver the Solution to the Barrier AND Visual Aid.
   - Participant tosses ball to another participant and repeat.
   - Repeat until each participant has had two turns to overcome a Barrier.

Facilitator should affix Overcoming Barriers Worksheets to the wall after the activity so participants can reference during the remainder of the workshop.

At the end of the workshop, Facilitator will collect all worksheets and prepare Overcoming Obstacles Job Aids in the template provided to be used by participants as reference tools.
Slide 13:
Activity 3: Provider Strategy Planner

1. Show slide 13
2. Instructions:
   - Ask participants to take out their Provider Strategy Planner (PSP)
   - Instruct them to complete the Barriers section of the Provider Strategy Planner
     - Identify the barriers that this provider is likely to present
     - Brainstorm some solutions that might help address the barriers, using the Objection Handling card for ideas
     - Do not go further right now!
     - Are there any barriers that did not make it onto the original flipchart list?
     - Add it.
   - Share it with the group
3. After participants have filled out the PSP, prepare for a group debrief. Ask participants:
   - What barriers did you face with your provider?
   - What new solutions did you come up with to overcome them?

Slide 14:
Session 7 Recap

- Show slide 14
- Ask the participants to list the most important takeaways from the session – invite discussion
- Click to bring up the takeaways on slide 16 one by one and explain where necessary
- Ask if all of these takeaways make sense – and if there are any surprises to the participants
- Answer any questions that participants have at this point
FP OVERVIEW, MEDICAL ELIGIBILITY AND COUNSELLING FOR CHILD SPACING (based on participants needs)

WHO CAN AND WHO CANNOT USE FP METHODS
Remind participants about the importance of this session. Successful use of the methods largely depends on the proper selection of clients. Providers themselves must be fully conversant and confident about the indications and contraindications of each method.

Encourage them to participate in discussion and discuss any queries with the group.

STEP 1 – establishing if the client is pregnant or not
Ask the first questions to be reasonably sure the client is not pregnant. If she is not menstruating at the time, ask questions 1 to 6.
As soon as she answers YES to any question, stop and follow the instructions after question 6

| Yes | 1. Have you had a baby in the last 4 weeks | No |
| Yes | 2. Did you have a baby less than 6 months ago, are you nearly or fully breastfeeding, and have you had a period since then? | No |
| Yes | 3. Have you abstained from intercourse since your last period or delivery? | No |
| Yes | 4. Did your last period start within the last 7 days? | No |
| Yes | 5. Have you had a miscarriage or abortion in the last 12 days? | No |
| Yes | 6. Have you been using a reliable contraceptive method consistently and correctly? | No |

STEP 2: Discussion on WHO MEC WHEEL
Engage participants in a healthy discussion on eligibility criteria as per WHO MEC wheel guidelines.
STEP 3: Counselling using REDI with role plays.

<table>
<thead>
<tr>
<th>Session/Activity</th>
<th>Time</th>
<th>Directions</th>
<th>Materials</th>
</tr>
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<tbody>
<tr>
<td>Slide show: Explaining the use of MEC Wheel</td>
<td></td>
<td><strong>Explain</strong>: This session focuses on a common tool used in addressing common problems that might be used as barriers to contraceptive use. Sample of the MEC Wheel should be shared with participants.</td>
<td>Slide 1-5</td>
</tr>
</tbody>
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SERVICE SPECIFIC TRAINING

A comprehensive training course will teach all of the competencies required to deliver a safe and effective service however it is likely that groups of trainees will have already gained one of more of the required competencies during pre-service education or some other kind of training.

This means that Clinical Trainers can select sessions according to the competency requirements of trainees, leaving out those that are already in place, or repeating those that are of particular relevant to their group.

DETAILED ON DIFFERENT MODERN FAMILY PLANNING METHODS

Trainers’ instruction:
**HCE in relation to FP**

The facilitator will then take the participants through the principles of HCE:

1. Non Maleficence (DO NO Harm).
2. Beneficience.
4. Autonomy.

The 2nd day is for developing and updating knowledge on different modern Family Planning Methods. Most of the work will be done by the participants and Trainers will mainly summarise and give detailed updates on the topics covered in each sessions using PPT/other methods. Participants will be divided into 4 groups of mixed experience. .

- Group 1: Oral pills/ Injectable
- Group 2: Natural and Barrier methods
- Group 3: IUCD
- Group 4: Implants
# VCAT: 

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
<th>Materials</th>
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<tr>
<td></td>
<td>Introductory icebreaker: Hopes, Hesitations and Motivations</td>
<td></td>
<td>Participants’ responses on sticky notes</td>
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<tr>
<td></td>
<td>Purpose: Participants reflect on and share their hopes, hesitations and motivations regarding contraceptive care and services for adolescents, continue to develop rapport and are primed for further discussions.</td>
<td></td>
<td>Flipcharts labelled: Contraceptive Care: Hopes, Hesitations and Motivations</td>
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<td></td>
<td>Participants discuss their responses to the statements in pairs with a person they don’t know well and then post their sticky notes on the flipcharts. In the large group, the facilitator asks participants to summarize the responses.</td>
<td></td>
<td>Flipcharts labelled: Services for Adolescents: Hopes, Hesitations and Motivations</td>
</tr>
<tr>
<td></td>
<td>Contraceptive care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· My main hope is…</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· My main hesitation is…</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· I am motivated to provide contraceptive care because…</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>· Services for adolescents:</td>
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<tr>
<td></td>
<td>o My main hope is…</td>
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<td></td>
<td>o My main hesitation is…</td>
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<td></td>
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<tr>
<td></td>
<td>o I am motivated to provide contraception services for adolescents because…</td>
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<td></td>
<td>VCAT activity: Comfort Continuum</td>
<td></td>
<td>Comfort Continuum instructions and statements</td>
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<td></td>
<td>Purpose: Participants reflect on their level of comfort discussing and providing contraceptive care and services for women in RH age. Participants are asked to reflect on the life experiences that influenced their comfort levels and how they relate to societal norms.</td>
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<td></td>
<td>Broader statements on safe Contraception use</td>
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<tr>
<td></td>
<td>· How comfortable are you providing contraceptive services?</td>
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<td></td>
<td>· How comfortable are you discussing contraceptive services with other colleagues?</td>
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<td></td>
<td>· How comfortable are you advocating for Contraceptive care for every woman who desires it, regardless of her reasons?</td>
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VCAT activity: Facilitating Dialogue

Purpose: Trainers introduce the training topic and present a “dialogue trigger” that evokes key problems concerning contraceptive care and services for women and youth- facilitate a discussion about root causes, consequences and actions needed.

Divide participants into two groups. One group views or reads a trigger on contraceptive care while the second group views or reads a trigger on services for adolescents. The facilitator leads a dialogue for each group using the following questions:

- What do we hear/see in this video/story/image?
- Why does this happen?
- How does this relate to our work and lives?
- What are the consequences?
- What do we need to do to improve this situation?

The facilitator then has each group summarize their discussion for the other group.

Facilitating Dialogue instructions

Develop your own, locally-relevant dialogue trigger. A trigger is a short story, video, newspaper article, skit, image (i.e. photo, cartoon) or other item that evokes key problems concerning contraceptive care and services for women and youth. The trigger should represent problems but not the solution. For example, the facilitator might make copies of a local newspaper article about a lady who had 14 girls and died on her fifth delivery trying to get a boy child.

Example triggers:

- What do you think the population of Somaliland will be like if they will not be accessing contraception? (newspaper article)
- A Midwife’s Story (see below)
- What Would You Do stories
<table>
<thead>
<tr>
<th>15 min</th>
<th>Break</th>
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<tbody>
<tr>
<td>Overview of data, laws, policies, standards and guidelines on contraceptive care and services for women (as needed) Purpose: Participants understand the relevant data, legal and policy frameworks and standards and guidelines for the services they are providing. (Both National and international laws) Facilitate a brainstorming session on myths and biases surrounding contraceptive and care and services for women. Present an overview of relevant contraception and local laws, policies and service delivery standards and guidelines on contraceptive care and service delivery for all. Field questions throughout the session.</td>
<td>Presentation on and copies of relevant data and local laws, policies and service delivery standards and guidelines on contraceptive care for women Lead trainer can provide briefing sheets on the SRHR legal/policy context, and in some cases, the actual law/policy documents, for most countries in which MSI operates.</td>
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<tr>
<td>VCAT activity: Four Corners Purpose: Participants develop a deeper understanding of and empathy for their own and others’ values and beliefs about contraception services for women and consider how personal beliefs can create social stigma and affect service provision.</td>
<td>Four Corners instructions, worksheets Part A and Part B and four signs adapted according to country context and program priorities</td>
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<tr>
<td>60 min</td>
<td>Lunch</td>
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<td>VCAT activity: Personal Beliefs versus Professional Responsibilities</td>
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<tr>
<td>Purpose: Participants recognize the relationship between personal beliefs and professional behaviors and assess alignment or conflict between their personal beliefs and professional responsibilities, including conscientious objection and provision.</td>
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<tr>
<td>Motivations:</td>
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<tr>
<td>· I believe that all women should receive comprehensive FP care.</td>
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<td>Women, regardless of marital status, should be offered the full range of contraceptive options.</td>
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<td>· I am committed to preventing women from dying or being harmed by complicated deliveries &amp; unsafe abortion due to unavailability of FP.</td>
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<tr>
<td>Broader statements on Contraception</td>
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<tr>
<td>Barriers:</td>
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<td>· I find the idea of contraception personally objectionable or uncomfortable</td>
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<td>· Contraception is contrary to my religious beliefs.</td>
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<td>· I worry about my professional reputation.</td>
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<td>· I worry about my personal safety or the safety of my loved ones due to violence from people who oppose contraception.</td>
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<td>· I do not always trust or support women’s reasons for seeking an FP.</td>
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<tr>
<td>Motivations:</td>
<td></td>
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<tr>
<td>· All women deserve safe comprehensive Reproductive care</td>
<td></td>
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<tr>
<td>· I am committed to preventing women’s deaths and disability due to unavailability of contraception.</td>
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<td>· I believe comprehensive contraception care is a human right.</td>
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<td>· I only want to see children who are cared for and loved brought into the world. I believe Reproductive health is an integral part of comprehensive health care</td>
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<tr>
<td>Personal Beliefs versus Professional Responsibilities instructions and worksheets revise worksheets according to country context and program priorities to address adolescents)</td>
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<tr>
<td>Handout detailing legal and policy restrictions to access contraceptive services or services for youth</td>
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<tr>
<td>VCAT activity: Why Did She Die?</td>
<td>Why Did She Die instructions and story the story can be revised using locally-relevant information)</td>
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<tr>
<td>Purpose: Participants confront the tragic consequences that can result when access to contraceptive care is restricted and articulate their beliefs about stakeholders’ responsibilities to ensure women have access to care.</td>
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<td>· Recommendation: Facilitate the activity according to why did Mrs. x die.</td>
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<tr>
<td>15 min Break</td>
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<tr>
<td>Energizer activity</td>
<td>Participants’ own energiser</td>
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<tr>
<td>VCAT activity: Talking About Contraception</td>
<td>Talking about Contraceptive instructions adapt activity as desired to focus on services to women. Flip-chart easel, paper and markers</td>
</tr>
<tr>
<td>Purpose: Participants anticipate challenging reactions to MSI’s provision of contraceptive care and services for women.</td>
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<tr>
<td>VCAT activity: Closing Reflections</td>
<td>Closing Reflections instructions and worksheets adapt worksheet as desired)</td>
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<tr>
<td>Purpose: Participants reflect on their experiences during the training, identify what knowledge, feelings and attitudes have changed or remained the same and express any outstanding issues or concerns.</td>
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<tr>
<td>Closing Circle: One Thing I Will Do and Certificates</td>
<td>Paper and markers for One Thing I Will Do responses revised to align with training title and dates)</td>
</tr>
<tr>
<td>Purpose: Participants express a behavioral intention or commitment regarding contraceptive care and services for women and adolescents.</td>
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<tr>
<td>· Provide participants with paper and markers and ask them to complete two phrases: “One thing I will do to improve contraceptive care is...” and “One thing I will do to improve services for adolescents is...”</td>
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<tr>
<td>· Invite participants to stand in a circle and, one at a time, moving around the circle, share their commitments with the group.</td>
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<td>· Distribute certificates to participants and have them present each other with their certificates.</td>
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<tr>
<td>· Follow up with participants 4-6 weeks after the training to remind them of their commitments and ask how they have followed through on them.</td>
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<tr>
<td>After training</td>
<td>VCAT post-survey and training evaluation</td>
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<tr>
<td>· Analyze pre and post-surveys and evaluation results.</td>
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<tr>
<td>· You may want to administer a VCAT follow-up survey with items that align with the pre and post-surveys.</td>
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<tr>
<td>· Make further adaptations to the VCAT training agenda and materials according to survey and evaluation results.</td>
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<tr>
<td>VCAT post-survey, revise to align with pre-survey) if applicable</td>
<td></td>
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<tr>
<td>Training evaluation form, revise to align with training agenda)</td>
<td></td>
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<tr>
<td>Participant commitment statements</td>
<td></td>
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<tr>
<td>VCAT Follow-up survey</td>
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NOTES ON DESIGN, IMPLEMENTATION AND ADAPTATIONS:

1. This is a VCAT training agenda designed to improve attitudinal aspects of service provision. This agenda can be facilitated entirely as a stand-alone VCAT training or integrated into a training on other topics, such as clinical or advocacy skills. If clinical and service delivery skill enhancement is needed, additional content in those areas needs to be included.

2. When possible, it is recommended that this training be implemented with participants who are already comfortable talking about sensitive issues with each other. For example, it can be added at the end of another training.

3. This agenda is designed to be adapted for each unique training event. If there is only one day for VCAT training, some VCAT activities could be omitted, including: Why Did She Die and Closing Reflections.

4. Facilitators will need to clarify the amount of training time they have, set a clear and realistic goal and objectives and then design the agenda and sessions to achieve their goal and objectives. Facilitators may integrate these VCAT and other sessions into a training on other topics. The same order is recommended, even if there are other sessions in between the VCAT sessions.

5. This agenda was designed to achieve the goal of enhancing service delivery team members’ knowledge, attitudes and intended practices regarding contraceptive care and services for women and adolescents to improve country program work and results. As indicated in the agenda, the specific focus of the VCAT activities and discussions, and the triggers, statements, scenarios, worksheets and other materials, need to be adapted to reflect local circumstances, specific country program needs and service delivery challenges and priorities.

6. Country program may choose to have prospective staff and clinical trainees participate in a VCAT training and observe their responses to guide staff and trainee selection before investing in resource-intensive onboarding and training.

7. If adolescents or adults are being invited in to role play and share their experiences as health care clients, every step should be taken to assure their confidentiality and privacy. In order for them to make an informed choice, they should be provided a comprehensive overview of the agenda, goal and objectives and encouraged to anticipate expected and unexpected consequences of sharing personal health information on stigmatized topics in a public forum. Participants should be reminded about group agreements on maintaining confidentiality about sensitive information shared in the training.
NOTES ON FACILITATION:

1. VCAT facilitator training: People who are planning to design and facilitate VCAT workshop are recommended to undergo a VCAT training of trainers (TOT). An apprenticeship training model is recommended, in which people first experience VCAT as a participant and then serve as a co-trainer to an experienced VCAT facilitator. With experience, they gradually transition into the role of lead VCAT facilitator.

2. VCAT co-facilitators: Co-facilitators are advised to clarify in advance each person’s role and how they will communicate with each other during the training. An organizers’ de-briefing session is recommended at the end of each training day to discuss how well the training goal and objectives were met, co-facilitation and participant dynamic issues and any changes needed to the agenda based on survey and daily evaluation results and the parking lot items.

3. VCAT is designed to clarify not change values: VCAT is designed to help people challenge and clarify their values and potentially transform their attitudes. People often form attitudes and operate from their values unconsciously. VCAT is designed to bring their values, beliefs and attitudes into the light so they can examine them and consciously choose beliefs and attitudes that are in alignment with their clarified values.

4. VCAT is not advocacy: To be an effective VCAT facilitator, one must remain neutral and create an environment in which participants are free to express their values and beliefs openly, even if they are different from the majority. This can be particularly challenging for people who are accustomed to serving in an advocate role and persuading others to assume beliefs similar to theirs.

5. Remain self-aware: Effective facilitators are self-aware and facilitate participants’ mindfulness during the VCAT process. Facilitators may choose to lead a brief mindfulness activity at the beginning of a VCAT workshop to help participants be present and self-aware. Facilitators must remain conscious of how participants’ words and actions may trigger strong emotional reactions in themselves and participants and take care to remain calm and maintain a conducive training environment.

6. Ensure emotional safety: By having the group establish and follow group agreements and using effective facilitation techniques, facilitators can create a training environment that is emotionally safe and conducive for open exploration for all participants. Participants may become very emotional, angry, and confrontational or experience other strong emotions during the VCAT process. Facilitators need to plan in advance how they will support participants with strong needs and ensure that they don’t disrupt other participants’ learning.

7. Monitor participants: Effective facilitators monitor participants’ verbal and non-verbal (body) language and check in with individual participants privately if they sense that they are struggling or need extra support.

8. Consider language: VCAT discussions can be quite personal and emotionally charged. When working with multi-lingual groups, facilitators may plan for participants to have discussions in their primary language so they can think and communicate most authentically.

9. Embrace discomfort and uncertainty: VCAT workshops can raise challenging issues on a personal and institutional level. Facilitators must help participants prepare for this and support them in accepting discomfort and uncertainty. Values and beliefs form over many years, and it can take time and repeated exposures to undergo changes. Facilitators can prepare themselves and participants that they likely will not reach resolution at the end of a VCAT training. People often continue to contemplate, explore, meditate
and pray over issues long after the training has ended.

10. Trust the process: In the beginning and middle of a VCAT training, participants may feel uncomfortable, express doubts and even openly resist or challenge the facilitator and other participants. When a VCAT training is well designed, people often undergo positive changes in their beliefs and attitudes. One can trust the VCAT process.

11. Evaluation: Facilitators may choose to administer pre and post-surveys to measure improvements in knowledge, attitudes and behavioral intentions. Facilitators may also administer follow-up surveys to measure reported changes in actual behaviors. Generally, at least one full day of VCAT sessions would be recommended for such evaluations.