

**Family Planning Training for**

**Drug Shop Operators**

**Trainer’s Guide**



**ADAPTED FROM MINISTRY OF HEALTH UGANDA**

**June 2018**

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June 2018

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# Curriculum Introduction

This curriculum will enable a facilitator to equip Drug Shop Operators (DSOs) with knowledge and skills in reproductive health, specifically the provision of family planning services, in a context appropriate for community settings in Uganda. The curriculum also is intended to update drug shop operators’ knowledge of managing their medicines and improve profitability of their shops. The curriculum provides for training of drug shop operators to make effective referrals, document success and challenges, and report accurately on activities undertaken.

To maximize the participants' acquisition of new knowledge and skills, participatory training methods are recommended and proposed.

**Selection of Drug Shop Operators for this Course**

DSOs intended for this course are those persons involved in the daily dispensing and handling of clients in a drug shop with a minimum qualification of Nursing Assistant training from a recognized institution. In addition, the Nursing Assistant should have a minimum of one year experience in a drug shop and should have attained an Advanced-level certificate of education. Preference will be made for those shops where the operator has a certificate or diploma in a medical field (e.g., nursing, midwifery, orthopedic, clinical officer).

**Organization of the Curriculum**

The curriculum gives a synopsis of each topic, the learning objectives for each training session, materials and preparation needed, detailed instructions for trainers, suggested adult learning methods, and suggested time for each session. The curriculum consists of three primary documents, this trainer’s guide, a reference manual and a job aids booklet.

**Trainers Guide:** For the trainers to use. Provides all the instructions about how to conduct activities and which resources are needed.

**Reference Manual:** For trainers and participants. Each participant should receive a copy at the beginning of the training. The manual provides information that DSOs need to know. It also includes materials that are used during the course activities.

**Job Aids Booklet:** For use by the DSOs at their shops. It contains job aids that support the various tasks that DSOs are expected to conduct. It will be used throughout the training as participants learn and practice new tasks.

**Modules in the Curriculum**: The curriculum is divided into ten modules. Each module is divided into discreet sessions. The modules/sessions are as follows:

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| --- |
| **FAMILY PLANNING TRAINING FOR DRUG SHOP OPERATORS** |
| **Course Introduction: Orientation to the Course and Climate Setting** |
| **Module 1: Overview of RH/FP and Rationale for FP Services**  Session One: General Overview of RH/FP Situation in Uganda  Session Two: Selected Terms and Concepts Related to FP/RH |
| **Module 2: Anatomy/Physiology of Male and Female Reproductive Organs**  Session One: Anatomy and Physiology of Human Reproductive Organs  Session Two: The Menstrual Cycle and Its Application to FP Methods |
| **Module 3: Family Planning Methods**  Session One: Describing FP Methods Available in Uganda  Session Two: Myths and Misconceptions about FP Methods |
| **Module 4: Communication and Counseling for FP**  Session One: Effective Communication for Family Planning Services  Session Two: Counseling Family Planning Clients |
| **Module 5: Providing DMPA IM and SC Injectable Contraceptives**  Session One: Overview of DMPA IM and SC  Session Two: Screening and Initiating Clients Who Wish to use DMPA IM and SC  Session Three: Safe Storage of DMPA IM and SC, Safe Handling and Disposal of Sharps and Infection Prevention for Injections  Session Four: Administering DMPA IM Injections  Session Five: Uniject Injection System  Session Six: Administering DMPA SC Injections  Session Seven: Helping Continuing Users of DMPA IM and SC (Reinjections) |
| **Module 6: Recordkeeping and Reporting**  Session One: Family Planning and HMIS Documentation |
| **Module 7: Quality Control**  Session One: Referrals, Linkages, and Supervision system |
| **Module 8: Orientation to the Practicum Experience**  Session One: Overview of Practicum Expectations and Practicum Debrief |
| **Module 9: Ethics. Laws and Regulations for Drug Shop Operation**  Session One: Legal Requirements and Standards for Class C Drug Shops  Session Two: Classes of Medicines  Session Three: NDA Recordkeeping and Documentation for Drugs in ADS  Session Four: Medicines and FP Commodities Management  Session 0000: Records and NDA-required Documentation for Drugs in ADS |
| **Module 10: Evaluation of Training**  Session One: Back-home Application Plan  Session Two: Post-training Knowledge Assessment and Course Evaluation |

# How to Use the Curriculum

A curriculum is a sketch of what is to be taught and how to present and facilitate learning. It does not bring out the answers to each aspect being taught. It is the responsibility of the trainer to discover additional details from various sources so as to be well-informed. The trainer should carefully review this guide along with the information in the in the Reference Manual and the Job Aids Booklet in preparation for leading this training. The trainer is advised to read relevant topics/chapters in these suggested references before any session(s) so as to direct the sessions appropriately and enable participants to acquire the knowledge and skills outlined in the session objectives.

It is assumed that this curriculum will be led by a trainer and co-facilitators; the number of co-facilitators will depend on the number of participants attending the training. Ideally, the number of participants should be about 15; if the number exceeds 20, the quality of interaction and learning can be compromised.

**Training goal**

Increase access to FP services by preparing selected drug shop operators to provide community-based FP.

**Purpose**

To prepare drug shop operators (DSOs) to provide short-term FP services, including oral contraceptives, emergency contraceptives, condoms, and DMPA injectable contraceptives in their communities.

**Learning Objectives**

By the end of the training, drug shop operators will be able to:

1. Perform all activities according to the standards stipulated in the laws
2. Purchase the appropriate medicines in their right quantities
3. Appropriately store and dispense the medicines in a rational manner
4. Define family planning (FP), describe the benefits it provides, and help clients meet their FP needs.
5. Describe the function of the male and female reproductive organs and their relationship to FP.
6. Explain the menstrual cycle and its relationship to FP and pregnancy; and use a pregnancy checklist to determine whether a client may be pregnant.
7. Describe the FP methods available in Uganda, identify those that are provided by drug shop operators and those that require referral.
8. Use communication skills and apply a streamlined counseling approach to ensure that clients make informed FP choices.
9. Using the job aids provided, screen clients to ensure that they are medically eligible and understand how to use their method of choice.
10. Provide DMPA injectable contraceptives (DMPA IM and SC) to new and continuing clients as an integral part to other FP services within their scope.
11. Identify and refer clients who have needs that drug shop operators cannot meet.
12. Maintain accurate records at the drug shop and submit reports to appropriate authorities.
13. Identify steps/strategies to include in their Application Plan describing how they will implement at their drug shop what they have learned during the course.

# Practicum/Clinical Objectives

**During the clinic practicum,**\* **each participant will perform the following minimum number of FP procedures according to established standards:**

* Conduct individual counselling for informed choice - 3
* Use screening checklist to assess client’s suitability   
  (medical eligibility) for DMPA IM/SC Injections - 3
* Administer a DMPA IM injection - 1
* Administer a DMPA SC injection - 2
* Follow the steps for safe handling and disposal of sharps - 3
* Correctly fill the FP Client Card, Return Appointment Card,

FP Register and HMIS Forms - 3

Use the *Checklist for Evaluating DSO Counselling and Method Provision* (see Annex of Reference Manual) to observe and document each trainee’s mastery of the clinical procedures. *Annex E: Summary of Participant’s Knowledge and Clinical Skills Performance* is a form that can be used to capture the knowledge assessment scores and mastery level of clinical objectives for all the trainees; the completed form can be included in the training report.

\* Module 8 provides an orientation to the expectations of the clinical practicum. This training manual does not provide step-by-step instructions for conducting the practicum. However, A*ppendix F: Logistical Guidance for Organizing the Clinical Practicum* provides basic recommendations for organizing the practicum.

In some situations, it may be necessary for trainees to complete the clinical procedures required for certification outside of the formal practicum. In these cases, arrangements will be made with the trainee’s supervisor or an in-charge (mentor) at a local health care facility who is able to observe the trainee and certify that the trainee has met the performance standards for the required procedures.

# Training Schedule

**Drug Shop Operators Provision of Family Planning with Emphasis on DMPA IM and SC**

|  |  |
| --- | --- |
| **Day One** | |
| Time/Hours | Content |
| 8.00 – 9.30 | Orientation to course, Climate setting, Pre-training assessment |
| 9.30 – 10.15 | Module 1, Session 1: General overview of RH/FP in Uganda |
| 10.15 – 10.30 | **TEA BREAK** |
| 10.30 – 11.15 | Module 1, Session 2: Terms and concepts related to FP/RH |
| 11.15 – 12.15 | Module 2, Session 1: Anatomy and physiology of reproduction |
| 12.15 – 1.00 | Module 2, Session 2: Menstrual cycle & application to FP methods |
| 1.00 – 2.00 | **LUNCH BREAK** |
| 2.00 – 4.00 | Module 3, Session 1: Describing FP methods available in Uganda |
| 4.00 – 5.00 | Module 3, Session 2: Myths/misconceptions about Family Planning |
| 5.00 – 5.15 | Sum up of the day’s work/Evaluation  ***Home assignment:*** *Read, Ethics, Laws and Regulations and Medicines and FP Commodities Management in Reference Manual (Module 9)* |

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| **Day Two** | |
| Time/Hours | Content |
| 8.00 – 8.30 | Recap of previous day |
| 8.30 – 9.30 | Module 4, Session 1: Effective communication for FP services |
| 9.30 – 10.30 | Module 4, Session 2 (p 1): Counselling Family Planning clients |
| 10.30 -10.45 | **TEA BREAK** |
| 10.45 – 11.30 | Module 4, Session 2 (p 2): Counselling Family Planning clients |
| 11.30 – 12.15 | Module 5, Session 1: Overview of DMPA IM and SC |
| 12.15 – 1.00 | Module 5, Session 2: Screening/Initiating DMPA IM and SC clients |
| 1.00 – 2.00 | **LUNCH BREAK** |
| 2.00 – 2.45 | Module 5, Session 3: DMPA storage, Safe sharps, Infection prevention |
| 2.45 – 4.45 | Module 5, Session 4: Administering DMPA IM Injections |
| 4.45 – 5.00 | Sum up of the day’s work/Evaluation |

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| **Day Three** | |
| Time/Hours | Content |
| 8.00 – 8.30 | Recap of previous day (trainer leads an interactive discussion) |
| 8.30 – 9.00 | Module 5, Session 5: Uniject injection system |
| 9.00 – 11.00 | Module 5, Session 6: Administering DMPA SC |
| 11.00 –11.15 | **TEA BREAK** |
| 11.15 – 12.00 | Module 5, Session 7: Helping Continuing DMPA Users (Reinjections) |
| 12.00 – 1.00 | Module 6, Session 1 (p1): FP and HMIS Documentation |
| 1.00 – 2.00 | **LUNCH BREAK** |
| 2.00 – 2.30 | Module 6, Session 1 (p2): FP and HMIS Documentation |
| 2.30 – 3.30 | Module 7, Session 1: Quality control: Referrals, Linkages, Supervision |
| 3.30 – 5.00 | Supervised practice groups (role plays: DSO, client and observer):  Counselling clients, Administering DMPA IM and SC injections |
| 5.00 – 5.15 | Sum up of the day’s work/Evaluation  ***Home assignment****: Review job aids/practice administering DMPA IM and SC injections* |

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| **Day Four** | |
| Time/Hours | Content |
| 8.00 – 8.30 | Module 8, Session 1 (p1): Orientation to the clinical practicum |
| 8.30 – 9.30 | Travel to the clinics |
| 9.30 – 2.00 | PRACTICE AT THE CLINICS (day 1 of two-day practicum) |
| 2.00 – 3.00 | Travel back from clinics |
| 3.00 – 4.00 | **LUNCH BREAK** |
| 4.00 – 5.00 | Process practicum experience; problem solve as needed |
| 5.00 – 5.15 | Sum up of the day’s work/Evaluation |

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| **Day Five** | |
| Time/Hours | Content |
| 8.00 – 8.30 | Travel to the clinics |
| 8.30 – 1.00 | PRACTICE AT THE CLINICS (day 2 of two-day practicum) |
| 1.00 – 2.00 | Travel back from clinics |
| 2.00 – 3.00 | **LUNCH BREAK** |
| 3.00 – 4.00 | Module 8, Session 1 (p2): PRACTICUM DEBRIEF (30-60 minutes) |
| 4.00 – 5.00 | Module 10, Session 1: Back home application plan |
| 5.00 – 5.15 | Sum up of the day’s work/Evaluation |

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| **Day Six** | |
| Time/Hours | Content |
| 8.00 – 9.15 | Module 9, Session 1: NDA Legal requirements and standards |
| 9.15 – 9.45 | Module 9, Session 2: Classes of medicines |
| 9.45 – 10.00 | **TEA BREAK** |
| 10.00 – 11.00 | Module 9, Session 3: NDA Recordkeeping for drugs in ADS |
| 11.00 – 12.00 | Module 9, Session 4 (p1): Medicines & FP commodities management |
| 12.00 – 1.00 | **LUNCH BREAK** |
| 1.00 – 2.30 | Module 9, Session 4 (p2): Medicines & FP commodities management |
| 2.30 – 3.30 | Module 10, Session 2: Post-training assessment; Course evaluation |
| 3.30 – 3.45 | CLOSE WORKSHOP |

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| Course Introduction | |
| **Time: 1½ hours** | Orientation to Course and Climate Setting |

**Aim**

To clarify expectations and set the ground rules on which the course will be conducted.

**Objectives**

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

* 1. Mention the names of other participants, their expectations, and fears.
  2. Describe the goal, purpose, and overall objectives of the training.
  3. Link their expectations to the objectives of the training.
  4. Share experiences of managing a drug shop, achievements, challenges, and how challenges were overcome.

**Materials and preparation**

* News print, markers, masking tape.
* Name tags, registration forms, reference manuals, job aids booklets, pens, bio-data forms (see Annex for sample form, Drug Shop Operator Profile)
* Reference Manual (one for each participant)
* Pre-test/knowledge assessment (one for each participant)
* Prepared flip chart and/or handout: Overall course objectives, agenda/schedule.

*The schedule provided earlier in this guide should be adapted by each trainer to align with the appropriate days/times of the training.*

**Trainer’s directions**

***Climate setting and administrative issues (5 minutes)***

1. Welcome participants; invite them to sit and make themselves comfortable.
2. Attend to any issues/questions that participants may raise regarding meals and incidentals, transport and transport refunds, and lodging. Share information with individuals or the entire group as appropriate.
3. Ask each participant to complete a bio-data form, Drug Shop Operator Profile.

***Discussion/group activity (30 minutes)***

1. Introduce self.
2. Ask participants to sit in pairs and introduce themselves to one another using the following outline written on newsprint: name, drug shop name, role, how long you have been in the drug shop, the most rewarding thing about selling in a drug shop, concerns, and expectations.
3. Ask each participant to introduce his or her partner to the rest of the group and mention concerns and expectations.
4. Put up two newsprints, one for expectations and the other for concerns.
5. Record responses on flip charts. Recognize but do not record repeated responses. Post these flip charts on the wall so it can be referred to throughout and at the end of the training.

***Ground rules (norms) (5 minutes)***

1. Explain to participants the importance of setting ground rules.
2. Ask participants to suggest ground rules (norms) for the training.
3. Let participants negotiate and agree on the most appropriate rules/norms.
4. Write the ground rules that have been agreed upon on a flip chart. Post on the wall and use when norms are violated.
5. Remind the participants of the importance of adhering to the ground rules during the entire training.

***Helping hands (2 minutes)***

1. Ask participants to identify key leadership posts, for example, timekeeper, norms enforcer, and others as determined by the participants and the trainers.
2. Ask for volunteers for these key posts.
3. Let participants agree on the individuals they want for each post.
4. Write the names of the selected individuals and their posts on a flip chart and post on the wall.

***Parking lot (3 min)***

1. Explain to participants what the parking lot is: it is a spot where the group can record noteworthy questions or issues that arise but that will not be answered during that day’s sessions. The trainer can respond to these questions during the relevant sessions. If there are unanswered questions at the end of the training, decide how they will be answered.
2. Post a flip chart labeled “Parking Lot.”
3. Reassure participants that all questions in the parking lot will be addressed to the extent possible if they are relevant to the training subject matter.

***Orientation to overall course objectives and schedule (10 minutes)***

1. Display the prepared flip chart that shows the overall learning objectives for the entire course. (Post this flip chart on the wall where it will be referred to throughout the training.) Give the page number in the reference manual for the “Overall course objectives” so that participants can follow along.
2. Explain the goal, purpose, and overall objectives for the course.
3. Link the goal, purpose, and objectives to participants’ expectations.
4. Remind participants that all of the training activities will be based on these objectives. A particular area of emphasis are the laws and regulations and medicines management that dictate how DSOs operate in Uganda. Your reference manual contains a list of the laws and regulations that DSOs must follow. As you can see on the agenda, there is a module dedicated to this topic. For your homework tonight, read these pages so that you are familiar with these topics and prepared to participate in the session.
5. Clarify how expectations not linked to objectives will or will not be addressed during this training.
6. Review the schedule with the participants using a prepared flip chart and the agenda in the participant’s reference manual.
7. Thank them for their participation and inform them that those who do not get a chance to share will do so during the training as you go through the different sessions.

***Pre-test (30 minutes)***

1. Introduce knowledge pre-assessment and explain its purposes; to assess the participants’ level of knowledge on the subject matter and identify gaps where emphasis can be put during the training.
2. Ask participants to complete the test.

***Closing (5 minutes)***

* Summarize the important points covered during this session and thank the participants as you link to the next session.

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| MODULE 1: Overview of RH/FP and Rationale for FP Services | |
| **Time: 45 mins** | Session One: General Overview of Reproductive Health/Family Planning Situation in Uganda |

**Objectives**

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

1. Define Family Planning (FP).
2. List the health indicators related to RH/FP.
3. Explain the factors that affect FP service utilization.
4. Explain benefits of FP to mother, baby, father and community.
5. Discuss factors that contribute to improve maternal and child health outcomes that are addressed by FP.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Overview of RH/FP and Rationale for FP Services
* Job Aids Booklet: Family planning benefits everyone

**Trainer’s directions**

***Climate setting (5 minutes)***

* Ask participants to mention situations that may necessitate a person to use FP.
* Acknowledge responses and introduce the topic.
* Display prepared flip chart with session objectives.
* Read out objectives and ensure understanding of each.

***Interactive presentation (20 minutes)***

* Ask participants to define Family Planning.
* Acknowledge responses and refer to Reference Manual for the meaning of Family Planning.
* Make reference to the key features of health indicators mentioned by participants during climate setting. Refer to the Reference Manual, improved maternal and child health outcomes related to RH/FP.
* Explain the current RH/FP situation in Uganda.
  + Unmet need, which is 34%
  + Limited access
  + Rumors and misconceptions
  + Stock out of some FP methods
  + Limited couple communication
* Review the information in the Job Aids Booklet related to the benefits of family planning.
* Ask participants if there are any questions. Clarify as needed.

***Brainstorming (10 minutes)***

* Guide the participants to generate factors that:
  + Promote FP use in their community.
  + Hinder FP use in their community.
* Co-trainer to record responses on a flip chart.
* Ask participants if there are any questions. Clarify as needed.

***Evaluation (5 minutes)***

* Ask participants what they have learnt from the session.
* Ask participants how the acquired knowledge will help them to improve use of FP services in their communities.
* Acknowledge responses

***Closing (5 minutes)***

* Summarize important points covered during the session.
* Thank participants for their participation and ideas.
* Close session and link to the next.

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| **Module 1** | **Overview of RH/FP and Rationale for FP Services** |
| **Time: 45 mins** | Session Two: Terms and Concepts Related to FP/RH |

**Session objectives**

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

1. Explain selected terms and concepts used in Family Planning Services
   * Voluntary informed choice
   * High-risk clients
2. Describe the “4 Toos”
3. Discuss clients’ rights and provider needs

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Health and Socio-economic Benefits of Family Planning, Terms and Concepts Used in Family Planning Service Delivery, Clients’ Rights in Relation to FP
* Job Aids Booklet: Family planning benefits everyone

**Trainer’s Directions:**

***Climate setting (5 minutes)***

* Ask participants what questions/concerns their customers ask related to Family Planning.
* Acknowledge responses and introduce the topic.

***Experience******Brainstorming/Lecture (5 minutes)***

* Ask participants the terms they have heard being used in FP/RH service delivery.
* Record responses on newsprint.

***Large group Discussion (15 minutes)***

* Refer to the Job Aids Booklet and Reference Manual to explain the meaning/definition of each term/concept and how it is applied to FP/RH service delivery.
* Voluntary informed choice
* Concept of High Risk, (the 4Toos)
* Clients’ rights and what providers need to ensure those rights
* Allow and answer questions.
* Inform participants that these concepts will be applied throughout the training.

***Processing (5 minutes)***

* Find out how participants feel about the session on terms and concepts.

***Generalizing (5 minutes)***

* Ask participants what they have learned from the session.
* Trainer ensure the relevance of the learnings and ask participants to record their learnings at the back of their note books to be referred to when making back home application plan.

***Application (5 minutes)***

* Find out how participants will use the concepts and terms discussed during the session (e.g., use the pages in their job aids booklet to describe the benefits of FP to clients).
* Ensure the lessons and applications are related and practical.

***Summary and Closure (5 minutes)***

* Summarize important points covered during the session.
* Review session objectives to decide if they were met.
* Close session linking it to the next session.

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| MODULE 2: Anatomy and Physiology of Male and Female Reproductive Organs and the Menstrual Cycle | |
| **Time: 1 hour** | Session One: Anatomy and Physiology of Human Reproductive Organs |

**Session Objectives**

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

1. Name and describe the function of the male and female reproductive organs.
2. Explain the relationship of FP to the reproductive system.

**Materials and preparation**

* Newsprint, markers, and masking tape
* Prepared drawings on newsprint of the male and female reproductive system or illustrations from the Reference Manual, a Grab bag with prepared pieces of manila pre-printed with the names of the male reproductive organs, a Grab bag with prepared labels of the *external* female reproductive organs, a Grab bag with labels of the *internal* female reproductive organs (lists of labels are provided at the end of this session which can be photocopied to create the Grab Bags)
* Reference Manual: Anatomy and Physiology of Human Reproductive Organs, Relationships of male and female anatomy to FP and reproduction

**Trainer’s directions**

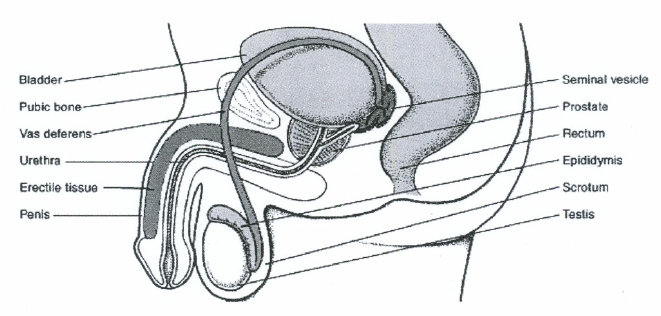
***Climate setting (5 minutes)***

* Ask participants to mention what is required for human beings to reproduce.
* Acknowledge participant responses and introduce the topic and objectives
* Inform participants that we will review the male and female reproductive system: the different organs and their functions and the relationship of FP methods to the male and female anatomy.

***Large or small group activity/Interactive discussion (40 minutes)***

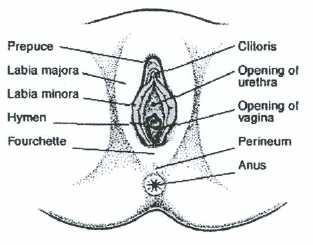
* For a large group, display newsprint with a pre-drawn unlabeled diagram of the internal parts of the male reproductive system. To conduct in small groups, refer participants to the Activity Sheets in their Reference Manuals.
* Pass around the Grab Bag of labels for the male anatomy and ask each participant to select a label from the bag. If the activity is done in small groups, give each group their own bag of labels to use during the activity.

*Male reproductive organs*



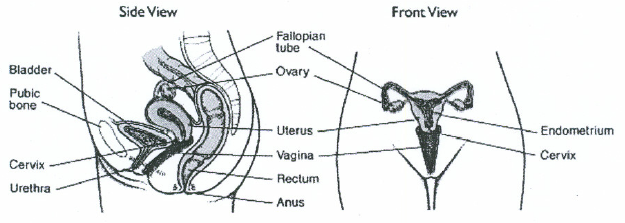
* Instruct each participant to take turns placing their label on the illustration and describing the function of the part identified.
* Encourage other participants/group members to correct participants who mis-label parts or omit important information about the functions.
* Display newsprint with pre-drawn diagrams of external parts of the female reproductive system; or if working in small groups, refer participants to the Activity Sheets in their Reference Manuals.
* Pass around the Grab Bag of labels for the external female anatomy and ask each participant to select a label from the bag. If the activity is done in small groups, give each group their own bag of labels.

*External female reproductive organs*



* Ask participants/group members in turn to accurately label the illustration and describe the functions of the identified part.
* Encourage other participants/group members to correct participants who mis-label parts or omit important information about the functions.
* Display newsprint with pre-drawn diagrams of internal parts of the female reproductive system (front and side views); or if working in small groups, refer participants to the Activity Sheets in their Reference Manuals.
* Pass around the Grab Bag of labels for the internal female anatomy and ask each participant to select a label from the bag. If the activity is done in small groups, give each group their own bag of labels to use.

*Internal female reproductive organs*



* Ask participants/group members in turn to accurately label the illustration and describe the functions of the identified part.
* Encourage other participants/group members to correct participants who mis-labelled parts or provided incorrect information about the functions of the organs.
* Refer participants to the Reference Manual to information and explain the relationship of each part to FP and reproduction (e.g., vasectomy closes off the vas deferens to keep sperm out of semen, in female sterilization the Fallopian tube is tied and cut to prevent eggs/sperm from meeting, a copper IUD inserted in the uterus creates a chemical change that kills/immobilizes sperms before they can meet the egg; male condoms are worn over the penis to prevent sperm from entering the vagina, female condoms inserted in the vagina collect semen from the penis so that it doesn’t enter the vagina, hormonal methods may prevent maturation and release of eggs from the ovaries and/or thicken the cervical mucus to prevent sperm from passing).
* Explain to participants that information on anatomy and physiology of male and female system will be referred to and applied during the sessions on FP methods.

***Evaluation (10 minutes)***

* Ask participants what they have learnt from the session and how they will apply what they have learned during interactions with clients (e.g., explain the relationships between anatomy/physiology and FP methods) using illustrations if appropriate.
* Acknowledge the learnings and ensure that the learnings are applicable and practical; clarify as needed.

***Summary and Closure (5 minutes)***

* Summarize major points of the session.
* Review session objectives checking to what extent they have been met.
* Link to the next session.

**Prepared Labels for Grab Bags**

*Instructions: Make a photocopy (or photocopies) of this page and create Grab Bags of the labels by cutting on the dotted lines and creating a Grab Bag for each column of labels. Create one set of Grab Bags if conducting the activity in one large group, or multiple sets of Grab Bags if conducting the activity in small groups.*

|  |  |  |
| --- | --- | --- |
| **External Male Labels** | **External Female** | **Internal Female Labels**  **(side and front views)** |
| bladder | prepuce | bladder |
| pubic bone | labia majora | pubic bone |
| vas deferens | labia minora | cervix |
| urethra | hymen | urethra |
| erectile tissue | fourchette | Fallopian tube |
| penis | clitoris | ovary |
| seminal vesicle | opening of urethra | uterus |
| prostate gland | opening of vagina | vagina |
| rectum | perineum | rectum |
| epididymis | anus | anus |
| epididymis |  | endometrium |
| scrotum |  | cervix |
| testicle/testes |  | Fallopian tubes |
|  |  | ovaries |
|  |  | uterus |
|  |  | vagina |
|  |  | rectum |
|  |  | anus |

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| **Module 2** | **Anatomy and Physiology of Human Reproductive Organs** **and the Menstrual Cycle** |
| **Time: 50 mins** | Session Two: The Menstrual Cycle and Its Application to  FP Methods |

**Session Objectives**

*By the end of the session participants will be able to:*

1. State the meaning of 4 terms commonly used in describing menstrual cycle namely:
   * Menstrual cycle
   * Menstruation
   * Ovulation
   * Hormones
2. Explain the changes that occur in the ovaries, uterus and cervix during each of the 3 phases of the menstrual cycle.
3. Identify the days during the menstrual cycle when a woman is likely to become pregnant.
4. Describe how pregnancy occurs.
5. Describe when to use the pregnancy checklist and demonstrate how to use it.
6. Explain what sexually transmitted infections (STIs) are and their relationship to FP and reproductive health (RH).

**Materials and preparation**

* Newsprint, markers, and masking tape.
* Reference Manual: the menstrual cycle, how pregnancy occurs, and sexually transmitted infections (STIs) including HIV.
* Prepared flip chart illustrating/describing the menstrual cycle
* Job Aids Booklet: Pregnancy checklist

**Trainer’s directions**

***Climate setting: (5 minutes)***

* Display on newsprint session objectives.
* Read the session objectives.
* Allow participants to ask for clarification and clarify as necessary.
* Write the words *menstruation/monthly period*on a blank newsprint.
* Ask participants to mention one or two words that come to mind when they hear those words.
* Explain that this session is about changes that occur during the menstrual cycle and its relationship to pregnancy prevention and family planning methods.

***Experience Lecture/Discussion (5 minutes)***

* Ask participants what they understand by the following terms used in describing the menstrual cycle:
  + menstrual cycle
  + menstruation
  + ovulation
  + hormones
* Ask for one meaning at a time and use newsprint to record what has been discussed.
* Allow participants to ask for clarification and clarify as necessary.
* Refer to Reference Manual on meaning of common terms.

***Brainstorming (5 minutes)***

* Ask participants to brainstorm on the 3 phases of menstrual cycle.
* List them on a flip chart.
* Expected phases:
  + Menstrual or flow phase
  + Preparation or growth (proliferative) phase
  + Secretory phase
* Ask participants to mention the major changes that take place in the ovaries, uterus and cervix at each phase.

***Large group presentation (10 minutes)***

* Using a flip chart, illustrate the changes in the three phases of the menstrual cycle and what happens during each phase with a focus on ‘safe’ and ‘unsafe’ days (create a drawing on newsprint in advance using the illustration and descriptions in the Reference Manual). Explain the changes (e.g., cramps, bleeding) associated with the menstrual cycle and how they can be managed. Emphasize that women are most likely to become pregnant during the ovulation phase.
* Review the Reference Manual, How pregnancy occurs. Discuss the process and answer any questions that participants have.
* Trainer uses prepared flip chart based on information from Reference Manual on application of menstrual cycle physiology as relates to various methods of FP; explaining the applications making elaborations and its relationship to choosing and initiating contraceptive methods and managing contraceptive related side effects.
* Ensure clarity.

***Orientation to and practice with the Pregnancy Checklist (15 minutes)***

* Refer participants to the Job Aids Booklet: Pregnancy checklist.
* Explain that the pregnancy checklist is a set of questions that they can ask clients to determine whether the client may be pregnant. Review the instructions and the pregnancy questions with the participants. Mention that the pregnancy questions are included in the DMPA, COC and POP eligibility checklists so it is not necessary to use the pregnancy checklist in addition to the eligibility checklists.
* Ask participants: When should the pregnancy checklist be used?   
  Probe for these responses: when a client is interested in starting an FP method for which there is no eligibility checklist but they want to be sure that they are not already pregnant, when dispensing a medication that should not be used by pregnant women.
* Ask participants to sit in pairs and practice using the checklist by taking turns playing the role of client and DSO.
* Ask participants to describe their experiences practicing with the checklist and what advice they gave to clients who responded ”NO” to all the questions.

***Large group discussion (5 minutes)***

* Review the Reference Manual, sexually transmitted infections including HIV. Explain what STIs are and how they relate to FP; emphasize that condoms are the only FP method that can prevent STIs.
* Allow questions and clarify where necessary.
* Explain to participants that information from this session and that on male and female anatomy and physiology will be referred to and applied during the sessions on methods.

***Evaluation (3 minutes)***

* Ask participants what they have learnt from the session.
* Ask several participants to share one thing they learned and how they think it will be useful in their practice.
* Ensure applicability and relevance, clarify as needed.

***Summary and Closure (2 minutes)***

* Summarize major points of the session.
* Review session objectives checking to what extent they have been met.
* Inform participants that the next sessions will address FP methods and they should look for opportunities to apply what they learned in this session.

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| MODULE 3: Family Planning Methods | |
| **Time: 2 hours** | Session One: Describing FP Methods Available in Uganda |

**Objectives**

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

1. Describe the different FP methods available in Uganda.
2. Explain how FP methods work to prevent pregnancy.
3. Mention FP methods that DSOs can provide to clients and those which require referral.
4. Demonstrate how to screen clients for COC and POP initiation and continuation.

**Materials and Preparation**

* Newsprint, markers, masking tape.
* Samples of all methods.
* Prepared flip chart: Session objectives
* Reference Manual: Family planning methods that can be provided by DSOs including ECPs, Family planning methods that require DSOs to refer.
* Activity Sheets (Reference Manual)—Practice with COC Eligibility Checklist and Practice with Checklist for COC Continuation and Side Effects Management
* Job Aids: Family planning methods available in Uganda; Instructions for using male condoms, female condoms, COCs and POPs; Compare method effectiveness chart, Checklist for screening clients who want to initiate COCs, Checklist for screening clients who want to initiate Progestin-only pills (POPs), Checklist for COC continuation, Guidance for Managing COC Side Effects, Checklist for POP continuation, Guidance for Managing POP Side Effects

**Trainer’s directions**

***Climate setting (2 minutes)***

* Ask participants what methods of FP they know and list them on newsprint.
* Acknowledge and record responses on newsprint and introduce the topic.

***Session objectives (2 minutes)***

* Display prepared flip chart with session objectives.
* Read the objectives and ensure clarity. Remind participants that this module focuses on providing pills; Module 5 will focus on injectables.

***Small group discussion (60 minutes)***

* As needed, add to the list of the FP methods mentioned by participants during climate setting.
* Guide the participants to group the different FP methods into the following main categories:
  + Short-acting methods
    - Pills (Combined Oral Contraceptives, Progestin-Only Pills
    - Injectables (DMPA -IM, DMPA SC)
    - Condoms (Male, Female)
  + Long-acting methods
    - Intrauterine devices (IUDs)
    - Implants (Jadelle, Implanon NXT)
  + Permanent methods
    - Tubal ligation
    - Vasectomy
  + Natural methods
    - Moon beads (Standard Days Method)
    - Lactational ammenorrhea
* Divide participants into six groups (pills, injectables, condoms, long-acting, permanent, natural) and ask each group to use the sample methods, the information in the Reference Manual and the Job Aids Booklet to develop a presentation about the methods in their assigned category. The presentation should describe each method, how it works, common side effects, advantages, who should use it and who should not use it.
* Ask each group to present in plenary and allow the other members to supplement.
* After each presentation, refer to the relevant topics in the Reference Manual and Job Aids Booklet to clarify points left out and highlight the methods that DSOs can provide to their clients and those which need referral.
* Review the Job Aids for this session with participants in detail, including the method effectiveness chart, checklists for initiating and continuing certain methods, and steps for follow-up and side effects management, so they are aware of them.
* Emphasize the importance of condoms in prevention of STIs and HIV and remind participants that condoms can be used in combination with other methods.
* Allow questions and clarify as necessary.

***Interactive presentation on ECPs (10 minutes)***

* Explain that some pills are used for emergency contraception (EC), also called ECPs; for example, Postinor-2.
* Explain that the regular COCs and POPs can also be used for EC if taken according to a special regimen designed to make the pills work like ECPs.
* Ask participants if they know how different types of pills can be used for EC.
* Allow responses from two to three participants.
* Refer to the Reference Manual, ECPs in order to explain to the participants how and when to recommend EC for their clients.
* Allow questions for clarification.

***Practice with COC Eligibility Checklist (20 minutes)***

* Refer to the Reference Manual for the Activity Sheet with the different case scenarios and locate the COC eligibility checklist in the Job Aids Booklet.
* Review the instructions on the eligibility checklist to ensure that all participants understand how it is to be used. If participants are unfamiliar with the eligibility checklists, demonstrate the first client scenario on the Activity Sheet with your co-facilitator acting the part of the client.
* Divide participants into pairs. The pairs will take turns playing the role of DSO or client for each of the practice scenarios.
* Review the instructions on the Activity Sheet so participants understand the expectations for roles of DSO and client. Those playing the role of a client should read the client description and be prepared to respond accordingly when the DSO asks questions from the COC eligibility checklist.
* After the DSO completes the checklist, the DSO must decide whether the client is eligible and whether the client needs to abstain or use a back-up method. The client and DSO together read the correct decision about eligibility which appears on the activity sheet under the description for each client.
* Move among the pairs to answer any questions that may arise and provide guidance as needed. Co-trainers should assist.
* After the pairs complete their practice with the eligibility checklist, call the participants back into one large group. Discuss each of the client cases to ensure that all participants understand the decisions around eligibility for each of the four clients.

***Practice with the Checklist for COC Continuation (15 minutes)***

* Refer to the Reference Manual for the Activity Sheet with the different case scenarios and locate the checklist for COC continuation and the guidance for side effects management in the Job Aids Booklet.
* Review the instructions on the continuation checklist to ensure that all participants understand how it is to be used. If participants are unfamiliar with the checklist, demonstrate the first client scenario on the Activity Sheet with your co-facilitator acting the part of the client.
* Review the Guidance for Managing COC Side Effects and ensure that participants understand the common side effects and treatments.
* Divide participants into pairs. The pairs will take turns playing the role of DSO or client for each of the practice scenarios.
* Review the instructions on the Activity Sheet so participants understand the expectations for roles of DSO and client. Those playing the role of a client should read the client description and be prepared to respond accordingly when the DSO asks questions from the COC continuation checklist.
* After the DSO completes the checklist, the DSO must decide whether the client is eligible to continue using COCs and whether the client needs to be referred. The client and DSO together read the correct decision about eligibility which appears on the activity sheet under the description for each client.
* Move among the pairs to answer any questions that may arise and provide guidance as needed. Co-trainers should assist.
* After the pairs complete their practice with the continuation checklist, call the participants back into one large group. Discuss each of the client cases to ensure that all participants understand the decisions around eligibility for each of the three clients.

***Review the Eligibility Checklist to Initiate POPs, the Checklist for POP Continuation, and Guidance for Side Effects Management (15 minutes)***

* Refer to the Job Aids Booklet and review the Checklist for Initiating POPs and the Checklist for POP Continuation and notice the differences and similarities with the COC checklists. Mention that these checklists should be used in the same manner as the comparable COC checklists when deciding whether a POP user is eligible to initiate/continue using POPs.
* Refer to the Job Aids Booklet and review the Guidance for Managing POP Side Effects and ensure that participants understand the common side effects and treatments.

***Evaluation (3 minutes)***

* Ask participants what they have learnt from the session.
* Ask participants how the acquired knowledge will help them to specifically better support adolescents in their communities.

***Closing (2 minutes)***

* Summarize important points covered during the session.
* Thank participants for their participation and ideas.
* Assure participants of trainer’s availability to answer any other questions after the session.
* Close session by linking it to the next session.

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| **Module 3** | **Family Planning Methods** |
| **Time: 1 hour** | Session Two: Myths/Misconceptions about Family Planning |

**Objectives**

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

1. Discuss commonly held myths and misconceptions about FP methods.
2. Dispel myths and misconceptions about utilization of FP methods.

**Materials and Preparation**

* Newsprint, markers, masking tape.
* Prepared flip chart with session objectives.
* Uganda Family Planning Flip Chart for VHTs/CHWs.
* Reference Manual: Myths and misconceptions about FP methods; Responding to excuses for not using condoms.

**Trainer’s directions**

***Climate setting (5 minutes)***

* Ask participants what they understand by ‘myths and misconceptions’.
* Harmonize their responses and ensure they understand the difference between the two.
* Introduce topic and objectives.

***Objectives (5 minutes)***

* Display prepared flip chart with session objectives.
* Review the objectives and ensure clarity.

***Myths and Facts Game (20 minutes)***

* Select from the list in the reference manual myths common in the community where the training is being conducted.
* Create two signs, “Myths” and “Facts” and post them on opposite sides of the room.
* Explain to participants that you will read a statement and if they believe it is a fact (true), stand near the Fact sign. If they believe that it is a myth (false), stand near the Myth sign.
* Read the first statement and ask participants to move to the sign they think is correct.
* Ask one of the participants to describe: Why do you believe the statement is a myth (or fact)? After a brief discussion, share the information provided in the reference manual to clarify why the statement is either a myth or fact. Ensure that the participants who did not respond correctly are clear about why their response was not correct.
* Play the game for 10 minutes and then debrief using the information in the Reference Manual.

***Discussion (20 minutes)***

* Ask participants if there are other myths and misconceptions related to FP that were not mentioned in the Myth/Fact game.
* As participants mention other myths and misconceptions about use of FP; give the correct explanation about each.
* Refer to the Reference Manual, Myths and misconceptions about FP methods, and use it to clarify myths and misconceptions and discuss how they can be dispelled.
* Inform participants that, when counseling clients, it is important to dispel myths and misconceptions that arise.
* Another concern that clients may raise with DSOs involves excuses for not using condoms—some excuses are based on condom-related myths. If DSOs have clients with these concerns, encourage clients to consider using the responses suggested in the Reference Manual with reluctant partners.

***Evaluation (5 minutes)***

* Ask participants what they have learnt from the session.
* Ask participants how this knowledge will help them to educate and counsel clients in making an informed choice on FP methods.

***Closing: (5 minutes)***

* Summarize myths and misconceptions on using FP.
* Emphasize that it is the role of a drug shop operator to dispel myths and misconceptions in their communities in a bid to improve contraceptive choice among all target groups.

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| MODULE 4: Communication and Counseling for FP | |
| **Time: 1 hour** | Session One: Effective Communication for Family Planning Services |

**Objectives**

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

1. Describe the forms of communication.
2. Discuss communication skills a drug shop operator can use when talking to clients about FP.
3. Discuss factors that promote effective communication with clients.
4. Identify barriers that drug shop operators may face when communicating with communities or clients.
5. List the information/messages to be shared with clients to create awareness about family planning.

**Materials and preparation**

* Newsprint, markers, masking tape.
* Prepared flip chart with session objectives.
* Reference Manual: Communication and Counselling for FP, Effective interpersonal communication skills/techniques, FP counselling skills
* Job aids manual: Counseling FP clients; FP benefits; FP methods available

**Trainer’s directions**

***Climate setting (10 minutes)***

* Ask participants to stand in two equal rows.
* Whisper a message (one or two sentences containing some detailed information) to the first person and ask them to whisper it to the person next to them, so that none of the other participants can hear it. Keep the messages moving through the row until the last person receives it.
* Request the last person to say aloud the message he or she has received. As a general rule, the message will be different from the original message—sometimes significantly different. Use this as an example of how communication can sometimes fail and messages can be distorted if we are not clear in how we present them to the audience.
* Identify with the participants some reasons why the message was distorted.
* Discuss what can go wrong—in general, and specific to provision of FP—when there is miscommunication.

***Session objectives (2 minutes)***

* Display a prepared flip chart with session objectives.
* Review the objectives and ensure clarity.

***Brainstorming/interactive presentation (5 minutes)***

* Ask participants: What is effective communication with FP clients?
* Co-trainer records responses on the newsprint.
* Refer to the Reference Manual, Communication and Counseling in FP; use the information to make additions to what participants have contributed and highlight the content of FP-related communications with clients and the forms of communication (e.g., verbal and nonverbal).

***Interactive presentation and brainstorming (20 minutes)***

* Ask participants to mention factors that promote effective FP-related communication with clients.
* Record responses on a flip chart and make clarifications.
* Refer to the Reference Manual, Communication skills/techniques, and use the information to describe the interpersonal communication skills, and situations where each skill may be applied when sharing FP-related information. Give tips on effective communication. Emphasize that the various communication skills complement each other.
* Ask participants what skills will best help them communicate with clients.

***Buzz groups (20 minutes)***

* Ask participants to cluster into groups of two or three as they are seated and come up with barriers to effective communication about FP.
* Ask a member of each group to read aloud the barriers they buzzed on.
* Co-trainer records responses on newsprint.
* Make additions to what the groups have contributed if necessary, so that groups discuss embarrassment, shyness, language barriers, intimidation, anxiety, lack of FP knowledge, and resistance from clients.
* Discuss strategies for overcoming the barriers to effective communication.

***Brainstorming***

* Ask participants to brainstorm the key topics/messages to be shared with clients to create awareness about family planning.
* *Co trainer lists the brainstormed responses on newsprint*
* *Use the Resource manual to add what has been omitted such as messages like: Groups of clients who should be recreated for FP (4 TOOs), Definition of FP, FP methods available.*

***Evaluation (5 minutes)***

* Ask participants what they have learnt from the session.
* Ask participants how the acquired knowledge will help them to improve their communication with clients.

***Closing (5 minutes)***

* Summarize important points covered during the session.
* Thank participants for their participation and ideas.
* Assure participants of your availability to answer any other questions after the session. Close session by linking it to the next session

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| **Module 4** | **Communication and Counseling for FP** |
| **Time: 1¾ hours** | Session Two: Counselling Family Planning Clients |

**Objectives**

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

1. Describe the REDI counselling process and its importance in providing FP services.
2. Demonstrate the ability to apply the counseling and method provision approach outlined in the Checklist for Evaluating DSO Counselling and Method Provision.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Checklist for Evaluating DSO Counselling and Method Provision (make extra copies for participants to use during practice)
* Activity Sheet: Counselling scenarios for practice/role plays
* Client brochures (if available), method samples
* Job Aids Booklet: Information about FP

**Trainer’s directions**

***Introduction (5 minutes)***

* Display a prepared flip chart with session objectives.
* Review session objectives.

***Brainstorming/interactive presentation (25 minutes)***

* Ask participants what they understand by the term counselling.
* Co-trainer records responses on newsprint.
* Finalize the meaning of ‘counselling’ by making additions to what they have contributed. Use the following definition: *“Counselling is a face-to-face communication between a provider and one or more people where the provider helps an individual or couple to make a decision and act on it.”*
* Discuss the REDI counseling approach and explain the importance of each phase in the counselling process for helping clients to make informed decisions about their reproductive health.
* Reinforce the importance of applying the effective communication skills/techniques discussed during the last session when counselling clients.
* Introduce the Checklist for Evaluating DSO Counselling and Method Provision and highlight the basic process for providing services and the techniques DSOs should use when interacting with clients.

***Demonstration by Trainers (10 minutes)***

* Together with the co-trainer, who will play the role of a client who selects DMPA, demonstrate the counseling approach using the description of methods and the method effectiveness chart in the Job Aids Booklet, method samples, and other method-specific job aids as appropriate. Encourage participants to follow the steps in the checklist and note (or place a check mark) next to the steps as they are demonstrated.
* Use examples from the demonstration to discuss each step of the counseling process and to highlight the communication skills/techniques used.
* Allow for questions and clarify as needed.

***Return demonstration/Role plays (1 hour)***

* Refer to the Reference Manual for the Activity Sheet with the different case scenarios.
* Divide participants into small groups of three. Instruct each group to choose who will play the role of client, drug shop operator, and observer. Each participant will have a chance to play each role during the activity. Make sure they have the FP method-specific job aids for easy reference.
* Give instructions to participants regarding the general expectations for each role they will play—DSO, client and observer.
* Instruct the participant in each group who is playing the role of a client to read the client description and be prepared to respond accordingly.
* Instruct the observer to use the counseling and method provision checklist to note how well the “Drug Shop Operator” follows the process and instruct them to note communication skills applied when the pairs are role-playing.
* Instruct the groups to spend about 15 minutes role playing their scenario. Move among the groups to answer any questions that may arise and provide guidance as needed. Co-trainers should assist.
* Process the role play beginning with those who played the role of “DSO”—to share how they feel they performed and the “clients” to describe how satisfied they were with the interaction.
* Ask the participants to answer the following questions:
  + What was going on between the DSOs and clients?
  + What did the DSOs do in this situation that was effective?
  + What might the DSOs consider doing differently?
  + How well did the DSOs follow the counseling approach outlined on the checklist and use effective communication techniques?
* Instruct the groups to interchange roles within their groups and substitute new role plays. After the groups have completed three rounds of role plays (each team member has had an opportunity to play each role once), process the activity by conducting a discussion in the larger group using the following questions:

***While playing the role of the Drug Shop Operator:***

* How did it feel to integrate new information, communication techniques, and job aids into your interaction?
* What worked well? What still requires more practice?
* What did you think about the length of the counselling sessions?
* Did the client raise issues or questions that you did not know how to answer?

***While playing the role of the client:***

* Did the Drug Shop Operator adequately address your main reason for coming to see them?
* Were you able to understand and use the information the Drug Shop Operator gave you?
* Did the Drug Shop Operator address all of your concerns?
* Were you comfortable asking questions?
* After being a client, what changes will you make the next time you role-play the Drug Shop Operator?

***While playing the role of the observer***

* Did the Drug Shop Operator create a comfortable environment? Did the Drug shop Operator build adequate rapport with his/her client?
* Can you share some examples of interesting interactions and creative solutions that you observed in the role plays?
* Remind participants of the importance of good counselling for keeping clients satisfied.

***Evaluation (3 minutes)***

* Ask several participants to share one thing they learned and how they think it will be useful in their practice.
* Ensure that the learnings shared by the participants are applicable and practical.

***Closing (2 minutes)***

* Summarize important points covered during the session.
* Thank participants for their participation and ideas.
* Close session by linking it to the next session

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| MODULE 5: Providing DMPA IM and SC Injectable Contraceptives | |
| **Time: 45 mins** | Session One: Overview of DMPA IM and SC |

**Objectives**

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

1. Explain what is DMPA IM and DMPA SC.
2. Describe the similarities and differences between DMPA IM and DMPA SC.
3. Mention how progestin-only injectables work to prevent pregnancy.
4. Explain how effective injectables are compared to other methods.
5. Describe what is good and not good about injectables.
6. Explain who can use and who cannot use injectables.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flipchart with session objectives
  + DMPA IM vial
  + Syringe and needle
  + DMPA SC Uniject
* Reference Manual: Injectable contraceptives DMPA IM and SC (Module 3, Session 1: FP methods available in Uganda)
* Job Aids Booklet: Family planning methods overview

**Trainer’s Directions**

***Climate setting (5 minutes)***

* Ask participants to share experiences of giving any type of injection.
* Acknowledge responses.
* Introduce the topic by telling participants that this module we will discuss in detail progestin-only injectables (DMPA IM and DMPA SC) which they are now permitted to provide in their drug shops.
* Mention that DMPA (depot medroxyprogesterone acetate) is the same contraceptive administered in two different ways—intramuscularly (IM) and subcutaneously (SC).

***Session objectives (2 minutes)***

* Display flipchart with session objectives.
* Ensure clarity of the learning objectives with the participants.

***Brainstorming (5 minutes)***

* Ask participants to explain what is DMPA IM?
* Allow responses from 2-3 participants.
* Refer participants to the Reference Manual and the Job Aids Booklet for information on DMPA IM and DMPA SC. Responses may include:
  + Contraceptive method given by injection into the muscle which contains progestin that is similar to a natural hormone made by a woman’s body. *Note:* *Mention product names to clarify as needed.*
  + Contains a synthetic hormone, called progestin, the scientific name is depot medroxyprogesterone acetate (DMPA). It is given intramuscularly (150mg). DMPA is slowly released from the injection site into blood stream**.**
* Repeat the same for DMPA SC. Responses may include:
  + Contraceptive method given by injection under the skin which contains progestin that is similar to a natural hormone made by a woman’s body. *Note: Mention product names to clarify as needed.*
  + Contains the synthetic hormone, called progestin, the scientific name is depot medroxyprogesterone acetate (DMPA). It is given subcutaneously (104mg).DMPA SC is only available in Uniject in most countries. DMPA SC is slowly released from the injection site into blood stream**.**

***Lecturette/Large group discussion (5 mins)***

* Ask participants to mention the similarities and differences ofDMPA IM and DMPA SC.
* Use a prepared newsprint and/or refer participants to the information in the Reference Manual to explain the similarities and differences.

***Similarities between DMPA IM and DMPA SC***

* Are injectable contraceptives.
* Are made with the same hormone, progestin.
* Are administered every 3 months (13 weeks).
* Have a similar reinjection grace period.
* Are equally effective.
* Have the same side effects, except that DMPA SC might cause temporary irritation at the injection site.

***Differences between DMPA IM and SC.***

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| **FEATURE** | **DMPA IM** | **DMPA SC** |
| Mg/dose | 150mg | 104mg |
| Package | Vial and syringe | Prefilled Uniject syringe |
| Product names | Depo-Provera, Depo, Injectaplan | Sayana Press, Easy Plan, Lydia |
| Type of injection | Intramuscular (deep into the muscle) | Subcutaneous (in the fatty tissue under the skin) |
| Where to inject | Arm (Deltoid muscle), hip and buttocks | Anterior thigh (front of thigh), abdomen and back of arm |
| Skin irritation | Skin irritation at the injection site is not likely. | Skin may be a little irritated at injection site. |

***Large group discussion (5 mins)***

* Ask participants to explain how DMPA injections work to prevent pregnancy.
* Acknowledge responses.
* Use diagram in Reference Manual to explain.

***Brainstorming (5 mins)***

* Ask participants to brainstorm the advantages and disadvantages of injectable DMPA injections
* Expected responses may include:

***Advantages***

* Safe and effective.
* It is easy to use correctly and consistently, in part because it requires no daily routine.
* DMPA is long acting. It is a reversible method of contraception, and it can be discontinued without the provider’s help. To discontinue, a woman simply stops receiving injections, and the level of DMPA in her blood gradually decreases.
* Use of DMPA requires no action at the time of sexual intercourse. Because no supplies are kept at home, its use can be private.
* DMPA has no effect on lactation, so it can be used by women who are breastfeeding.
* Eventually most users stop having monthly bleeding which some women find very appealing
* As it does not contain estrogen, it does not have some of the contraindications associated with the COC pill.
* It ensures contact with trained provider.
* Repeat for the disadvantages.

***Disadvantages***

* Does not protect against STIs and HIV.
* Most women experience change in their menstrual patterns, e.g., slight bleeding may occur on and off and then periods usually stop for many months. Rarely, women may have heavy or prolonged bleeding.
* It requires a skilled provider to administer the injection.
* May delay return to fertility.
* Cannot be withdrawn from the body after injection is given.

***Large group discussion (10 mins)***

***Who can use DMPA injections (5 mins)***

* Ask participants to mention who can use DMPA injections?
* Use information in the Job Aids Booklet and the Reference Manual to discuss who can use DMPA.
* DMPA injections are most appropriate for a woman of reproductive age who:
  + Desires an effective, reversible and long-lasting method of contraception
  + Is breastfeeding her baby and wishes to use a hormonal method (can initiate as soon as 6 weeks after childbirth)
  + Wants a method that does not interfere with sexual relations
  + Does not want to keep contraceptives at home
  + Does not want others to know she is using a contraceptive method
  + Cannot use contraceptives that contain estrogen
  + Has children already or has no children, or is not married
  + Are infected with HIV, whether or not on antiretroviral therapy (ART)
  + Any woman who has had her desired number of children but does not want a permanent method such as sterilization

***Who should not use DMPA injections (5 mins)***

* Repeat process for who should not use DMPA injections?
* Expected responses; women who are or have:
  + Already pregnant (however, injectable contraceptives are not dangerous if accidently used)
  + Breastfeeding mothers with infants less than six-weeks old
  + History of a stroke, blood clots in legs or lungs, heart attack, or serious heart problems
  + Very high blood pressure (160/100 or higher)
  + Diabetes for more than 20 years with damage to arteries, vision, kidneys, or nervous system caused by diabetes
  + Yellow colouring of the eyes (liver disease)
  + Breast cancer
  + Unexplained vaginal bleeding
* Explain that women with these conditions should be referred to a higher-level provider to decide if they can use DMPA IM or SC or whether they need to choose another method.

***Lecturette (5 mins)***

Use information in Reference Manual and Job Aids booklet to discuss common side effects of DMPA IM/SC. DMPA may cause:

* menstrual changes, such as prolonged, irregular bleeding, spotting and amenorrhea;
* weight gain;
* headaches;
* dizziness;
* abdominal bloating and discomfort,
* mood changes, such as anxiety;
* changes in sex drive;
* skin irritation at the injection site specifically for DMPA SC.

***Evaluation (5 minutes)***

* Ask participants what they have learnt about DMPA Injections and acknowledge responses.
* Find out how participants will use the learnings and ensure the learnings and application are related and practical.

***Closing (3 minutes)***

* Summarize important points covered during the session and link to the next session.

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| **MODULE 5** | **Providing DMPA IM and SC Injectable Contraceptives** |
| **Time: 50 mins** | Session Two: Screening and Initiating Clients Who Wish to Use DMPA IM and SC |

**Objectives**

By the end of the session participants will able to:

1. Determine the clients who can and cannot use DMPA IM and SC.
2. Demonstrate ability to use a checklist to screen clients who choose to use DMPA IM or DMPA SC.
3. Describe the process for initiating a client on DMPA IM or SC.

**Materials and preparation**

* Prepared flip chart with session objectives
* Activity Sheet (Reference Manual): Practice scenarios DMPA eligibility
* Multiple photocopies of the Counselling and method provision checklist for participants to use during practice
* Job Aids: Checklist for screening clients who want to initiate DMPA; When can a woman start DMPA?

**Trainer’s directions**

***Climate setting (3 minutes)***

* Introduce the topic by telling the participants that in this session participants will discuss screening clients who wish to use DMPA injections.
* Ask participants to share their impressions about the demand for DMPA IM and/or SC among their current customer base.

***Session objectives (2 minutes)***

* Display flip chart with session objectives.
* Ensure clarity of the learning objectives with the participants.

***Eligibility for using DMPA IM and SC (10 minutes)***

* Review clients who can use DMPA and the conditions that must be ruled out for women to begin using DMPA injections safely.
* Mention that eligible women can choose to use either DMPA IM or SC.
* Refer participants to Job Aid Booklet for the DMPA Eligibility Checklist and review the checklist and the process of screening clients who want to use DMPA.
* Explain any difficult areas in the checklist.
* Mention that these clients also need to be screened for pregnancy, so the questions from the pregnancy checklist are built into the eligibility checklist. As such, it is not necessary to use the Pregnancy Checklist: How to be reasonably sure a client is not pregnant. Ask participants to look at the pregnancy checklist and the DMPA eligibility checklist and find the pregnancy questions on the DMPA checklist.
* Allow questions and respond to them.

***Small group work (15 mins)***

* In pairs ask participants to practice using the DMPA eligibility checklist using the scenarios from the Activity Sheet in the Reference Manual.
* Follow the guidance in the counselling and method provision checklist.
* Supervise to ensure correct use.

***Large group discussion (5 mins)***

* Ask participants to share experiences from the role plays.
* Acknowledge and respond to any questions raised.

***Interactive presentation (10 minutes)***

* Refer to the Job Aids Booklet: When can a woman start DMPA? to explain when it is okay to initiate a client on DMPA and explain each point in detail.
* Explain that if the client is eligible, she can initiate DMPA but may need to use a back-up method (follow guidance on screening checklist).

***Evaluation (3 minutes)***

* Ask participants: What have you learned about screening clients?’
* Acknowledge and respond to any questions raised.

***Closing (2 minutes)***

* Summarize important points covered during the session.
* Review to determine whether session objectives were met.
* Thank participants for their participation and ideas.

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| **MODULE 5** | **Providing DMPA IM and SC Injectable Contraceptives** |
| **Time: 45 mins** | Session Three: Safe Storage of DMPA IM and SC, Safe Handling and Disposal of Sharps and Infection Prevention for Injections |

**Objectives**

By the end of the session, the participants should be able to:

1. Explain the following:
   1. Safe storage procedures for DMPA IM and SC.
   2. Safe handling and disposal procedures for sharps.
   3. Infection prevention procedures for IM and SC injections.
   4. Guidelines for preventing and caring for a needle stick injury.
2. Assemble a safety box for sharps.

**Materials and preparation**

* Prepared flip chart with session objectives.
* Reference Manual: Safe storage of DMPA IM and SC and safe handling and disposal of sharps, Additional information on infection prevention.
* Flattened safety boxes for the safety box assembly exercise.
* Candy or small trinkets for quiz prizes (optional).

**Trainer’s Directions**

***Learning objectives (2 minutes)***

* Review the learning objectives with the participants using the prepared flip chart.

***Safe storage of DMPA IM and SC (3 minutes)***

* Review the guidance for storing DMPA IM and SC (e.g., room temperature, out of direct sunlight, out of reach of children).
* Make sure participants know the procedures.

***Safe handling of needles (5 minutes)***

* Review all of the safe handling and disposal procedures.
* Make sure participants know the procedures for disposing of safety boxes and getting a new box. Also discuss how they will keep any sharps in their drug shop.

***Preventing infection (5 minutes)***

* Review with the participants the guidelines for preventing infection in Reference Manual.
* Allow any questions and clarify as needed.

***Caring for a needle stick injury (5 minutes)***

* Review with the participants the guidelines for caring for a needle stick injury in the Reference Manual and Job Aids Booklet.
* Allow any questions and clarify as necessary.

***Group activity: Practice assembling a safety box (10 minutes)***

* Tell the participants:
  + *Sharps waste must be disposed of immediately to prevent injury.*
  + *The best way to dispose of sharps is in a safety box.*
  + *In this activity we will practice putting together a safety box. Follow the instructions on the safety box to put it together.*
* Distribute safety boxes to participants and have each of them practice putting one together.
* Clarify instructions if necessary.

***Quiz: What have you learned about safe storage of DMPA IM and SC and safe handling of sharps? (10 minutes)***

* Ask the questions one-by-one. Encourage participants to give the answer aloud. Award candy or a trinket for correct responses (optional). If one participant does not have the correct answer or provides an incomplete answer, ask another participant for more information. Encourage discussion as applicable.
* Below are answers to the quiz questions. Make sure each concept is covered thoroughly during the quiz:
* *Where and how should DMPA IM and SC be stored?*
  + Store at room temperature.
  + Store and transport out of direct sunlight and heat.
  + Store out of reach of children and animals.
* *What are the ways to handle needles safely?*
  + Discard the needle immediately.
  + Do not touch the needle.
  + Do not recap the needle.
  + Do not overfill the safety box.
  + Do not dispose of sharps in anything other than a safety box.
* *What can you do to help prevent infection from a needle-stick injury?*
  + Wash hands with soap and running water before and after giving an injection.
  + Handle sharps carefully to reduce needle sticks.
  + Always use a safety box.
* *What should you do in case of a needle-stick injury?* 
  + Wash the wound with soap and running water right away.
  + Do not put anything else on the site after washing with soap and water.
  + Report needle-stick injuries immediately to your supervisor.

***Closing (3 minutes)***

* Summarize important points covered during the session and determine whether session objectives were met.
* Thank participants for their participation.

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| **Module 5** | **Providing DMPA IM and SC** **Injectable Contraceptives** |
| **Time: 2 hours** | Session Four: Administering DMPA IM Injections |

**Objectives**

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

1. Review meaning of infection prevention and its importance in FP service delivery.
2. Explain infection prevention procedures that a DSO follows when giving DMPA IM Injections to clients.
3. Explain the steps a DSO follows to give a DMPA IM injection.
4. Demonstrate ability to give a mock DMPA Injection in fruit/vegetables.
5. Describe the process a DSO uses to dispose of needles and waste materials.
6. Demonstrate calculating return dates for reinjection.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Infection prevention
* Job Aid Booklet: Steps for giving a DMPA IM injection
* Tomato/eggplant/orange
* Disposable syringes and needles
* Vials of solution for mock injections
* Waste bin and sharps containers
* Hand washing facility with soap and water
* Cotton balls for cleaning skin at injection site (optional)
* Multiple photocopies of the Checklist for Evaluating DSO Counselling and Method Provision
* Calendar for each participant (to calculate reinjection dates)

**Trainer’s Directions**

***Climate setting (2 minutes)***

* Ask participants to reflect on the last time they got an injection at a health facility and mention the things the service provider did before giving the injection.
* Acknowledge responses and introduce the topic.

***Objectives (3 minutes)***

* Display a prepared flip chart with session objectives.
* Read objectives and ensure clarity.

***Brainstorming (5 minutes)***

* Ask participants what is meant by infection prevention.
* Co-facilitator records responses on a flip chart.
* Thank participants and display newsprint with meaning of infection prevention (drawn from the Reference Manual: Infection prevention).

***Interactive presentation (5 minutes)***

* Discuss the importance of infection prevention.
* Ask participants to mention infection prevention procedures to observe when giving DMPA injections.
* Acknowledge response and add on the list.

***Large Group Discussion: (5 minutes)***

* Refer to the Reference Manual: Infection prevention. Take participants through the infection prevention procedures that a DSO follows when giving a DMPA IM injection.
* Ask participants to explain how they wash their hands.
* Emphasize using water and soap when washing hands.
* Allow for questions and clarify as necessary.

***Presentation (10 minutes)***

* Using the *Job Aid: Steps for giving a DMPA IM injection*, explain each step a DSO should follow when giving a DMPA IM injection.
* Allow for questions and clarify as necessary.
* Referring to the Job Aid, show participants the correct site for giving DMPA IM injections.
* Ask participants in pairs to locate the injection site on their upper arms.

***Demonstration: (20 minutes)***

* Distribute multiple copies of the *Checklist for Evaluating DSO Counselling and Method Provision* to each participant.
* Orient the participants to the portion of the checklist dedicated to recording observations related the provision of DMPA IM injections.
* Ask participants to observe as you demonstrate the steps for giving a DMPA IM injection and record their observations on the checklist.
* Ask a volunteer to hold a tomato/eggplant/orange at the site of the injection.
* Demonstrate the process that a DSO applies for giving a DMPA IM injection using the tomato/eggplant/orange and disposing of needles and waste materials.

***Interactive presentation (5 minutes)***

* Explain how to calculate the return dates using a calendar.

***Small group practice (60 minutes)***

* Divide participants in small groups.
* Assign a trainer to each group.
* Allow participants to take turns giving one DMPA IM injection and disposing of needles and waste materials.
* Depending on the number of participants and if time allows, each can give a second injection.
* Ask participants to practice calculating return dates of the client’s next visit for a reinjection.

***Evaluation (3 minutes)***

* Find out how participants feel about the session.
* Ask participants what they have learnt from the session (refer to session objectives).
* Acknowledge responses and clarify as needed.
* Ensure that the learnings and application are related and practical.

***Closing (2 minutes)***

* Summarize important points covered during the session.
* Review to determine whether session objectives were met.
* Thank participants for their participation and ideas.

Assure participants of trainer’s availability to answer any other questions after the session.

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| MODULE 5 | **Providing DMPA IM and SC Injectable Contraceptives** |
| Time: 25 minutes | Session Five: Uniject Injection System |

**Objectives**

*By the end of the session participants will able to:*

1. Explain what the Uniject device is.
2. Explain each part of Uniject.
3. Discuss the benefits of Uniject.

**Materials and preparation**

* One or two sample Unijects for participants to examine.
* One or two standard DMPA IM vials and auto disable syringes for comparison.
* Safety box available for the trainer to dispose of trainer’s used, uncapped syringes.
* Reference Manual: What is Uniject? and Parts of the Uniject.

**Trainer’s directions**

***Climate setting (2 minutes)***

* Introduce the topic by telling the participants that in this session, we will discuss the Uniject, which is a type of injection system that you will use to give DMPA SC injections. Refer to the Reference Manual, What is Uniject?

***Explain the parts of the Uniject device (10 minutes)***

* Show the sample of Uniject and let participants pass it around for everyone to feel and examine. Refer to the Reference Manual, Parts of the Uniject.
* Tell the participants that there are several different parts of Uniject and it is important to know their names and what they do.
* Guide the participants to identify each part of the Uniject and explain the function(s) of each.
* Allow them to ask questions and clarify as needed.

***Explain the benefits of Uniject device (3 minutes)***

* Refer to Reference Manual to explain the benefits of Uniject.
* Allow participants to ask questions and clarify as necessary.

***Evaluation (5 minutes)***

*Ask the participants the following:*

* Where should you hold the Uniject while you are preparing it and injecting it? *(Probe for this response: At the port)*.
* Is it normal to see a large air bubble in the Uniject reservoir? *(Probe for this response: Yes)*.
* How is the length of the Uniject needle for a DMPA SC injection different from a needle for a DMPA IM injection? *(Probe for this response: The Uniject needle for SC injections is shorter than the needle used for giving IM injections)*.
* Acknowledge responses and clarify as needed.

***Closing (5 minutes)***

* Summarize important points covered during the session
* Review to determine whether session objectives were met.
* Thank participants for their participation and ideas.

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| MODULE 5 | **Providing DMPA IM and SC Injectable Contraceptives** |
| Time: 2 hours | Session Six: Administering DMPA SC Injections |

**Objectives**

*By the end of the session participants will be able to;*

1. Prepare the Uniject device for injection.
2. Identify the three appropriate injection site areas.
3. Give a mock injection of DMPA SC in the correct way.
4. Follow safe disposal methods.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Job Aid Booklet: Steps for injecting DMPA SC
* Condom or latex glove filled with salt (prepared in advance; see text box on how-to-make and dispose of injection surrogates at the end of this session)
* Uniject devices (several devices for each participant)
* Waste bin and sharps containers
* Hand washing facility with soap and water
* Cotton balls for cleaning skin at injection site (optional)
* Multiple photocopies of the Checklist for Evaluating DSO Counselling and Method Provision
* Calendar for each participant (to calculate reinjection dates)

**Trainer’s Directions**

***Climate Setting (5 minutes)***

* Ask participants to share their experiences around giving mock DMPA IM injections from the previous session.
* For those who have given actual DMPA IM injections to clients, ask them to share the important points to note with other participants.

***Experience (5 minutes)***

* Refer to Job Aids Booklet, *Steps for Injecting DMPA SC*. Instruct the participants to use it and the portion of the *Checklist for Evaluating DSO Counselling and Method Provision* related to administering DMPA SC injections to follow along during the demonstration.
* Ask the participants if they have any questions.

***Trainer Demonstration (20 minutes)***

* Make sure you have all the supplies you need before you begin:
  + Soap and water for hand washing (sink or basin for simulation).
  + DMPA SC device.
  + Cotton swabs for cleaning the injection site if dirty (optional)
  + Practice arm model
  + A safety box for disposing needles.
  + A trash bin for disposing other waste.
* Wash your hands well with soap and water after you have set out your supplies and before you give the injection. This helps prevent infection.
* Let your hands air dry.
* Review the possible injection sites with the participants.
* Tell the participants:
  + *Let your client choose her preferred injection site among the possible injection sites.*
  + *If your client is very thin and it is difficult to pinch enough fat at the site she prefers, ask her if you can try the other sites to get a better pinch.*
  + *Remember that DMPA SC should NOT be injected in the buttocks, hip, or deltoid muscle like with DMPA IM.*
  + *Explain that there is no need to clean the injection site with water before giving the injection, unless you can see the skin is dirty.*
* While demonstrating, tell the participants:
  + *Check the date the DMPA solution expires. If the dose has expired, do not use it.*
  + *Open the pouch by tearing the small notch and remove the device.*
  + *Be sure the device/DMPA is at room temperature.*
* Review the parts of the Uniject with the participants so that they will understand the vocabulary used in the injection instructions.
* While demonstrating, tell the participants:

*The DMPA solution must be mixed right before it is injected. If you mix it and there is a delay, you must mix it again before you give the injection.*

* *To mix the solution, hold the Uniject by the port and shake it vigorously for 30 seconds.*
* *Do not flick or bend the Uniject. This can damage the Uniject.*
* *After mixing, look to make sure the DMPA is completely mixed and that there is no leaking or damage. If there is leaking or damage, dispose in a safety box and get a new dose.*
* *The Uniject has a full dose of DMPA but it only takes 3/4 of the space in the reservoir. The remaining space is filled with air. This is normal.*
* While demonstrating, review the activation steps carefully with the participants.
* Emphasize that it is important to activate the Uniject with the needle pointing straight up. This prevents the drug from spilling out of the needle. If the Uniject is activated this way, drug will not spill even after the Uniject is pointed downward for injection.
* Emphasize that it is important to hold the Uniject by the port, not by the reservoir, during activation.
* Emphasize the importance of fully closing the gap between the needle shield and the port.
* Tell the participants:
  + *The most common mistake that providers make with Uniject is not closing the gap all the way during the activation step.*
* While demonstrating with your own Uniject, discuss the images provided and make sure that the participants know what the gap is.
* Show how to fully close the gap with your own Uniject and explain what happens inside the Uniject when the gap is closed:
* Tell the participants*:* 
  + *When the gap is fully closed, the back side of the needle is pushed into the reservoir. If it is pushed all the way, it will pierce through a barrier and release the drug so that the liquid can go through the needle and into the client during injection*
* With a new Uniject, show what it looks like to close the gap only partway, then remove the cap and try to demonstrate how the drug will not come out of the needle. While doing this, tell the participants:
  + *If the gap is not fully closed, the back side of the needle will not get pushed all the way into the reservoir. It will not pierce through the barrier and the drug will not come out when you try to inject it. This will cause the client to be uncomfortable and you will have to throw away the Uniject and try it again.*
* While demonstrating with your arm model, tell the participants:
* *Make sure the client is in a comfortable position for injection.*
* *If the injection will be in the arm, make sure the arm is hanging downward and relaxed.*
* *If the injection is in the anterior thigh, make sure the client is in a sitting position so that the thigh muscle is relaxed.*
* *Gently pinch the skin at the injection site to create a “tent” for inserting the needle.*
* *The pinch is important to make sure the DMPA is injected into the fat, and not into the muscle.*
* While demonstrating with an injection model, tell the participants:
* *Always hold the Uniject by the port, not by the reservoir when inserting the needle.*
* *The Uniject is inserted straight into the skin at a downward angle.*
* *The needle should be pointed downward to avoid injecting air. For injections at the arm and abdomen, the downward angle should be slight to ensure the needle is fully inserted. For injection at the thigh, the client should be sitting so that the injection can be given straight down.*
* *The Uniject port should touch the skin completely to ensure the needle is fully inserted at the correct depth.*
* Ask for a volunteer to help you demonstrate the three injection sites.
* While demonstrating the correct pinch, injection angle, and Uniject orientation on the participant’s arm with a capped Uniject, tell the participants:
  + *The needle should be quickly inserted into the tent of skin in between the tip of the thumb and the tip of the forefinger of the hand pinching the injection site.*
  + *The Uniject port should touch the skin to be sure the needle is fully inserted at the correct depth.*
  + *It is important to continue holding Uniject by the port as you insert the needle.*
* While still demonstrating, tell the participants:
* *Still pinching the skin, move your thumb and forefinger from the port of the Uniject to the reservoir.*
* *Squeeze the reservoir slowly to inject the contraceptive. This should take about 5-7 seconds.*
* *There may be a little medication left in the reservoir. This is normal.*
* *Remove the Uniject and then release the pinched skin.*
* *The injection site should NOT be massaged by the provider or the client as this may make the body use the contraceptive faster and make it protect the woman for a shorter time.*
* *The Uniject should be disposed of with the same care as any other sharp, infectious waste.*
* *Do not put the needle shield back onto the used Uniject.*
* *Immediately dispose of the Uniject in a puncture-proof container.*
* *Ask the participants if they have any questions about the steps for administering DMPA SC before they practice on their own.*

***Return Demonstration (60 minutes)***

* Divide participants in small groups.
* Assign a trainer to each group and supply Uniject devices, practice arms (condoms or latex gloves filled with salt), safety boxes and multiple copies of the *Checklist for Evaluating DSO Counselling and Method Provision*.
* Explain to the participants how to use the checklist to make notations about what they observe so they can provide constructive feedback.
* Ask the participants to take turns practicing in pairs—one practicing the subcutaneous injection while the other observes, using the checklist and/or the job aid for injecting DMPA SC to provide feedback to their partner. Each participant will give at least one injection during these classroom simulations.
* Walk around the room with a copy of the checklist to observe and ensure the participants are using the proper techniques. Correct any improper techniques. Make sure to check the participants’ insertion points and emphasize the correct positioning of the needle. Incorrect placement increases the risk of needle stick injury.
* If you notice any special problems, interrupt the practice and carefully go through the relevant instructions again, demonstrating with a new Uniject and asking the participants to follow along with their own.
* Make sure you or another trainer observes each participant administer the injection from start to finish, following all of the steps in order and correctly, before ending the lesson.
* After the activity is complete, ask participants to ensure that they have disposed of all used and uncapped Unijects in the safety boxes.
* Ask the participants to find a partner to practice finding the injection site.
* Ask the participants to practice gently pinching their partner’s skin at the injection site.
* Walk around the room to observe the location, size, and direction of the participants’ pinches and provide corrections where necessary.
* Ask for a pair of volunteers to come to the front of the room and demonstrate how to pinch the three injection sites.
* Ask the pincher to demonstrate with a capped Uniject or one finger of their free hand where the needle will be injected while ensuring the downward angle.
* Ask the group if they agree with the techniques or to provide input if any of the techniques are incorrect.
* Repeat with another pair of volunteers if necessary.
* Ask a volunteer to come to the front of the room and talk through the process of giving an injection with DMPA SC. Give them a new, packaged Uniject and a practice injection arm to work with.
* If the volunteer misses any steps, ask them to pause their demonstration. Ask the group if they know what other steps should be included.
* Repeat with another volunteer if necessary.
* If any of the steps seem unclear, revisit the relevant instructions with the participants.

***Processing (5 minutes)***

* Ask participants what steps they found difficult.
* Repeat any difficult steps and make necessary clarifications.
* Ensure all steps are understood.

***Generalization (5 minutes)***

* Ask what they have learned from the session.
* Ask: What are the differences between SC DMPA and IM DMPA?

***Application (5 minutes)***

* Ask participants what they will do differently to promote DMPA SC.

***Summary and Closure (5 minutes)***

1. Summarize session, demonstration and practice
2. Review session objectives and close session

**INJECTION SURROGATES** (arm models for practice injections)

Various types of injection surrogates have been used for demonstration and practice. The MOH recommends injection surrogates made from condoms or latex gloves filled with salt to resemble the feeling of injecting through the subcutaneous fat of the abdomen, front of the thigh, or back of the upper arm.

**DISPOSAL OF SHARPS AND SURROGATES**

The WHO-UNICEF-UNFPA recommend that autodisable syringes used during training be placed in safety boxes for disposal of sharps and that these containers be taken to the health facilities for disposal. Injection surrogates (arm models) that are used with real DMPA units during training should also be also handled as medical waste, as they contain small amounts of DMPA.

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| **Module 5** | **Providing DMPA IM and SC** **Injectable Contraceptives** |
| **Time: 45 mins** | Session Seven: Helping Continuing Users of DMPA IM and SC (Reinjections) |

**Objectives**

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

1. Screen DMPA IM and SC clients using the reinjection job aid.
2. Identify clients who wish to and are eligible to continue DMPA IM or SC.
3. Explain what to do in case of side effects, and the situations in which a client should seek urgent medical attention/help.

**Materials and preparation**

* News print, markers, masking tape
* Prepared flip chart with session objectives
* Job Aids Booklet: Job Aid for Depo-Provera\* Reinjection (can be used for both DMPA IM and DMPA SC)

**Trainer’s directions**

***Climate setting (2 minutes)***

* Ask participants what times they would expect to see a client who has been initiated on a DMPA IM or SC Injectable and for what reason.
* Introduce the session.

***Experience—Lecturette (20 minutes)***

* Explain the meaning of routine follow-up visit specifying the times for each method. Tell participants:
  + *Routine follow-up is when a client comes for a scheduled visit, has no problem with the method he/she is on, and would like re-supply or review. For DMPA IM or SC these visits occur every 13 weeks.*
* Refer participants to the Job Aid for Depo-Provera\* Reinjection. Emphasize that it should be used for clients using either DMPA IM or DMPA SC.
* Explain the purposes of routine follow up and the guidelines to follow.
* Follow the instructions in the Reinjection Job Aid forhelping continuing users ofDMPA IM or SC**;** explain to participants that the DSO should:
* Ask how the client is doing with the method and whether she is satisfied. Ask if her partner is also satisfied with her method.
* Ask if she has any questions or anything to discuss.
* Check for any conditions that she may have developed since her last injection that makes it unsafe for her to continue using DMPA, and check that she is on time for the reinjection.
* Give her the injection. The injection can be given up to 2 weeks early or 4 weeks late for all DMPA IM and SC users even those on ART.
* Ensure participants understand all instructions on the Job Aid, Depo-Provera reinjection.
* Allow questions and clarify where necessary.

***Interactive Presentation (20 minutes)***

* Explain to participants what to do in case the client is complaining of side effects or seems to be experiencing symptoms of a serious condition that would make her ineligible to continue using the method.
* Allow questions and clarify where necessary.
* Ask participants how they feel about the session.

***Evaluation (2 minutes)***

* Ask participants what they have learnt from the session (refer to session objectives).
* Find out how participants will use the learnings.

***Closing (2 minutes)***

* Summarize important points covered during the session.
* Review to determine whether session objectives were met.
* Thank participants for their participation and ideas.
* Close session by linking it to the next session

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| MODULE 6: Recordkeeping and Reporting | |
| **Time: 1½ hours** | Session One: Family Planning and HMIS Documentation |

**Objectives**

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

1. Explain the purpose of an FP Client Card, Client Return Appointment Card, Referral Form,\* Daily Activity FP Service Register, and the Monthly FP Summary Form for Input into the HMIS Report.
2. Demonstrate ability to competently fill an FP Client Card, Client Return Appointment Card, Daily Activity FP Service Register, and the Monthly FP Summary Form for Input into the HMIS report.

*\* Note that Referral Forms are introduced in this session but actual practice with the forms is included in the Quality Control Module.*

**Materials and preparation**

* News print, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual for FP Client Cards, Client Return Appointment Card, Referral Form, Daily Activity FP Register, Monthly FP Summary Form for Input into HMIS Report (extra copies for practice)
* Prepared flip charts or notes (one for each form) that outline the mock situations for use during the form-filling practice scenarios

**Trainer’s Directions**

***Climate setting (5 minutes)***

* Ask participants to state the FP records that should be kept in drug shops.
* Ask participants to brainstorm on the importance of keeping these records.
* Acknowledge responses and introduce the topic and objectives.

***Session objectives (5 minutes)***

* Display a prepared flip chart with session objectives.
* Read objectives and ensure clarity.

***Large Group Discussion (15 minutes)***

* Describe the purpose of FP Client Cards, Client Return Appointment Cards, Referral Forms, Daily Activity FP Service Register, and the Monthly FP Summary Form for Input into the HMIS report using the information and sample forms in the Reference Manual to explain each piece of information on the card, register and forms.
* Allow questions and respond to them.
* Repeat the instructions for the confusing/difficult areas.

***Demonstration/Practice FP Client Card (15 minutes)***

* Distribute FP Client Cards to participants.
* In pairs instruct participants to practice filling an FP Client Card—take turns playing the role of the DSO and client (male DSOs may opt to role play a female client).
* Supervise the participants and assist accordingly.

***Demonstration/Practice Client Return Appointment Card (10 minutes)***

* Distribute Client Return Appointment Cards to participants.
* In pairs instruct participants to practice filling a Client Return Appointment Card—take turns playing the role of the DSO and client (male DSOs may opt to role play a female client).
* Supervise the participants and assist accordingly.

***Demonstration/Practice Daily Activity Register (15 minutes)***

* Distribute Daily Activity Registers to participants.
* Instruct the participants to fill the register based on the various situations you describe. For example, tell participants this scenario: client number \_\_\_\_\_\_, aged \_\_\_\_\_ years, with a serial number of \_\_\_\_\_\_\_\_\_\_\_, came into the shop on <date>. It was a revisit for a DMPA SC injection. They also requested a package of condoms.
* Create two to four additional scenarios that represent typical encounters with clients and read them to the participants or write them in advance on a flip chart.
* Supervise the participants as they fill the register and assist as needed.

***Demonstration/Practice Monthly FP Summary Form for Input into HMIS Report (20 minutes)***

* Distribute to participants the Monthly FP Activity Summary Form for Input into HMIS Report.
* Instruct the participants to fill the form based on the mock scenario (e.g., use/adapt the data from the Daily Activity Register scenario).
* Supervise the participants as they fill the forms and assist as needed.

***Evaluation (3 minutes)***

* Ask participants to share what they found to be the easy/difficult parts of the card, register and forms; reinforce the instructions as needed.
* Ask several participants to share one thing they learned and how they think it will be useful in their practice.
* Allow questions and clarify as appropriate.

***Closing (2 minutes)***

* Summarize important points covered during the session.
* Thank participants for their participation and ideas.

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| MODULE 7: Quality Control | |
| **Time: 1 hour** | Session One: Referrals, Linkages and Supervision System |

**Objectives**

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

1. Explain what a referral is.
2. Explain the reasons for referral.
3. Demonstrate how to complete a referral Form (Part A).
4. Explain how the referral system works in their respective areas.
5. Describe the type of support DSOs receive from supervisors.
6. Describe the supervisory checklist that is used during DSO supervision.
7. Describe how DSOs can benefit from the supervision received for family planning activities with reference to quality of care.

**Materials and preparation**

* News print, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Reasons for referral, Steps for preparing a client for a referral, Steps for conducting a referral, Contact list for referral services, Referral form, Supervisor’s checklist
* Referral Form (one copy per participant to use during form-filling practice)
* List of the various referral health facilities where a DSO can refer clients. DSOs will fill in the referral chart provided in their Job Aids Booklet so they can make referrals to appropriate facilities and providers.
* Representative from a referral site or a district health official

**Trainer’s Directions**

***Climate setting (5 minutes)***

* Ask participants to recall clients they have referred for FP services they could not provide.
  + Did they get the support required?
  + What was easy and what was challenging?
* Acknowledge responses from 3-4 participants.
* Explain that you are going to review supervision and referral based on their work experience.

***Session objectives (5 minutes)***

* Display a prepared flip chart with session objectives.
* Read objectives and ensure clarity.

***Brainstorming (5 minutes)***

* Ask participants what they understand by referral.
* Record responses on the newsprint and agree on a general definition, using the following as a reference: Referral is when a DSO prepares and sends a client to a higher level of health care because the person has a health problem or need that the DSO is not able to manage.

***Interactive presentation (10 minutes)***

* Engage participants in a discussion regarding the reasons they normally refer.
* Co-trainer record responses on the newsprint.
* Work with participants to fill gaps on the reasons for referral, which might include:
  + The service to be provided is not part of the DSO’s job description.
  + The DSO has no expertise, training or technical ability to handle the situation.
  + The person referred gets appropriate services from a provider with technical expertise (i.e., post-exposure prophylaxis (PEP) in case of sexual violence, rape, or defilement).
* Explain the referral process. Refer to the Reference Manual, Steps for preparing a client for a referral and Steps for conducting a referral.
* Review the items on the form to be completed by the DSOs (Part A) and Part B of the form to be completed by the provider at the referral site.
* Invite one of the representative service providers from a referral site/district health official to explain how they handle referrals that report from DSOs to health facilities.
* Allow for questions and invite the representative service provider(s) from health facilities to clarify.

***Small group activity (10 minutes)***

* Instruct participants to use the master list of the referral health facilities to identify the possible facilities where they can refer clients.
* Fill in the referral chart provided in the Job Aids Booklet so they can make referrals to appropriate facilities and providers.

***Demonstration/Practice Referral Form (10 minutes)***

* Distribute copies of the Referral Forms to participants.
* In pairs instruct participants to practice filling Referral Forms (Part A)—take turns playing the role of the DSO and client (male DSOs may opt to role play a female client).
* Supervise the participants and assist accordingly.

**Brainstorming/Interactive Presentation (10 minutes)**

* Ask the DSOs to suggest the type of support supervision they will require as they start providing family planning services.
* Acknowledge responses.
* Invite representative service provider from health facilities to comment or clarify.
* Explain to participants the roles of a supervisor at each supervisory level.
* Allow for questions/comments and clarify.
* Ask participants to explain how they have benefited from the support supervision they received.
* Allow questions/comments from fellow participants.
* Introduce the Supervisory Checklist and explain how supervisors use the checklist to guide their routine support/supervisory visits with DSOs.
* Allow questions/comments from participants.

**Evaluation (3 minutes)**

* Ask several participants to share one thing they learned and how they think it will be useful in their practice.
* Allow questions and clarify as appropriate.

**Closing (2 minutes)**

* Summarize important points covered during the session
* Thank participants for their participation and ideas.

**Supervised Practice in Small Groups (1½–2 hours)**

In preparation for the practicum, participants should use role plays to practice counselling, administering DMPA injections, and completing the required forms. As in the counseling practice session, work in groups of three; take turns playing 1) a new or returning client interested in initiating or continuing DMPA IM or SC, 2) a drug shop operator, and 3) an observer. Trainers provide guidance as needed. After all participant have practiced, process the role plays and answer any questions.

Materials required:

* Job Aids Booklets (DMPA eligibility checklist, method information)
* multiple copies of the Counseling and Method Provision Checklist for observers to use during role plays (make notes, provide feedback)
* supplies for mock injections (e.g., syringes, vials, Unijects, safety boxes, arm models, hand washing supplies, and forms (e.g., client cards, return appointment cards, referral forms, FP service register)

***Home assignment:*** *Encourage trainees to review the job aids and pages from the reference manual applicable to counseling and providing DMPA.*

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| MODULE 8: Orientation to the Practicum Experience | |
| **Time: 30 mins** | Session One: Overview of Practicum Expectations |

**Objectives**

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

1. Explain the purposes of clinical practicum.
2. Identify the different procedures each trainee is expected to carry out during the practicum.
3. Explain the trainee/trainer/preceptor roles for a successful practicum.
4. Explain the logistics involved for clinical practicum.
5. Perform each clinical skill to standard the required minimum number of times under supervision during the practicum including:

* Conduct individual counselling for informed choice 3
* Use screening checklist to assess client’s suitability (medical eligibility) for DMPA IM/SC Injections 3
* Administer a DMPA IM injection 1
* Administer a DMPA SC injection 2
* Follow the steps for safe handling and disposal of sharps 3
* Correctly fill the Family Planning Card, FP Register and HMIS Forms 3

1. Process the practicum experience after performance at the clinics.

**Materials and preparation**

* Appendix F: Logistical guidance for organizing the clinical practicum
* News print, markers, masking tape
* Prepared flipcharts: session objectives and practicum objectives
* Checklists for observing skills: Counseling for FP services; Giving DMPA IM and DMPA SC (one for each participant and few additional copies)
* Summary of Participant’s Knowledge and Clinical Skills Performance (Appendix E, completed by trainer to accompany training report)
* Newsprint with the list of trainee/trainer allocation to the clinics
* Other items (e.g. snacks for participants)/logistics (e.g., transport)

**Trainer’s directions**

***Climate setting (2 minutes)***

* Ask trainees to recall some of the tasks they are expected to do after completing this training.
* Ask the trainees to relate these post training tasks to the practicum/clinical objectives shown in Introduction of the Reference Manual and on the prepared flipchart.
* Introduce the session.

***Session objectives (3 minutes)***

* Display a prepared flipchart with session objectives.
* Read objectives and ensure clarity.

***Large group discussion (5 minutes)***

* Ask trainees to explain the purposes of clinical practicum
* Acknowledge the responses to include:
* To apply theory to practice and master skills to strengthen FP provision.
* To practice the use of FP knowledge and skills learnt with guidance from trainers and preceptors.
* Prepare to apply the clinical skills in their respective facilities.

***Large group discussion (15 minutes)***

* Refer trainees to the page in the Reference Manual showing the clinical objectives for the practicum and ask trainees to read in turns.
* Allow questions and clarify.
* Explain that:
* participants must successfully complete the outlined clinical objectives and demonstrate competency under the supervision of a trained clinician.
* participants will be introduced to the preceptors who will orient them to the clinic outlay, FP methods available, records, client flow, drugs available and any other relevant information.
* practicum supervisors will provide careful oversight for each DSO during the practicum period.
* trainer/preceptors will use an observation checklist to evaluate the performance of each participant during their interactions with clients and intervene in an interaction if there is any risk posed to a client.
* trainer/preceptors will give constructive feedback to the trainee after each observation and sign the checklist after each procedure.
* Emphasize the need for trainees to take responsibility for self-monitoring the achievement of clinical objectives and soliciting for immediate feedback.
* Remind trainees to use the Job Aids Booklet and Reference Manual as resource materials during clinic practice.
* Ensure that participants understand what is expected of them to successfully complete the practicum.
* Distribute to preceptors and participants copies of the *Checklist for Evaluating DSO Counseling and Method Provision*.
* Remind trainees that preceptors will be using the checklist to observe them as they demonstrate the required tasks/skills with clients. Remember to follow the steps shown on the checklist, including:
  + Needs/concerns of the client are addressed and the counseling process allows the client to make an informed choice.
  + Explain to clients, key facts about DMPA (IM or SC) and how to use it.
  + Screen clients for medical eligibility for DMPA.
  + Administer correctly an intramuscular injection (IM) and a subcutaneous injection (SC).
  + Demonstrate appropriate infection prevention practices.
  + Calculate a 13-week re-injection date for each client.
  + Explain to client when to seek medical care from a skilled provider.
  + Address any concerns, misconceptions and myths raised by client.
  + For returning clients, conduct routine follow-up for DMPA re-injection clients in a satisfactory and acceptable manner.
* Remind them about professional conduct at the facility. If they feel they cannot complete a task/skill in a safe manner, they should inform the preceptor. Client safety should never be compromised.
* Explain to the practicum supervisors/preceptors how to use the observation checklists and other relevant materials.
* Explain the logistics involved for clinical practicum: allocation of trainees at the practicum sites; transport arrangements to the venues; snacks; use of uniforms/pinnafores/T-shirts for identification.
* Display the list of trainee/preceptor/trainer allocations for each practicum venue.
* Ensure transport, snacks are ready and any other relevant materials.
* Accompany trainees to the practicum venue (as allocated) and oversee the trainee performance during practicum.
* Explain that after each day of the practicum when the trainees return from the clinic, the preceptors/trainers will conduct a process review to identify challenges and lessons learned. It will be particularly important on day one to identify any challenges that may require an intervention before trainees return to their practicum sites on day two.

PRACTICUM DEBRIEF ***(Conduct after practicum is totally complete)***

***Large group discussion (20-50 minutes)***

* Welcome participants and process the experience and observations:

What was done well? What did not go well?   
Solicit responses from trainees about their achievements, lessons learnt and specific recommendations for improving the practicum.

* Ask the preceptors/trainers to share their observations.
* Inform trainees that if necessary, additional opportunities for supervised observations—through in-charges at local health facilities or their supervisors—will be made available to them if they are not able to complete the number of clinical procedures required for certification during the practicum.
* Lead trainer (or practicum supervisor) collect from the preceptors the completed copies of the *Checklist for Evaluating DSO Counseling and Method Provision* that the preceptors used to document the performance of their assigned trainees during the practicum.
* Lead trainer (or practicum supervisor) compile and analyze the achievement of the clinical objectives and complete the form: *Summary of Participants Knowledge and Clinical Skills Performance* (Appendix E). As needed, follow up with other preceptors/trainers for comments and recommendations related to trainee performance. *.*

***Evaluation (5 minutes)***

* Ask trainees how they feel about the practicum overall.
* Allow them to express their anticipated fears and clarify them (e.g., any concerns about counseling and giving DMPA injections at their drug shop).
* Ask trainees what they have learnt and record on flipchart.
* Thank trainees for lessons generated and find out how they will apply these lessons when they return to their places of work.
* Ensure their applications are relevant and practical.

***Closure (2 minutes)***

* Review the session objectives and summarize major learning.
* Link trainees to the next session.

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| MODULE 9: Ethics, Laws & Regulations for Drug Shop Operation | |
| **Time: 1¼ hours** | Session One: NDA Legal Requirements and Standards |

**Objectives:**

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

1. Describe the laws, regulations, policy and guidelines applicable to drug shop operations.
2. Describe the functions of the National Drug Authority (NDA) and list the other bodies involved in regulating personnel practice.
3. Explain the requirements and conditions for licensing of drug shops.
4. Describe the acceptable standards for setting up a Class C drug shop.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Legal requirements and standards for Class C drug shops (participants will have read these pages for homework, assigned on Day 1 of the training); Activity Sheet—Offences and Penalties

**Trainer’s Directions**

***Climate setting (5 minutes)***

* Ask participants what they understand by a law and if they know of any laws in Uganda.
* Ask participants to give any reasons why a country would have laws.
* Acknowledge responses and introduce the topic.
* Refer to the session objectives on the flip chart and/or Reference Manual.
* Read out objectives and ensure understanding of each.

***Interactive Presentation (20 minutes)***

* Explain the meanings of the terms withexamples of any laws recently passed in Uganda.
* Illustrate the differences between laws, regulations, guidelines and policies using information from the Reference Manual.

***Brainstorming/Discussion (30 minutes)***

* Ask participants to mention the bodies/organizations responsible for the control of Class C Drug Shops.
* Explain the different bodies using the information from the Reference Manual:
* National Drug Authority (NDA)
* The Office of the District Health Officer (DHO)
* The Association of Drug Shops
* Describe the role of NDA and explain how NDA executes its functions including the process of licensing.
* Ask participants to discuss the process they follow when getting a license to open a drug shop.
* Review the conditions that must be met to obtain a drug shop license.
* Allow questions and clarify on any issues.
* Ask the participants to brainstorm the qualities a premises where medicines are sold should have and why these qualities are important.
* As participants mention the important qualities for drug shops, list them on a flip chart.
* Refer to the list on the flip chart and ask participants to locate and read aloud from the Reference Manual the specific standards of personnel, premises, documentation, and dispensing for drug shops related to each item on the list.

***Scenarios (20 minutes)***

* Refer participants to the Activity Sheet in the Reference Manual showing the list of scenarios.
* Explain that these scenarios introduce common occurrences that knowingly or unknowingly violate the NDA Act. The penalties given may vary depending on the circumstances and the level at which a situation is handled e.g., inspector level or a court case. For that reason, it is not possible to define the exact penalties that will be given in each case but rather highlight the possible offences and potential penalties e.g., withdrawal of a license, impounding of drugs, payment of a fine or imprisonment. Participants should be able to appreciate that the penalties serve as a deterrent to prevent others from committing the same offence.
* Ask a participant to read the first scenario aloud.
* Ask participants to discuss the scenario and answer these questions:
  + What is the law/regulation being violated?
  + What is the potential penalty?
* Encourage participants to refer to their Reference Manuals.

*Answer Key for Scenarios:*

* Scenario 1: You will be required to pay a fine, may be imprisoned, your license cancelled and the shop closed.
* Scenario 2: Unlicensed drug shops are operating illegally and are therefore liable to prosecution under the National Drug Policy and Authority Act.
* Scenario 3: Tax evasion may lead to closure of the premises by law enforcing bodies and result in inconveniences to the accredited drug shop owner, drug shop operator and the community served by the shop. If required taxes/fees are not paid, the license will not be processed/issued; meaning the DSO would be working illegally and the shop would be subject to closure.
* Scenario 4: Medicines procured from unauthorized dealers are often counterfeit so this practice should be avoided. The NDA pursues enforcement activities aimed at apprehending unscrupulous traders who are dealing in "fake drugs."
* Scenario 5: Dispensing to patients medicines purchased from unauthorized dealers may cause harm to the patient, violates the law, and is punishable on conviction by Courts of Law. A DSO who supplies impure drugs is liable to a fine not exceeding five million shillings or to imprisonment for a term not exceeding ten years or both.
* Scenario 6: Dispensing of medicines meant for free distribution in public health facilities is contrary to the standards for dispensing.
* Scenario 7: A pharmacist or licensed pharmacy shall not supply a Class A or B drug to a person who is not reasonably believed by the supplier to be a person to whom the drug may properly be supplied. However, since contraceptive pills are a Class C drug, they may be dispensed to the husband.

***Evaluation (3 minutes)***

* Review objectives. Check if they have been achieved.
* Ask participants how they will use this knowledge in their drug shops.
* Acknowledge responses.
* ***Closing (2 minutes)*** Thank participants for their active participation and link the session to the next one.

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| **MODULE 9** | **Ethics, Laws and Regulations for Drug Shop Operation** |
| **30 mins** | Session Two: Classes of Medicines |

**Objectives**

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

1. Identify the classes of medicines categorized by the NDA.
2. Describe the Class C drugs that can be dispensed by DSOs.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Laws and Regulations, Extended Medicines list
* National Drug Policy and Authority Act

**Trainer’s Directions**

***Climate setting (5 minutes)***

* Display session objectives.
* Read out objectives and ensure understanding of each.

***Interactive Presentation (10 minutes)***

* Ask participants why medicines should be regulated.
* Explain how the NDA regulates and classifies medicines with an emphasis on regulations/classifications relating to drugs shops.

***Brainstorming/Discussion (10 minutes)***

* Ask participants to name the classes of medicines with examples.
* Reinforce discussions using the document, Classification of Medicines.
* Review the medicines schedules and discuss the items acceptable in Class C drug shops (including contraceptives allowed for DSOs in pilot).
* Emphasize the need to obtain medicines from only registered pharmacies. Describe how they can identify a registered pharmacy.

***Evaluation (5 minutes)***

* Review session objectives to ensure they were met.
* Ask participants how they will use this knowledge in their drug shops.
* Acknowledge responses.

***Closing (2 minutes)***

* Explain to participants that you will be available to answer any questions they may have
* Close and link to next sessions

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| **MODULE 9** | **Ethics, Laws and Regulations for Drug Shop Operation** |
| **Time: 1 hour** | Session Three: NDA Standards for Recordkeeping and Documentation for Drugs in ADS |

**Objectives**

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

1. Explain the purpose of keeping invoices and receipts of procured items.
2. Describe the purpose of keeping a purchases book and a dispensing log book.
3. Demonstrate ability to competently fill a purchases book and the dispensing log book.
4. Explain how to use the Adverse Reaction reporting form.
5. Describe the purpose of maintaining records of expired medicines.

**Materials and preparation**

* News print, markers, masking tape
* Prepared flip chart with session objectives
* Copies of the purchases record book, dispensing log book, adverse drug reaction form, and expiries record for each participant
* Prepared flip charts or notes (one for each form) that outline the mock situations for use during the form-filling practice scenarios

**Trainer’s Directions**

***Climate setting (3 minutes)***

* Ask participants to describe the records/documentation that NDA requires for drug shops.
* Ask participants to brainstorm on the importance of keeping these records.
* Acknowledge responses and introduce the topic and objectives.

***Session objectives (2 minutes)***

* Display a prepared flip chart with session objectives.
* Read objectives and ensure clarity.

***Large Group Discussion/Demonstration (20 minutes)***

* Using the information and sample forms in the Reference Manual, describe the purpose of and demonstrate how to keep:
  + Purchases record book
  + Dispensing log book
  + Expiries record book
  + Adverse drug reaction report form

***Practice Filling Forms Using Mock Scenarios (35 minutes)***

* Distribute one copy of each form to participants:
  + Purchases record book
  + Dispensing log book
  + Expiries record book
  + Adverse drug reaction report form
* Instruct the participants to fill in each form based on the mock scenario outlined on the prepared flip chart or described by facilitator.
* Supervise the participants as they fill each form and assist as needed.

***Evaluation (3 minutes)***

* Ask participants to share what they found to be the easy/difficult parts of the forms; reinforce the instructions as needed.
* Ask several participants to share one thing they learned and how they think it will be useful in their practice.
* Allow questions and clarify as appropriate.

***Closing (2 minutes)***

* Summarize important points covered during the session.
* Thank participants for their participation and ideas.

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| **MODULE 9** | **Ethics, Laws and Regulations for Drug Shop Operation** |
| **2½ hours** | Session Four: Medicines and FP Commodities Management |

**Objectives**

By the end of this session participants should be able to:

1. Describe the medicines management cycle.
2. Determine which medicines (including contraceptives/FP methods) they should stock in their drug shops.
3. Determine the quantity of selected medicines (including contraceptives/ FP methods) to be stocked in a drug shop over a specified period of time.
4. Describe the storage and arrangement of medicines in a drug shop (including FP commodities) that will protect them from harsh conditions and promote rational dispensing.
5. Correctly read, interpret and process a prescription.
6. Explain abbreviations and terminologies used on a prescription.
7. Discuss the logical steps of good dispensing.
8. Effectively communicate with patients the instructions for use.

**Materials and preparation**

* Newsprint, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Medicines Management
* Activity sheets: Calculating quantities
* Reference Manual Annex: Purchases record book, Dispensing log book, Expiries record book, Adverse drug reaction report form, Stock tracking form (for tracking and calculating quantities needed)
* Medicine samples to practice stocking shelves/bins (ORS, bottled water for reconstitution, Hydrogen peroxide, paracetamol tablets, Amoxycillin tablets, Zinc sulphate tablets , Alu tablets, rectal artesunate, Injectaplan, Sayana Press (or other DMPA SC injectable product), DMPA IM and SC supplies, male condoms, female condoms, emergency contraceptive pills, progestin-only pills, combined oral contraceptives, and empty boxes of medicines and sundries to represent medicines that are viable and others to represent expired)
* Dispensing envelopes and other supplies for dispensing medicines
* A dispensing cupboard, cardboard boxes opened and made to represent shelves

**Trainer’s Directions**

***Climate Setting (5 minutes)***

* Ask participants to describe what steps they take when they want to stock medicines, where they buy them, the reasons for the choices they make, how they receive and store them until they are dispensed to patients and whether FP commodities are different from other items they stock. *Note: If DSOs are stocking FP commodities for the first time, be prepared to provide details about recommended wholesale outlets, packaging, and cost information*.
* Acknowledge the responses and explain that what they have been doing is actually the management of drugs.
* Review session objectives.

***Interactive Presentation/Individual Activity (15 minutes)***

* Direct participants to the Medicines Management definition and explain it.
* Review the Medicines Management Cycle and explain the four key functions: selection, procurement, distribution and use. Use information in the Reference Manual to reinforce the explanations.
* Explain the interlinkage with the Management Support systems such as information systems and the legal and policy framework.
* Discuss drug selection and explain using relevant examples.
* Explain that selection of medicines for the accredited drug shop (ADS) has been made easy because there is already an extended list of medicines that has been prepared specific for the cadres and conditions of importance in the community.
* Refer participants to the page in the manual that has the ADS Extended Medicines List. Ask them to study it and pose some questions about the list. Explain that they should always refer to the ADS list when buying medicines to avoid getting into trouble with the authorities.
* Discuss procurement; mention the various methods of estimating quantity to buy but emphasizing the consumption method as the most reliable one.
  + **Consumption method:** Explain that thismethod uses the previous amounts dispensed to estimate what will be used in the near future. The assumption is that there will not be much change in the demand for the medicines.
* Take the participants through the worked example from the Joy Drug Shop in the Reference Manual for estimating quantities to order using the consumption method and considering disease pattern.
* Ask participants complete the Activity Sheet in the Reference Manual.

***Answer Key for Activity—Calculating Order Quantities and Costs (10 minutes)***

Quantity and cost of Amoxycillin to be ordered for God Cares Shop:

Total consumption (total from last three months) 375 + 425 + 400 = 1200

Average Monthly Consumption (divide by three to get average)  
 1200/3 = 400

***Minimum stock***(multiply by two for **two-month supply**) 400 x 2 = 800

Quantity to order to maintain a **two-month supply**  
 (subtract amount currently in stock) 800 -150 = 650

Decide # of cartons (round # of capsules to nearest 100) = ***6 cartons***

Cost of order (multiply number of cartons by 4500 UGX)   
 6 cartons x 4500 UGX = ***27000 UGX***

***Maximum stock*** (multiply by five for **five-month supply**) 400 x 5 = 2000

Quantity to order to maintain a **five-month supply**  
 (subtract amount currently in stock) 2000 -150 = 1850

Decide # of cartons (round # of capsules to nearest 100) = ***18 cartons***

Cost of order (multiply number of cartons by 4500 UGX)   
 18 cartons x 4500 UGX = ***81000 UGX***

* Co-facilitators should check on each participant’s progress as they attempt the exercise. Guide participants who need help.
* At the end, ask one participant to explain to the rest of the group how the calculations are done.
* Explain that in cases where there is no consumption data, estimates can be based on the number of cases of a disease seen in a period.
* Also explain to participants the other factors to be considered when determining how much stock a drug shop should have (e.g., intervals between orders, transportation irregularities due to weather/conflict).

***Interactive Presentation: Receiving and storing medicines (10 minutes)***

* Continue with a description of the receiving process.
* Describe to participants what to look for when receiving medicines.
* Explain that when checking the expiry date they should be guided by the consumption patterns (e.g., ensure they will be able to sell the product and customers will be able to use the product prior to expiry).
* Ask participants where information on the quantity supplied and expiry dates can be found when receiving.
* Review the Reference Manual on storage principles and premises for drug shops. Ask one or two people to read through them, relating to what has already been seen in the examples.
* Review the stores’ pictures with the participants asking them to respond to whether the store is in compliance with the standards and the rational for their responses.

***Demonstration (10 minutes)***

* Demonstrate with an example how the stock tracking form is filled.
* Explain the potential errors and how they can be avoided.
* Allow questions and interactions all through the presentation.

***Role Play: Storage of medicines (15 minutes)***

* Explain to participants that they will use the storage procedures they learned to demonstrate how to prepare the store, arrange and store medicines.
* Prepare the improvised store and make note of the problems therein (e.g., expired medicines, damaged labels, damaged medicines, mixed up dosage forms) prior to the participants beginning the activity.
* Participants divide into 4 groups.
* Based on the description for each group (below), groups arrange items appropriately and demonstrate properly maintained store/shelves.
* Each group makes notes on what they found and the actions they took.
* One member of each group presents their actions to the entire group.

**Group 1:** Review the cupboard/store to determine the problems that exist in arranging the store. Record them.

**Group 2:** Arrange the store in proper order, correcting the problems they find, and make notes about the actions taken.

**Group 3:** Review the store again to identify any areas that need to be worked on and correct them.

**Group 4:** Check the store to determine if there is still anything that needs correcting and put it in order. Make notes on how they found the store and actions taken.

***DISPENSING***

***Interactive presentation (60 minutes)***

* Explain the aim of good dispensing with information from the Reference Manual.
* Review the terms, common acronyms and corresponding definitions found on prescriptions. Ask participants to review the information in the Reference Manual. As they read the terms ask a volunteer to define a term of his/her choice until all the terms have been defined.
* Clarify/correct the information shared.
* Display a flip chart of a properly written prescription (and/or refer to sample in Reference Manual) while explaining the reasons for each of the components.
* Review qualities of dispensing environment and dispensing person.
* Refer to the information in the Reference Manual (or flipcharts) giving relevant examples and demonstrations to enhance learning.
* Refer to the Reference Manual on the Steps in Dispensing and explain using the notes/instructions provided. Use a tin of medicines, labels, envelopes, and scissors to demonstrate the meaning of each step.
* Review the information in the Reference Manual and Job Aids Booklet on common side effects of FP methods.

***Demonstration—Dispensing Log (15 minutes)***

* Review the information in the Reference Manual on keeping records.
* Demonstrate with an example how the dispensing log should be filled. Remind participants that for FP commodities, similar information must also be documented on the FP Services Daily Activity Register.
* Explain the potential errors in dispensing and how they can be avoided.
* Allow questions and interactions all through the presentation.

***Small Group Activity: Troubleshooting common challenges (15 minutes)***

* Divide participants into 4 groups.
* Assign groups to the one of the stages below:

**Group 1:** When choosing which medicines to buy

**Group 2:** When buying the medicines

**Group 3:** When storing the medicines

**Group 4:** When dispensing medicines

* In your group, discuss and provide answers to the questions below for the stage assigned to your group:
  + What challenges do you find at this stage of the medicines management cycle?
  + Give suggestions on how they can be solved.
* Ask one member of each group to present to the larger group a summary of the challenges and possible solutions; allow other participants to make comments and provide additional suggestions.
* Correct any wrong information and refer participants to the Reference Manual.
* Summarize the important points.

***Evaluation (3 minutes)***

* Ask participants what they have learnt in this session.
* Ask participants how they will use this knowledge in their drug shops.
* Acknowledge responses.

***Closing (2 minutes)***

* Explain to participants that you will be available to answer any questions they may have.

Close and link to next session.

|  |  |
| --- | --- |
| MODULE 10: Evaluation of Training | |
| **Time: 1 hour** | Session One: Back-home Application Plan |

**Objectives**

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

1. State the meaning of a back-home (application) plan.
2. State at least two purposes of making a back-home plan.
3. Develop a feasible back-home plan to use knowledge and skills gained from the training to integrate FP services at their drug shops.

**Materials and preparation**

* News print, markers, masking tape
* Prepared flip chart with session objectives
* Reference Manual: Back home plan (annex; plus extra copies)

**Trainer’s Directions**

***Climate setting (5 minutes)***

* Ask volunteers to share their experience on developing back-home application plans.
* Introduce the session and review the session objectives.

***Large Group Discussion—What is a back-home plan? (5 minutes)***

* Ask a participant in her/his own words to explain what he/she understands by back-home or application plan.
* Acknowledge responses.
* Give correct meaning and compare with the sample Application Plan in Reference Manual.
* Ask participants to explain the importance of making knowledge and skills application plans. Probe for these responses:
  + To make plans aimed at providing selected FP methods and services at their own place of work.
  + To transfer knowledge and skills acquired from the training into a real situation.
  + To use as a guide for end of training evaluation and at participant follow up.
* Record responses on a newsprint.

***Large group discussion—How to develop a feasible back-home plan (10 minutes)***

* Ask participants to brainstorm the type of activities they need to do when they go back to their drug shops to enable them to provide the selected FP methods.
* Ask participants to use the schedule and recall the key lessons and identify areas that require action planning.
* Ensure activities planned reflect guidance from the training, are feasible and require no external resources.
* Record activities on newsprint and ask each participant to identify the ones relevant in his/her situation.
* Introduce the format for writing an application plan and explain each column.
* Distribute work plan formats to all participants and give enough formats to enable participants make more than one copy.

***Individual/group exercise (30 minutes)***

* Ask participants individually to develop an application plan for providing selected FP methods and services at their drug shop.
* Guide the development of the application plan to ensure the activities in the plans are realistic.
* When application plans are completed, collect them and make copies of each for participant and for the file. (If copies cannot be made ensure participants use carbon papers or write more than one copy.)

***Trainer Note: These plans will be typed and as an appendix in the Activity report submitted by the training team***.

***Evaluate understanding (5 minutes)***

* Ask participants to share what they found easy or difficult about making back-home application plans
* Ask participants what they have learnt from the session.
* Ask participants: What are you going to do to ensure your plan is implemented?

***Summary and closure (2 minutes)***

* Go over major points covered during the session
* Review objectives. Check if they have been achieved.
* Thank participants for their active participation.
* Wrap up and close session linking it to the next one.

|  |  |
| --- | --- |
| **MODULE 10** | **Evaluation of Training** |
| **Time 1¼ hours** | Session Two: Post-training Knowledge Assessment and Course Evaluation |

**Objectives**

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

* 1. Assess own level of knowledge in FP at exit of the training.
  2. Express their opinions about the training course.

**Materials and preparation**

* News print, markers, masking tape
* Prepared flip chart with session objectives
* Post-test (one copy per participant)
* Course evaluation (one copy per participant)

**Trainer’s Directions**

***Climate setting (5 minutes)***

* Introduce the topic and inform participants that post-training knowledge assessment and participants’ reactions towards the training are important ways of finding out the effect of training.
* Ensure objectives are clear.

***Individual assignment—Assess level of FP knowledge (20 minutes)***

* Explain to participants that trainers want to find out whether the training has affected their knowledge and skills in FP.
* Distribute post-training knowledge assessment questionnaires.
* Give instructions for completing the post-training knowledge questionnaire.
* Allow 20 minutes for the exercise.
* Collect and mark the post-test (while trainees complete the course evaluation form).

***Individual Exercise—Share opinion about the training course (15 minutes)***

* Request that participants share their opinions about the course by answering the questions on the reaction form.
* Explain that writing their names is optional.
* Distribute copies of reaction form to participants.
* Give instructions of completing the reaction form.
* Allow 15 minutes for filling the reaction form.

***Large group—Share opinion about the training course (15 minutes)***

* Allow participants to express verbally any reactions that they would like to share/discuss; may include items mentioned or not mentioned in their written evaluation.
* Record the verbal reactions on a flip chart.

***Large group—Review knowledge test results (15 minutes)***

* Share with participants a summary of the results of pre- and post- knowledge assessment (e.g., average of all test scores pre- and post).
* Discuss the results emphasizing the gains and losses.
* Distribute to each participant their pre- and post-test papers to allow individuals to see the differences and conduct a self-assessment at entry and at exit.
* Collect the test papers and file them in the activity file.

***Summary and closure (5 minutes)***

* Review workshop objectives and participants’ expectations and find out if both have been achieved.
* Allow comments.
* Thank participants and co-trainers for their participation in the workshop.
* Officially close the workshop.

# ANNEXES

Annex A: Drug Shop Operator Profile

District………………… Sub county…………………………..

Name of DSO…………………………………………………………………………….

Gender …………………… Date of Birth ……………………………

1. What is your professional background?

Basic Training in Health (Nurse, Midwife, clinical officer, allied Health course

(Specify-----------------------------------------------------------------------------------------)

2. Have you ever received any training on FP?

Yes ………………..No…………………

If Yes:

1. How long was the training -----------------------------------------------------------------
2. Which methods were taught (List below)
3. ………………………………………………………………………………………
4. …………………………………………………………………………………………
5. ………………………………………………………………………………………

How long have you worked as a Drug Shop Operator? ………………………………………………………………...

*Thank you for filling out this for this form*

Annex B: Pre/Post Knowledge Assessment for Drug Shop Operators

Name: .…………………………………………………………………...…………...

District: ……………………………… Sub county: ………………………………..

Directions: Complete the test following the instructions. The test results help the trainer to know whether the training was effective.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | | | **Score** | |
| **For questions 1-15, tick all responses that are correct.** | | |  | |
| 1. Which of the following is allowed to be stocked in a Class C drug shop? 2. Coartem tabs 3. Chloramphenicol caps 4. Ciprofloxacin tabs 5. Ampicillin caps | | |  | |
| 1. Which of the following statement is correct about quality of medicines? 2. Expired medicines within one month of expiry can be dispensed in emergency situations. 3. Poor quality medicines are not expired medicines so can be sold to patients. 4. Missing labels are an indication of poor quality medicines. 5. You can tell that medicines are of poor quality by looking at them. | | |  | |
| 1. Where can a Class C drug shop obtain medicines from? 2. Donations from nearby clinics 3. Wholesale pharmacies in or outside the district 4. National Medical Stores 5. The district assistant drug inspector (DADI) can sometimes supply medicines | | |  | |
| 1. The following should be written on a prescription EXCEPT: 2. Name and address of prescriber 3. Signature of prescriber 4. Brand name of the medicine 5. Total number of medicines to be dispensed 6. None of the above. | | |  | |
| 1. When arranging medicines, what position of shelves would you put Hydrogen peroxide? 2. Top shelves 3. Lower shelves 4. Middle shelves 5. On pallets | | |  | |
| 1. When is a woman most likely to become pregnant? 2. During ovulation (two weeks before menstruation) 3. One week before menstruation 4. When a woman is menstruating 5. Two weeks after menstruation | | |  | |
| 1. Unmarried adolescents should be discouraged from using family planning because it may promote promiscuity. 2. Strongly Agree 3. Agree 4. Disagree 5. Strongly Disagree | | |  | |
| 1. A woman who is breastfeeding a child 5-months old comes to you for advice on family planning. Assuming that she meets the eligibility criteria, which methods are appropriate for her to use? 2. IUD 3. Implant 4. Injectable 5. Combined oral contraceptives (COCs) 6. Progestin-only pills (POPs) | | |  | |
| 1. DMPA IM and SC injectables prevent pregnancy in women for a period of: 2. 6 months 3. 3 months 4. 1 month only | | |  | |
| 1. Which of the following are common side effects of injectables? 2. Headache 3. Weight changes 4. Mood changes and changes in sex drive 5. Infertility if used for a long time 6. Infrequent or no menstrual bleeding 7. Birth defects or miscarriage if the woman is pregnant | | |  | |
| 1. The injectable should not be used by adolescents because the menstrual cycles of young women are not yet regular. 2. Strongly Agree 3. Agree 4. Disagree 5. Strongly Disagree | | |  | |
| 1. Who should not use the injectable? 2. Adolescent women 3. Women who do not yet have any children 4. Women who smoke cigarettes 5. Women with high blood pressure 6. Women with a history of heart attacks or strokes 7. Women with unexplained vaginal bleeding | | |  | |
| 1. After giving a DMPA SC injection: 2. Recap the needle before disposing in the sharps container 3. Do not recap the needle and immediately dispose of the device in the sharps container | | |  | |
| 1. If approached by an adolescent girl seeking family planning, the DSO should: 2. Offer condoms, but steer her away from other methods 3. Counsel the adolescent on each method and provide the desired method 4. Give information but no family planning methods 5. Advise the adolescent on the importance of abstinence 6. Alert a parent that the girl is seeking contraception | | |  | |
| 1. When is it okay to re-inject a client with the injectable without ruling out pregnancy? 2. When your client arrives for reinjection 2 weeks early 3. When your client arrives for reinjection 2 weeks late 4. When your client arrives for reinjection 4 weeks late 5. When your client arrives for reinjection 6 weeks late | | |  | |
| **For questions 16-18, write the correct response in the space provided.** | | |  | |
| 1. Please write the correct injectable (DMPA IM or DMPA SC) next to each injection site. 2. Abdomen 3. Back of the arm 4. Buttocks 5. Front of the thigh 6. Deltoid arm muscle | | |  | |
| 17. State the correct regimen for each type of pill when used for emergency contraception.  a) Progestin Only Pill  ..........................................................................................................................................................................................................................................  b) Low-dose Combined Oral pill  .....................................................................................................................  .....................................................................................................................  c)Levonorgestrel pill (750mcg)  **…....................................................................................................................................................................................................................................**  d)Levonorgestrel pill (1.5mg)  **…....................................................................................................................................................................................................................................** | | |  |
| 18. The most common side effect that leads women to stop using the injectable is:  **…...................................................................................................................................................................................................................................** | | |  |
| **For questions 19-20 circle the correct response, either True or False.** | | |  |
| 19. True / False | The condom is the only method that prevents both pregnancy and HIV. | |  |
| 20. True / False | After stopping DMPA SC, it takes some time before fertility returns, but most women will be able to become pregnant within about  10-12 months after their last injection. | |  |
|  | | Total Score |  |
| Total possible | **42** |
| Percent |  |

Annex C: Answer Key Pre/Post Knowledge Assessment for Drug Shop Operators

Instructions: Use the answer key to determine correct responses. Write the number of points scored for each question in the score column to the right of the question. Note that several questions are worth more than one point. Participants can get partial credit for ticking some of the correct responses. Write the total points (raw score) for the knowledge assessment on the total score line and use the total possible score of 42 points to calculate the percent correct. To calculate the percent, divide the raw score by 42 and multiply by 100); a recommended passing score for the post-test is 80% (34 points).

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | | | **Score** |
| **For questions 1-15, tick all responses that are correct.** | | |  |
| 1. Which of the following is allowed to be stocked in a Class C drug shop?   1. **Coartem tabs** 2. Chloramphenicol caps 3. **Ciprofloxacin tabs** 4. Ampicillin caps | | | **2** |
| 2. Which of the following statement is correct about quality of medicines?   1. Expired medicines within one month of expiry can be dispensed in emergency situations. 2. Poor quality medicines are not expired medicines so can be sold to patients. 3. **Missing labels are an indication of poor quality medicines.** 4. You can tell that medicines are of poor quality by looking at them. | | | **1** |
| 3. Where can a Class C drug shop obtain medicines from?   1. Donations from nearby clinics 2. **Wholesale pharmacies in or outside the district** 3. National Medical Stores 4. The district assistant drug inspector (DADI) can sometimes supply medicines | | | **1** |
| 4. The following should be written on a prescription EXCEPT:   1. Name and address of prescriber 2. Signature of prescriber 3. Brand name of the medicine 4. Total number of medicines to be dispensed 5. **None of the above** | | | **1** |
| 5. When arranging medicines, what position of shelves would you put Hydrogen peroxide?   1. Top shelves 2. Lower shelves 3. **Middle shelves** 4. On pallets | | | **1** |
| 6. When is a woman most likely to become pregnant?   1. **During ovulation (two weeks before menstruation)** 2. One week before menstruation 3. When a woman is menstruating 4. Two weeks after menstruation | | | **1** |
| 7. Unmarried adolescents should be discouraged from using family planning because it may promote promiscuity.   1. Strongly Agree 2. Agree 3. Disagree 4. **Strongly Disagree** | | | **1** |
| 8. A woman who is breastfeeding a child 5-months old comes to you for advice on family planning. Assuming that she meets the eligibility criteria, which methods are appropriate for her to use?   1. **IUD** 2. **Implant** 3. **Injectable** 4. Combined oral contraceptives (COCs) 5. **Progestin-only pills (POPs)** | | | **4** |
| 9. DMPA IM and SC injectables prevent pregnancy in women for a period of:   1. 6 months 2. **3 months** 3. 1 month only | | | **1** |
| 10. Which of the following are common side effects of the injectable?   1. **Headache** 2. **Weight changes** 3. **Mood changes and changes in sex drive** 4. Infertility if used for a long time 5. **Infrequent or no menstrual bleeding** 6. Birth defects or miscarriage if the woman is pregnant | | | **4** |
| 11. The injectable should not be used by adolescents because the menstrual cycles of young women are not yet regular.   1. Strongly Agree 2. Agree 3. Disagree 4. **Strongly Disagree** | | | **1** |
| 12. Who should not use the injectable?   1. Adolescent women 2. Women who do not yet have any children 3. Women who smoke cigarettes 4. **Women with high blood pressure** 5. **Women with a history of heart attacks or strokes** 6. **Women with unexplained vaginal bleeding** | | | **3** |
| 13. After giving a DMPA SC injection:   1. Recap the needle before disposing in the sharps container 2. **Do not recap the needle and immediately dispose of the device in the sharps container** | | | **1** |
| 14. If approached by an adolescent girl seeking family planning, the DSO should:   1. Offer condoms, but steer her away from other methods 2. **Counsel the adolescent on each method and provide the desired method** 3. Give information but no family planning methods 4. Advise the adolescent on the importance of abstinence 5. Alert a parent that the girl is seeking contraception | | | **1** |
| 15. When is it okay to re-inject a client with the injectable without ruling out pregnancy?   1. **When your client arrives for reinjection 2 weeks early** 2. **When your client arrives for reinjection 2 weeks late** 3. **When your client arrives for reinjection 4 weeks late** 4. When your client arrives for reinjection 6 weeks late | | | **3** |
| **For questions 16-18, write the correct response in the space provided.** | | | |  |
| 16. Please write the correct injectable (DMPA IM or DMPA SC) next to each injection site.   1. Abdomen - **DMPA SC** 2. Back of the arm - **DMPA SC** 3. Buttocks - **DMPA IM** 4. Front of the thigh - **DMPA SC** 5. Deltoid arm muscle - **DMPA IM** | | | | **5** |
| 17. State the correct regimen for each type of pill when used for emergency contraception.  **a)** **Progestin-Only Pill: 20 tablets first dose within 120 hours then 2nd dose after 12 hours**  **b) Low-dose combined oral pill: 4 tablets first dose within 120 hours then 2nd dose of 4 tablets after 12 hours**  **c) Levonorgestrel 750mcg pill: 2 tablets within 120 hours as a single dose**  **d) Levonorgestrel 1.5mg pill: 1 tablets within 120 hours as a single dose** | | | | **8** |
| 18. The most common side effect that leads women to stop using the injectable is:  **Menstrual changes (i.e., bleeding, spotting, amenorrhea)** | | | | **1** |
| **For questions 19-20 circle the correct response, either True or False**. | | | |  |
| 19. **True** / False | | The condom is the only method that prevents both pregnancy and HIV. | | **1** |
| 20.  **True** / False | | After stopping DMPA SC, it takes some time before fertility returns, but most women will be able to become pregnant within about  10-12 months after their last injection. | | **1** |
|  | | | Total Score |  |
| Total possible | **42** |
| Percent |  |

Annex D: Participant Feedback Form

**DSO TRAINING COURSE—PARTICIPANT FEEDBACK FORM**

*Instructions: For each of the statements, tick or check YES if you agree with the statement and NO if you disagree with it. If you would like, please explain your answer in the space for comments.*

**YES NO Comments**

**Course/Workshop**

🞎 🞎 The learning objectives were related to my work.

🞎 🞎 I will apply my new knowledge, skills, and attitudes in   
 my workplace.

🞎 🞎 The learning objectives were clear and easy to understand.

🞎 🞎 The workshop content corresponds with the stated objectives.

The learning activities (case studies, role-plays,   
 assignments, exercises, activities) were:

🞎 🞎 - clear and easy to understand

🞎 🞎 - related to the course objectives and content

🞎 🞎 - interesting (stimulated me to learn and think)

🞎 🞎 - involved me in my learning

🞎 🞎 - given with enough time to complete

I was able to receive necessary help from the:

🞎 🞎 - facilitator

🞎 🞎 - other participants

**Reference Manual/Activity Sheets**

🞎 🞎 The contents of the reference manual/activity sheets   
are arranged in an order that was easy to follow.

🞎 🞎 The information is clear.

🞎 🞎 The amount of information is appropriate.

🞎 🞎 The information is complete (nothing missing).

🞎 🞎 The language (words used) is easy to understand.

🞎 🞎 I had enough space to write on my activity sheets.

🞎 🞎 The reference manual is attractive.

🞎 🞎 The reference manual will be a useful resource in my work.

**Job Aids Booklet**

🞎 🞎 The contents are arranged in an order that is easy to follow.

🞎 🞎 The amount of information is appropriate.

🞎 🞎 The information is complete (nothing missing).

🞎 🞎 The illustrations are clear.

🞎 🞎 The client messages are clear and easy to understand.

🞎 🞎 The job aids will be useful in my client interactions.

*Please complete the statements:*

The information and activities that were most useful are:

The information and activities that are the least useful or that I had the most problems with are:

*On the back of this page, please include any other comments, suggestions, or observations that you feel would help improve the course or the materials.*

## Annex E: Summary of Participant’s Knowledge and Clinical Skills Performance

*Instructions: After the practicum, trainers compile feedback from the observation checklists of each participant’s performance and include this completed form as an appendix in the training activity report.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Summary of Participant’s Knowledge and Clinical Skills Performance** | | | | | | | | | | |
|  |  | **Knowledge Test** | | **Clinical Skills (number of procedures completed to standard)** | | | | | |  |  |
|  |  | **Pre-test score** | **Post-test score** | **Counseling for Informed Choice** | **Use of screening checklists** | **Giving DMPA IM injection** | **Giving DMPA SC injection** | **Safe handling & disposal of sharps** | **Filling FP Register** | **Observations of trainee performance** | **Recommendations** |
|  | **Expected objectives 🡪** | **NA** | **>80%** | **3** | **3** | **1** | **2** | **3** | **3** |  |  |
| #  1 | **Trainee Names 🡫** |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
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## Annex F: Logistical Guidance for Organizing the Clinical Practicum

Compiled below is some basic guidance to help organize the logistics for the clinical practicum. The [*Training Skills for Health Care Providers,* *Reference Manual, Third Edition*](http://reprolineplus.org/system/files/resources/trainingskills_manual_0.pdf) (Jhpiego, 2010) contains additional guidance for organizing a clinical course including chapters on supervising and conducting assessments in the clinic, protecting client’s rights, and dealing with unexpected problems.

* Select larger facilities (e.g., Health Centre IV or hospital) with sufficient client load and choose days when client load is at its peak (e.g., immunization days).
* Mobilize communities (e.g., radio spots) so that clients are aware that there will be additional capacity at the facility to provide FP services on the day(s) of the practicum.
* Meet with the facility in-charges/staff in advance to make arrangements:
  + identify qualified providers who can serve as preceptors and ensure that they understand their roles/responsibilities as relates to oversight of the practicum and the safety/risks to clients
  + determine how many trainees can be accommodated at each site based on a pre-determined ratio of clients/preceptors/trainees
  + orient the preceptors to the practicum requirements; share copies of the Checklist for Evaluating DSO Counseling and Method Provision (see Reference Manual annex) for use in evaluating/documenting trainee performance
  + provide preceptors guidance about offering performance feedback and when to intervene if a client is at risk of harm
  + ensure commodities and supplies are available to meet the demands created by the practicum
  + request that the in-charge/preceptor be prepared to provide for the trainees on the day of the practicum a brief orientation to the clinic outlay, FP methods available, records, client flow, drugs available and any other relevant information
* Assign each trainee to a preceptor/facility in advance.
* Ensure that trainees understand their responsibilities as related to the practicum: 1) are prepared to perform each skill/objective to the established standard, 2) self-monitor the achievement of their clinical objectives, and 3) bring with them to the practicum site their Job Aids Booklet, Reference Manual, and uniform or other identification.
* Arrange transport for trainees to/from the practicum sites.
* Arrange for beverages and snacks for tea break at the practicum sites.
* Complete the form, Summary of Participant’s Knowledge and Clinical Skills Performance (Annex E) and submit it with training report