LONG-ACTING REVERSIBLE CONTRACEPTIVES IN CRISIS SETTINGS

FACILITATOR'S GUIDE

Clinical Outreach Refresher Training Module for Health Care Providers Implementing the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health

Inter-Agency Working Group (IAWG) on Reproductive Health in Crises Training Partnership Initiative with CARE and Jhpiego

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LIST OF ABBREVIATIONS

AMTSL	Active management of the third stage of labor
ART	Antiretroviral treatment
ARV	Antiretroviral drugs
BCS+	Balanced Counseling Strategy Plus
BP	Blood pressure
CIC	Combined injectable contraceptive
COC	Combined oral contraceptive
CVD	Cardiovascular disease
DMPA	Depot medroxyprogesterone acetate
EC	Emergency contraception
ECP	Emergency contraceptive pill
EE	Ethinyl estradiol
EFV	Efavirenz
FP	Family planning
GT	Genital tract
HAZMAT	Hazardous materials
HLD	High-level disinfection
HTSP	Healthy timing and spacing of pregnancy
IEC	Information, education, and communication
IARH	Inter-Agency Emergency Reproductive Health (Kit)
IPC	Infection prevention and control
IUD	Intrauterine device
LAM	Lactational amenorrhea method
LARC	Long-acting reversible contraceptive
LNG-IUD*	Levonorgestrel-releasing intrauterine device
MEC	Medical eligibility criteria
MISP	Minimum Initial Service Package (for Sexual and Reproductive Health)
MoH	Ministry of Health
NET-EN	Norethisterone enanthate
NSAIDs	Nonsteroidal anti-inflammatory drugs
PID	Pelvic inflammatory disease
PPE	Personal protective equipment
S-CORT	Sexual and reproductive health clinical outreach refresher training
STI	Sexually transmitted infection
TB	Tuberculosis
TOT	Training of trainers
UPA	Ulipristal acetate
WHO	World Health Organization

TABLE OF CONTENTS

*This resource uses both the 2021 WHO preferred nomenclature of hormonal IUD (World Health Organization. "WHO Statement on Levonorgestrel-Releasing Intrauterine Device Nomenclature." Accessed August 11, 2021. www.who.int/publications-detail-redirect/9789240021730) as well as LNG-IUD.

THE MISP FOR SEXUAL AND REPRODUCTIVE HEALTH AND S-CORTS

This guide provides what we hope is a simple and user-friendly set of instructions to plan, conduct, and evaluate a clinical refresher training. Throughout this document, additional notes to help you as a facilitator are marked using the symbol to the left. You will also find more details about the design and use of this guide below in the section marked "Description of Facilitator's Guide."

INTRODUCTION

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health is a priority set of lifesaving activities to be implemented at the onset of every emergency. The 2018 MISP has six objectives and another priority activity:

1. Ensure the health sector/cluster identifies an organization and a sexual and reproductive health coordinator to lead and coordinate the implementation for the MISP.
2. Prevent sexual violence and respond to the needs of survivors.
3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other sexually transmitted infections.
4. Prevent excess maternal and newborn morbidity and mortality.
5. Prevent unintended pregnancies.
6. Plan for comprehensive sexual and reproductive health services, integrated into primary health care as soon as possible.

Other priority: It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.

Neglecting the MISP for Sexual and Reproductive Health in humanitarian settings has serious consequences: preventable maternal and newborn deaths; sexual violence and subsequent trauma; sexually transmitted infections; unwanted pregnancies and unsafe abortions; and the possible spread of HIV.

Nurses, midwives, and physicians working in emergencies provide the sexual and reproductive health services needed to achieve the objectives of the MISP. IAWG has designed a series of short clinical outreach refresher trainings (S-CORTs) in order to reinforce previously acquired knowledge and skills of health care staff tasked with providing these priority services. *Long-Acting Reversible Contraceptives in Crisis Settings* is one of these modules. Please visit www.iawg.net/scorts to access all training materials in the series and more information on their use.

Additional resources for implementing sexual and reproductive health services in crisis settings are available on the IAWG site at iawg.net/resources. In particular, facilitators and participants in this training may also want to explore:

- *The Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*
- *IAWG Programmatic Guidance for Sexual and Reproductive Health in Humanitarian and Fragile Settings During COVID-19 Pandemic*
- *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: 2020 Edition*
- *Inter-Agency Emergency Reproductive Health Kits for Use in Humanitarian Settings Manual*. 6th Edition

FURTHER READING/RESOURCES:

- Pathfinder International. *Technical Guidance: Family Planning During COVID-19*, 2020. www.pathfinder.org/publications/technical-guidance-family-planning-during-covid-19
- Population Council. *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings, Trainer's Guide*. 3rd Edition. Washington, D.C., 2015. www.popcouncil.org/research/the-balanced-counseling-strategy-plus-a-toolkit-for-family-planning-service
- World Health Organization. *Clinical Management of Rape and Intimate Partner Violence Survivors: Developing Protocols for use in Humanitarian Settings*. 2020. www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en
- World Health Organization. "Contraceptive Delivery Tool for Humanitarian Settings" 2018. www.who.int/reproductivehealth/publications/humanitarian-settings-contraception/en
- World Health Organization. Contraceptive Eligibility for Women at High Risk of HIV. World Health Organization, 2019. www.who.int/reproductivehealth/contraceptive-eligibility-women-at-high-risk-of-HIV/en
- World Health Organization, Reproductive Health and Research, and K4Health. *Family Planning: A Global Handbook for Providers*. Geneva; Baltimore: World Health Organization, Department of Reproductive Health and Research; John Hopkins

Bloomberg School of Public Health, Center for Communication programs, Knowledge for Health Project, 2018. www.who.int/reproductivehealth/publications/fp-global-handbook/en

- World Health Organization. *Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for Health Care Providers*, 2017. apps.who.int/iris/bitstream/10665/254826/1/9789241512091-eng.pdf

UNIVERSAL ACCESS: ENSURING SERVICES THAT ARE FREE OF STIGMA AND DISCRIMINATION

Words matter when describing and caring for individuals who need access to healthcare information and services and, in particular, the services presented in the S-CORT series. Language can have a significant impact on sexual and reproductive health and wellbeing as well as access to related information and services. At times, the terminology used in guidance, programs, and policies can be discriminating, stigmatizing, and dehumanizing. Conscious of the tensions that can arise when trying to use inclusive and appropriate language and, at the same time, be concise and efficient, especially in publications, the language used in the S-CORT series was guided by the following considerations:

- **On gender**. Throughout the S-CORT series, the terms "women," "girls," and, at times, the gender-neutral "person," "people," "client," "patient," or "individual" refer to those who use the services presented in the S-CORT. However, the authors recognize and emphasize that:
  - Not only cis-gendered women (women who identify as women and were assigned the female sex at birth) can get pregnant and have rights to quality health care, to be treated with dignity and respect, and to be protected from stigma, discrimination, and violence in all settings. Persons who are trans men/transmasculine, intersex, non-binary, and gender non-conforming can experience pregnancy and face unique barriers to accessing sexual and reproductive health information and services. The S-CORT language strives to reflect this diversity whenever possible but for ease of reference and use, "women" or "women and girls" may be often applied.
  - Sexual violence "survivors" can be women, men, trans, intersex, non-binary, gender non-conforming individuals, and individuals of all ages.
- **On age**.[1] Adolescents—girls, boys, trans, intersex, non-binary, and gender non-conforming—have unique sexual and reproductive health needs and should not be discriminated against in terms of access to SRH information, services, care, and support. Equally important are the sexual and reproductive health needs of older persons. The S-CORT language strives to reflect this age diversity whenever possible, but for ease of reference and use, it often does not use age-specific terminology.
- **On disability.** The sexual and reproductive health needs of persons living with disabilities have been widely neglected. They should not be discriminated against regarding access to sexual and reproductive health information, services, care, and support. While for ease of reference and use disability-specific terminology is not always applied, the S-CORTs were developed using universal design principles to ensure accessibility of these materials. Facilitators and organizations are encouraged to take into consideration the accessibility needs of participants in these trainings and persons living with disabilities in the communities they serve.
- **On diversity**. All individuals, no matter how diverse their personal, social, cultural, and economic background, have a right to access sexual and reproductive health information, services, care, and support free from stigma, discrimination, and violence. Images and language in this guide have been designed with diversity in mind, however, the S-CORT language is not always able to reflect the rich diversity of individuals who access sexual and reproductive health information, services, care, and support.

S-CORT facilitators should keep these inclusive considerations of gender, age, disability, and diversity in mind when rolling out these trainings to further universal access to sexual and reproductive health information, services, care, and support.

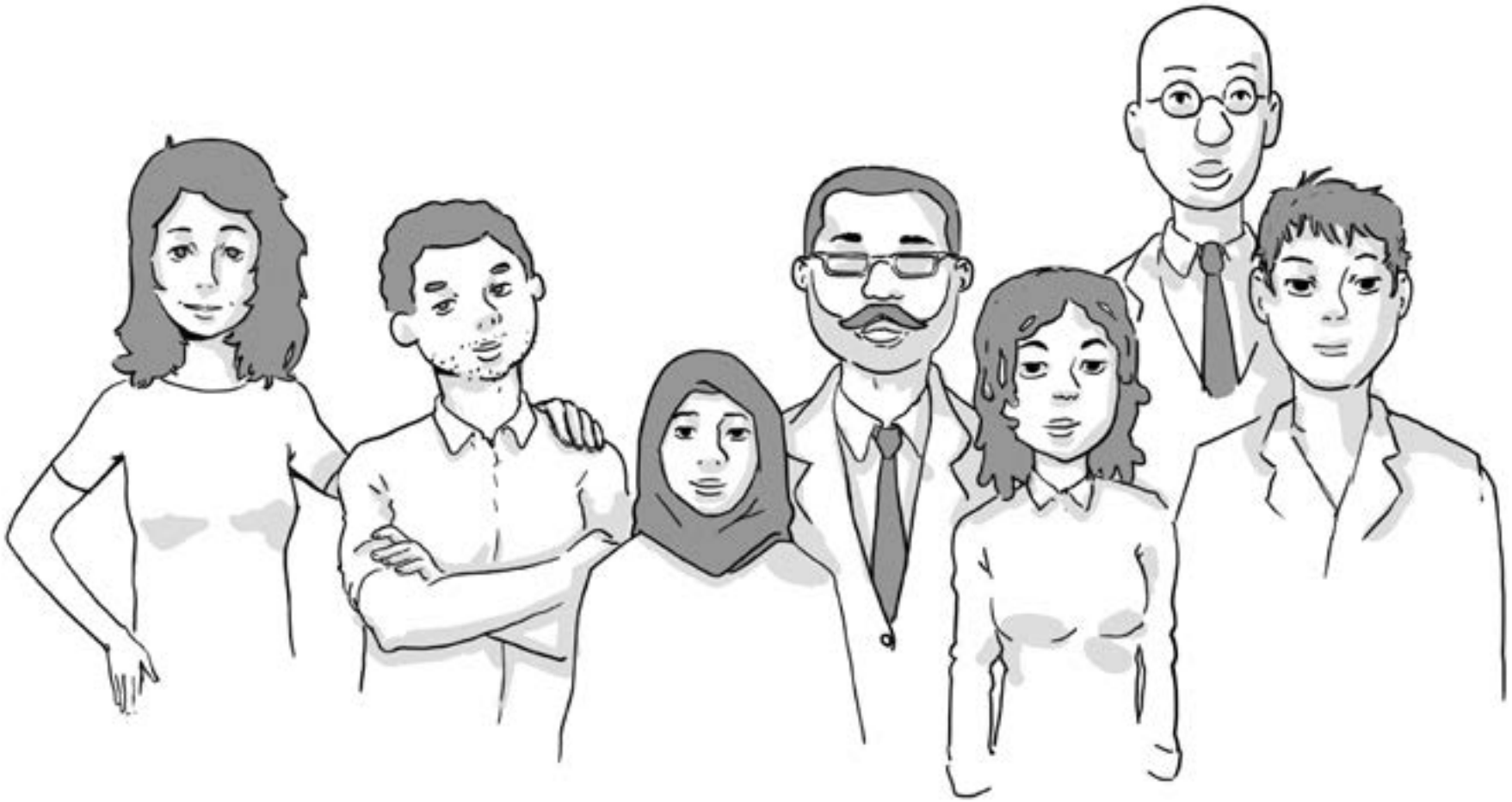
WHAT CAN HEALTH STAFF DO?

The use of inclusive, appropriate, and respectful language is a cornerstone of reducing harm and suffering. All terminology requires contextualization to the local language and socio-cultural environment as well as a pragmatic approach, but one that should not sacrifice the promotion and use of stigma-free and all-gender-age-disability-diversity inclusive language. To help mainstream such language, health staff should consider the following principles to guide the way they speak, write, and communicate among themselves and with and about the persons accessing sexual and reproductive health information and services. These principles can help health staff prioritize the use of terminology that adheres to their professional mandate: caring for all people.

- **Engage and ask people and respect their preferences.** As terminology requires adaptation in local languages and cultures, each linguistic and professional community should be engaged in discussing and contextualizing diversity-inclusive terms so that they are acceptable in the circumstances they are to be used. For example, avoid assuming the person's gender ("Miss" or "Mister") and ask instead: "Hello and welcome. My name is B and I am your provider today. Could you please tell me how I should address you?".

1. For updated resources and support for organizations supporting adolescents, see the updated IAWG Adolescent *Sexual and Reproductive Health (ASRH) Toolkit for Humanitarian Settings*: 2020 Edition, available at: iawg.net/resources/adolescent-sexual-and-reproductive-health-asrhtoolkit-for-humanitarian-settings-2020-edition.

- **Use stigma-free, respectful, and accurate language.** Avoid using judgmental terms that are not person-centered. Favor the use of humane and constructive language that promotes respect, dignity, understanding, and positive outlooks (for example, prefer “survivor of sexual violence” to “victim”).
- **Prioritize the individual.** It is recommended to place individuals at the center, and their characteristics or medical conditions second in the description (i.e. persons living with disability or persons living with HIV). Therefore, the use of person-centered language should be preferred to describe what people have, their characteristics, or the circumstances in which they live, which in the end should not define who they are and how health staff should treat them.
- **Cultivate self-awareness**. Professionals working with persons from diverse backgrounds should be conscious of the language they use as it can convey powerful images and meanings. They should develop cultural humility and self-reflection, be mindful, and refrain from repeating negative terms that discriminate, devalue, and perpetuate harmful stereotypes and power imbalances. They should also encourage colleagues, friends, and their community to do so. Values clarification workshops for health (and non-health) staff working with people with diverse backgrounds and characteristics could be transformative in clarifying values and changing attitudes to improve interactions.



FACILITATOR'S GUIDE AND TRAINING PLAN OVERVIEW

This LARC refresher training module contains high-quality, evidence-based, user-friendly materials and resources for designing, conducting, and evaluating a training for family planning service providers in crisis settings. To ensure the provision of high-quality services that emphasize informed choice and consent, safety and effectiveness, client privacy and confidentiality, equity, and non-discrimination, this module provides an overview of long-acting contraceptives usually available in crisis settings, which is to be combined with *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings* developed by Population Council.[2] The module's schedule is flexible and can be adapted accordingly to the context, identified competency strengths and gaps of participating service providers, and resources available to conduct the training, including time.

OBJECTIVE

This LARC refresher training module is designed for physicians, nurses, midwives, and other service providers to refresh their knowledge and skills for providing LARC services and family planning counseling, particularly in crisis settings or with limited resources.

DURATION

The proposed training duration is three days (approximately eight hours each day), and its contents include a combination of didactic and practical training and review. More time is assigned to the hands-on practice on anatomical models to help prepare service providers to become more competent in the learned skills.

TARGET AUDIENCE

The training is intended to be facilitated by clinical trainers for an audience of service providers who are already familiar with LARCs, including insertion and removal of intrauterine devices (IUDs) and implants. The providers selected for this training should preferably have undergone *The Balanced Counseling Strategy Plus Training* (BCS+) developed by Population Council and have a pre-training assessment to determine their existing knowledge for the provision of LARC services.

PARTICIPANT PREREQUISITES

It is important to select the participants based on specific selection criteria. Only providers providing LARC services should be eligible for this course. It is important to recognize that this is a refresher training for service providers who are already working in the field. The providers selected for this training should have previously undergone comprehensive family planning counseling training and had a pre-training assessment to determine their knowledge and skills for LARCs. The training package then can be modified and tailored depending on the participants' needs. Appropriate adaptations should be made to ensure coherence with local laws, policies, available resources, and contexts.

TRAINING APPROACH

The training approach used is interactive and based on the latest evidence on training methodology and practices to ensure the training translates into improved performance in health care settings. The training will preferably be arranged close to the participants' workplace. Its design is competency-based and focused on skills practice and problem solving. Each session focuses on learning and practicing skills through role-play, simulation, hands-on practice on models, and using checklists. It is recommended to be delivered by a team of facilitators (minimum two, ideally four) with a ratio of one facilitator per six participants.

The training can be tailored for use on an as-needed basis and should be supported by mentorship to provide side-by-side teaching, if possible. After the training, participants will be encouraged to continue to practice the skills acquired while at their workplace using models and these training materials. It is also recommended that participants who do not adequately demonstrate acceptable knowledge and skills during practice on the models, have a follow-up mentoring plan. This could entail clinical practice under supervision with their mentor to be competent in the provision of clinical services.

Note: In crisis settings, refresher courses typically take place on-site. Be sure to bring all supplies to the training, including paper certificates, copies of the participant workbook or handouts, and additional resources in paper format or on a USB key. The IAWG S-CORTs site (www.iawg.net/scorts) provides recommendations for additional resources to download for participants. Bring paper copies of slides with notes for your use and extra flip chart paper as a backup in case a projector or electricity is not available. A flexible approach to facilitation will be needed to help you adapt to the context and participants' needs.

2. For additional resources, please see *Quality of care in contraceptive information and services, based on human rights standards: A checklist for health care providers*. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO and the Inter-Agency Working Group on Reproductive Health in Crises. *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, 2018. iawgfieldmanual.com.

ACCOMPANYING PARTICIPANT WORKBOOK

One of the lessons learned from piloting the S-CORT series is that participants preferred to have the materials shared with them in advance of the training to review and help them prepare.

The accompanying *Participant Workbook* includes copies of the relevant materials that pertain to each section of the training and provide additional background. These materials should be shared with participants as soon as possible, but at least 2-3 weeks before the training, in hard or soft copy. **In addition, participants should become certified in the *MISP for Sexual and Reproductive Health Distance Learning Module* (available at www.iawg.net/misp-dlm). This will help to provide a foundation prior to the training.**

DESCRIPTION OF THE FACILITATOR'S GUIDE

This LARC refresher training module is divided into 3 units, each one with notes and materials for facilitators and participants. Each unit is comprised of several sessions depending on the overall length of the topic.

UNIT CONTENTS

UNIT 1: 4 sessions

- Session 1: Welcome and Introduction
- Session 2: Overview of Humanitarian Principles and Accountability Framework
- Session 3: Overview of Long-Acting Reversible Contraceptives (LARCs)
- Session 4: Family Planning Counseling (BCS+)

UNIT 2: 4 sessions

- Session 5: Rights-Based Sexual and Reproductive Health Care for LARC Services
- Session 6: Infection Prevention for Provision of LARC Services
- Session 7: Pre-Practice Skills Assessment, Video & Demonstration
- Session 8: Skills Lab – IUD and Implant Insertion and Removal Practice

UNIT 3: 5 sessions

- Session 9: Values Clarification and Examining Attitudes
- Session 10: Managing Side Effects and Potential Complications, and Addressing Myths and Rumors about LARC Methods
- Session 11: Skills Lab - IUD and Implant Insertion and Removal Practice
- Session 12: Knowledge and Post-Practice Skills Assessment
- Session 13: Next Steps and Closing

Facilitators are highly encouraged to adapt the units to fit local training needs and objectives. Each unit includes the following:

1. **Timing and methodology:** An estimate of how long it will take to complete the unit, its components, and the training methodology used
2. **Objectives:** Specific learning objectives to be met by participants by the end of each session
3. **Materials:** Copies of all participant materials for distribution and answer keys for facilitators, color-coded and highlighted to identify materials you will need to **print**, **download**, or **gather**
4. **Preparation:** Instructions regarding information, activities, and materials to be prepared ahead of time
5. **Detailed session guide:** Step-by-step guidance on how to facilitate interactive participatory learning

DOCUMENTATION AND CERTIFICATE

Facilitators will keep a record of all the participants' attendance and submit it to the organizer/ administration at the end of the training. Certificates of completion will be awarded to all participants at the end of the three days of training. A sample certificate is included in the training package. The organizing agency or the national government of countries where the training intervention is conducted should provide any further certification of competency. It is recommended the training agency conduct follow-up visits with participants within 6-8 weeks of the training, at which time further certifications could be provided.

PARTICIPANT EVALUATION

This module is designed to be a refresher training module. Participants are required to complete a multiple-choice pre-test and post-test assessment of their knowledge at the start and end of the training. A recommended passing mark for these assessments is 80%. A practical skills assessment will be done before and after completing practice on anatomical models by using skills specific to the checklists for IUD and implant insertion and removal.

A final evaluation of the three-day training will be obtained from the participants on the last day of training and collected for the purpose of improving and refining future trainings. Additionally, a daily end of day evaluation by all participants is recommended to receive feedback on the content presented, teaching methodology used, and how interactive the sessions are. These evaluations will provide useful information throughout the training and allow for facilitators to make slight adjustments and address significant comments raised as the training progresses.

PREPARATION FOR THE TRAINING

Important notes for facilitators:

1. Review the implementation guide and prepare for the training
2. Review the overview and schedule for each unit
3. Check and ensure availability of supplies and materials from the material lists
4. Familiarize yourself with the lesson plans before the start of training and ensure that all resource materials are present in your folder
5. Familiarize yourself with the participant notebook

COURSE MATERIALS

The written or digital materials and complementary resources for this training are freely available for download at www.iawg.net/scorts. In advance of the course, it is recommended to download all the materials and resources to be used during the training, including all handouts and slide presentations. These materials can be stored on a USB key for use during the training and while offline. Copies of the materials can be shared with participants and other colleagues who are interested.

MATERIALS LIST

The following is a complete list of supplies needed for the successful implementation of the training. Each unit specifies from these lists which materials to print, download, or gather for that topic. Verify which supplies are already available at the training venue and make arrangements to bring any missing supplies with you.

COURSE MATERIALS CHECKLIST: ITEMS TO GATHER

Unit	Materials	Quantity	Check
All	Laptop	1	
All	Projector and extension cord	1	
All	Copies of the Participant Workbook	1 per participant	
All	Flip chart paper	2-3	
All	Markers, pens, or crayons	3 of each color	
All	Scissors	2	
All	Masking tape	2-3 rolls	
All	Post-its	4 pads	
All	Index cards	4 packs	
2	Small basket, box, or bowl	2	
1	MEC Wheels[3]	1 per participant	
1	BCS+ Method Brochures BCS+ Counseling Cards[4]	One for each pair of participants	
1, 2	Contraceptive sample tray	1-2 samples of each method	
2, 3	Skill stations A and B supplies / Infection prevention supplies[5] □ Tray/containers with lid, instruments □ Surgical gloves □ Utility gloves □ Face shield or mask and protective eyewear □ Plastic apron □ Soft brush/toothbrush □ Liquid or powder detergent □ Cheatle forceps □ Two plastic basins or containers □ Hand soap □ Alcohol based hand rub □ Water buckets and mugs □ Waste containers for medical, and general waste, sharp disposable container/box	Enough for two Stations A: *Handwashing and Wearing Gloves* and B: *Cleaning Instruments*, and number of participants	

3. MEC Wheels can be obtained from WHO or UNFPA offices in-country or downloaded and printed from www.who.int/reproductivehealth/publications/humanitarian-settings-contraception/en/ or https://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en or from www.who.int/reproductivehealth/publications/humanitarian-settings-contraception/en.
4. All BCS+ materials are available for download in multiple languages from the Population Council at www.popcouncil.org/research/the-balanced-counseling-strategy-plus-a-toolkit-for-family-planning-service.
5. A list of additional infection prevention and control supplies for LARC service provision is included as an Annex.

Unit	Materials	Quantity	Check
2,3	Skill stations IUD and implant insertion and removal supplies □ IUD insertion and removal kits (1-2) □ Implant insertion and removal kits (1-2)[6] □ Infection prevention supplies (see list above) □ Pelvic anatomical models (e.g., ZOE model, Sister U, Family Planning Educator, whichever is available) (2) □ Arm models (2) □ Handheld uterus models (several) □ Placebo implants □ Copper IUDs (preferably expired ones, if available) □ Light source/torch	Enough for each station and number of participants, unless otherwise noted	

ADVANCE PREPARATION CHECKLIST: ITEMS TO DOWNLOAD, PRINT, AND PREPARE

Use the following checklist to ensure that all the necessary materials are prepared in the weeks before the training:

Unit	Session	Description	Completed? (Yes/No)
All		Review all course materials and adapt to the context. Be sure to explore factors impacting choice, voluntarism, and quality of care arising from the current crisis situation and adjust the training accordingly	
All		Make copies of the *Participant Workbook*	
All		Gather, pack, and/or ship all materials	
All		Ensure the training space and set-up meets training and learning needs	
All		Review presentation slides and test projector	
All		Prepare a *Course Agenda* handout with detailed information on the course units, subtopics, and schedule	
1 2	1,3 5,6	Prepare separate flip chart papers with the following titles or content areas: □ The Unit Objectives of the refresher training course □ "Course Expectations" □ "Ground Rules" □ Different conditions for when IUDs can and cannot be inserted □ Different conditions for when implants can and cannot be inserted □ The four Medical Eligibility Criteria (MEC) categories □ Session 5 objectives □ Definitions of values and values clarification □ "Agree" □ "Disagree" □ Standard precautions for provision of LARC services	

6. A list of supplies included in the IUD insertion and removal kits and implant insertion and removal kits included as an Annex.

Unit	Session	Description	Completed? (Yes/No)
1	1	Print copies of the *Knowledge Pre-Test*	
1	3	Review and adapt or prepare scenarios for case studies using the *MEC Wheel* and *MEC Quick Reference Chart* (2016). Print and cut out all scenarios, including any that were added	
1	3,4	Become familiar with the *MEC Wheel*, *MEC App*, and *MEC Quick Reference Chart*. Note the differences, including applications for use. **OPTIONS FOR THE TRAINING** Either resource can be used for this training: • 2018 WHO *Contraceptive Delivery Tool for Humanitarian Settings* (available at: www.who.int/reproductivehealth/publications/humanitarian-settings-contraception/en) • 2015 WHO *Medical Eligibility Criteria Wheel for Contraceptive Use* (available at: www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en) You can order fully constructed *MEC Wheels* from WHO; print *MEC Wheel* components for assembly by the program, the trainer, or as an activity with the provider; and if both are not feasible, explore using the App as an alternative (Apps are available for both the 2018 resource for *Humanitarian Settings* and 2015 *MEC Wheel* through the links above)	
1	4	Print *BCS+ Counseling Cards*, *BCS+ Method Brochures* and *role play scripts* for counseling activity. Ensure that participants in the group have different role plays. All BCS+ materials are available for download in multiple languages from the Population Council at www.popcouncil.org/research/the-balanced-counseling-strategy-plus-a-toolkit-for-family-planning-service.	
2	5	Prepare 5-10 questions covering topics from the previous day on small slips of paper	
2 3	6,7,8, 11,12	Collect items for skills Stations A: Handwashing and Wearing Gloves and B: Cleaning Instruments and set up stations in different areas of the space	
2 3	7, 8 11,12	Collect items for and prepare two stations for assessing participants' skills for IUD insertion and removal and two skills lab stations for implant insertion and removal	
1	*7*	Download videos: • *Insertion Technique for the Copper T380A IUD*. Reproductive Health Library. www.youtube.com/watch?v=X3Ge3FCEfww. • *Jadelle Insertion and Removal Video*. Bayer AG. toolkits.knowledgesuccess.org/toolkits/implants/training/jadelle_video. • *Implanon NXT Label Update Video 2020*. Merck & Co. Inc. toolkits.knowledgesuccess.org/toolkits/implants/implanon-nxt-label-update-video-2020.	
3	*7*	Note which implants are available in the training setting. Depending on the availability of which type of implant (one-rod or two-rod), focus on these videos and activities	
3	7,12	Print one for each participant □ Pre-Post IUD Skill Assessment □ Pre-Post One-Rod (Nexplanon) Implant Insertion and Removal Skill Checklist □ Pre-Post Two-Rod Implant Insertion and Removal Skill Checklist	
3	9	Review and update list of value statements for the local context – use the *Statements for Values, Beliefs, and Attitudes Activity* as a reference. Have approximately 10-15 value statements (consider local values and norms) ready in advance	
3	10	Print and cut out all of the boxes for "Rumors and Misconceptions" and "Facts and Realities"	

Unit	Session	Description	Completed? (Yes/No)
3	12	Print copies of the *Knowledge Post-Test*	
3	13	Print copies of the *Course Evaluation Forms*	
3	13	Fill out participants' names and print certificates of completion	

CHARACTERISTICS OF EFFECTIVE TRAINING[7]

The following recommendations are necessary to ensure effective transfer of information during adult learning:

- Clearly communicate the purpose of the training to both facilitators and learners.
- State exactly what learners are expected to do at the end of the course.
- Use training methods that build on participants' existing skills and experience, enabling them to meet the objectives. Present new knowledge and skills in a relevant context.
- Actively engage learners in the process.
- Use an effective mix of training methods to meet the needs of different learning styles.
- Offer learners the opportunity to practice applying new knowledge and skills.
- Provide learners with constructive feedback on their performance.
- Allow enough time for learners to meet the training objectives.
- Offer facilitators and learners the opportunity to evaluate the course, which includes measuring the extent to which facilitators and learners met the training objectives, and accepting feedback from learners to make improvements to the course.

SITE ASSESSMENT

If possible, facilitators should visit the health facility where participants work before the course. During the site visit, facilitators should assess the following:

- Staffing protocols such as mentoring relationships, clinical supervision, turnover rate, and the available training resources.
- Availability of a quiet training space, projector, and electricity for a laptop computer.
- Type of facility, level of training (including information about the last related training received and when), and staff experience providing LARC services.
- Availability of IUDs and implants.
- Availability of IUD and implant insertion and removal kits and how instruments are processed and stored.
- Availability of information, education, and communications (IEC) materials on contraceptive methods and services.
- Availability of dedicated private space for counseling and service provision.
- Availability of infection prevention supplies, including soap and water or alcoholic scrub.

ALERT: IMPORTANT RECOMMENDATIONS FOR BEFORE AND AFTER THE TRAINING[8]

BEFORE TRAINING:

It is important that all training activities be well planned and organized for the given crisis situation prior to conducting training activities. Communication and coordination with governmental authorities, the health facilities, and the trainers are essential throughout the process. The pre-planning phase before the training includes the preparatory activities that need to be completed before starting the facility-based training.

1. Schedule a meeting with key stakeholders, including the Ministry of Health (MoH), to share the materials and advocate for the need for implementation of the LARC refresher training. Discuss opportunities for ongoing coordination and encourage participation.
2. Download, review, and contextualize the training materials in collaboration with program managers, coordinators, master trainers and other key stakeholders, to the extent possible. Be sure to explore factors impacting choice, voluntarism, and quality of care arising from the current crisis situation and adjust the training accordingly.
3. Help program managers, coordinators, and master trainers become familiar with the materials and the training approach.
4. Discuss and obtain ideas from the team on the best time and approach for conducting the training. Emphasize the flexibility of the training approach.

7. Adapted from Ipas. (2014). *Woman-centered, comprehensive abortion care: Trainer's manual* (second ed.) K.L. Turner & A. Huber (Eds.), Chapel Hill, NC: Ipas.
8. Adapted from USAID Maternal & Child Survival Program (MCSP), and Jhpiego. *Long-Acting Reversible Contraception (LARC) Learning Resource Package*, 2017. resources.jhpiego.org/resources/Modular_LARC_LRP and Tran, Nguyen Toan, Kristen Harker, Wambi Maurice E. Yameogo, Seni Kouanda, Tieba Millogo, Emebet Dlasso Menna, Jeevan Raj Lohani, et al. "Clinical Outreach Refresher Trainings in Crisis Settings (S-CORT): Clinical Management of Sexual Violence Survivors and Manual Vacuum Aspiration in Burkina Faso, Nepal, and South Sudan." *Reproductive Health Matters* 25, no. 51 (November 30, 2017): 103–13. doi.org/10.1080/09688080.2017.1405678.

5. Review the selection criteria for the participants with the master trainers.
6. Ensure that the selected participants meet the criteria and have, preferably, received prior training on counseling on family planning and provision of LARC services.
7. Share hard or soft copies of the LARC refresher training with participants and others involved in the training. Ensure that participants become certified in the MISP for Sexual and Reproductive Health Distance Learning Module (available at www.iawg.net/misp-dlm) as a foundation prior to the training.
8. Ensure the availability of funds, supplies, and human and other resources necessary to execute the training.
9. Draft an implementation plan that details who will conduct the trainings and where, when, and how they will be conducted. Coordinate with fellow facilitator(s) and decide on roles and who will lead which sessions/activities and what additional support is needed.
10. Make sure about the security clearance for conducting the trainings and that everyone is briefed on security-related issues.
11. Visit the training venue before training and ensure the security of the training site from the security authorities.

JUST BEFORE AND DURING THE TRAINING:

12. Visit the training site 1-2 days before the training. Meet the facility in charge, confirm the number of participants, and confirm that all the proper arrangements have been made for the training (refer to the Training Preparation Checklist).
13. Identify a quiet training space with adequate light and ventilation for classroom and skills sessions.
14. Ensure that supplies, instruments, and teaching aids are available, as detailed in each session's plan and listed materials and supplies.
15. Conduct the training following the training schedule for each session. Be flexible to ensure the training meets the needs and skill levels of the participants.
16. Debrief with facilitators at the end of the day to identify what went well and what needs improvement.
17. Administer the post-test evaluation and practical evaluation on anatomical models for insertion/removal of LARC methods that will occur at end of training for each participant.
18. Administer the training evaluations.
19. Identify participants who need additional support and provide extra coaching on models if needed.
20. Consider setting up a WhatsApp group or similar group platform for communication for all participants. This will help with sharing key training and security information.

AFTER THE TRAINING:

21. Prepare a training report with feedback about the participants and the next steps for the follow up of trained participants.
22. Ensure competency-based follow-up with providers using competency-based checklists and other quality improvement and capacity development tools and resources.
23. Provide on-the-job coaching if providers are not competent.
24. Ensure that high-quality LARC services are provided at the facility.

SENSITIVITY AND FLEXIBILITY IN A CRISIS SETTING

Sensitivity and flexibility are crucial in a crisis setting. When planning this training, keep the following points in mind:

- Minimize the time providers spend away from their duty stations. This can be addressed by conducting the training at the facility, if possible.
- Be sensitive to long hours and double shifts health care providers may be working.
- Remember that some participants may have long travel times or have competing priorities at home that may prevent them from completing advanced reading or other assignments.
- Be prepared for participants with a range of abilities and experiences – some participants may be very new to the setting.
- Attendees will most likely be a range of nurses, midwives, physicians, and clinical officers.
- Be sensitive to the emotional needs of health care providers/participants in a crisis setting.
- Some providers may be experienced in with LARC services and family planning counseling, but inexperienced doing so in a crisis setting with limited resources and within a different structure.

FEEDBACK ON THE TRAINING MATERIALS

The IAWG Training Partnership Initiative is interested in hearing from you. Please share any questions or feedback to info.iawg@wrcommission.org regarding the training materials and their use in your context.

UNIT 1

Duration:
8 hours

Unit Objectives:

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

- Introduce each other and the training objectives and contents.
- Discuss the complexity of crisis settings and why global standards and principles for humanitarian intervention, including the MISP for Sexual and Reproductive Health, are important and have evolved over the years.
- Describe the basic attributes of long-acting reversible contraceptive (LARC) methods and their use in crisis settings.
- Provide family planning counseling using the Balanced Counseling Strategy Plus (BCS+) tools and the World Health Organization (WHO) Medical Eligibility Criteria (MEC) Wheel and MEC Quick Reference Chart for safe and effective contraception.

DAY 1 SESSIONS

SESSON 1
WELCOME AND INTRODUCTION

↓

SESSION 2
OVERVIEW OF HUMANITARIAN PRINCIPLES AND ACCOUNTABILITY FRAMEWORK

↓

SESSION 3
OVERVIEW TO LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS)

↓

SESSION 4
FAMILY PLANNING COUNSELING (BCS+)

UNIT 1

SESSION 1: WELCOME AND INTRODUCTION

Time:
70 minutes (1 hour 10 minutes)

Session Objectives:

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

- Become familiar with each other.
- Discuss the training's contents.
- Set group norms and expectations for the training.
- Complete the knowledge assessment.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 20 minutes: Welcome and Pair Activity: Participant Introductions
- 15 minutes: Facilitator Presentation: Training Workshop Overview
- 15 minutes: Group Discussion: Setting Expectations and Ground Rules
- 20 minutes: Individual Work: Knowledge Assessment/Pre-Test*

*Note: participants can begin their registration form and knowledge assessment/pre-test during registration and finish during this session to save time.

PREPARATION

- Print, download, and gather materials as listed below
- Prepare separate flip chart papers with:
  - The Unit Objectives of the refresher training course
  - "Course Expectations"
  - "Ground Rules"

PRINT:
- ☐ *Course Agenda*
- ☐ *Pre-Test*

Participant Workbook:
- ☐ *Course Objectives*

DOWNLOAD:
Presentation:
- ☐ Slides 1 and 2

GATHER:
- ☐ Flip charts and markers
- ☐ Post-its
- ☐ Tape

DETAILED SESSION GUIDE

WELCOME AND PAIR ACTIVITY: PARTICIPANT INTRODUCTIONS

Greet participants warmly. **Start** the training session, if requested, with a formal opening session from higher officials from the Ministry of Health.

Divide the participants into pairs. **Ask** them to introduce each other by telling their name, years of experience, and one interesting fact about themselves. **Ask** the participants to introduce their partners to the whole group.

Note: You can pair yourself with any participant or with a co-facilitator. You may also use any other short ice-breaker activity for introductions that you prefer.

FACILITATOR PRESENTATION: OVERVIEW OF THE REFRESHER TRAINING WORKSHOP

Tell participants that the training includes three units, which covers the importance of providing quality, safe family planning services, particularly LARCs, in crisis settings. Its contents are aligned with the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health and humanitarian framework and accountability principles.

Explain that by the end of the three-day training course, participants will be able to:

- Discuss the complexities of crisis settings and why global standards and principles for humanitarian intervention, including the MISP for Sexual and Reproductive Health, are important and have evolved over the years.
- Describe the basic attributes of long-acting reversible contraceptive (LARC) methods and their use in crisis settings.
- Provide family planning counseling using the *Balanced Counseling Strategy Plus (BCS+)* tools and the World Health Organization (WHO) *Medical Eligibility Criteria (MEC) Wheel* and *MEC Quick Reference Chart* for safe and effective contraception.
- Describe the steps of counseling a client using the *Balanced Counseling Strategy Plus (BCS+)* tools and screening checklist.
- Describe and provide rights-based sexual and reproductive health care in crisis-affected settings.
- Describe and demonstrate infection prevention practices for the provision of LARC services.
- Self-assess and understand how providers' opinions, values, and attitudes can affect, positively or negatively, their relationships with their clients.
- Manage common side effects and potential complications with LARC methods.
- Address rumors and common misconceptions about IUDs and implants.
- Describe and demonstrate the steps of copper IUD insertion and removal on anatomical models using the skills checklist.
- Describe and demonstrate the steps of one/two-rod implant insertion and removal on the arm model using the skills checklist.
- Develop an action plan for post-training follow-up and LARC service provision.

Review *Participant Workbooks* and **explain** how to use them.

GROUP DISCUSSION: HOUSEKEEPING, GROUND RULES, EXPECTATIONS, AND AGENDA

Ask participants what they hope to learn in the course. **Instruct** them to **write** down two expectations on Post-its and stick them to the flip chart titled "Course Expectations." **Review** the expectations from participants and **compile** a list of those likely to be met on a separate flip chart. **Clarify** if there are any expectations that will not be addressed during the training.

Keep the list to **review** with participants at the end of the course to **ensure** that realistic expectations were met.

Tell participants where the restrooms are and encourage them to leave the training room quietly, if needed. **Mention** that there will be morning and afternoon breaks with lunch in between and where these will take place. **Note** any relevant safety and security information, such as safe areas and available phones.

Note: Consider setting up a WhatsApp group or similar group platform for communication for all participants. This will help with sharing key training and security information.

Post a blank flip chart sheet and draw a flower at the top. **Explain** that during the course, any questions that cannot be addressed at that time will be put in the "garden" where they can grow. Throughout the course, the facilitator will refer to these questions and address them when most relevant.

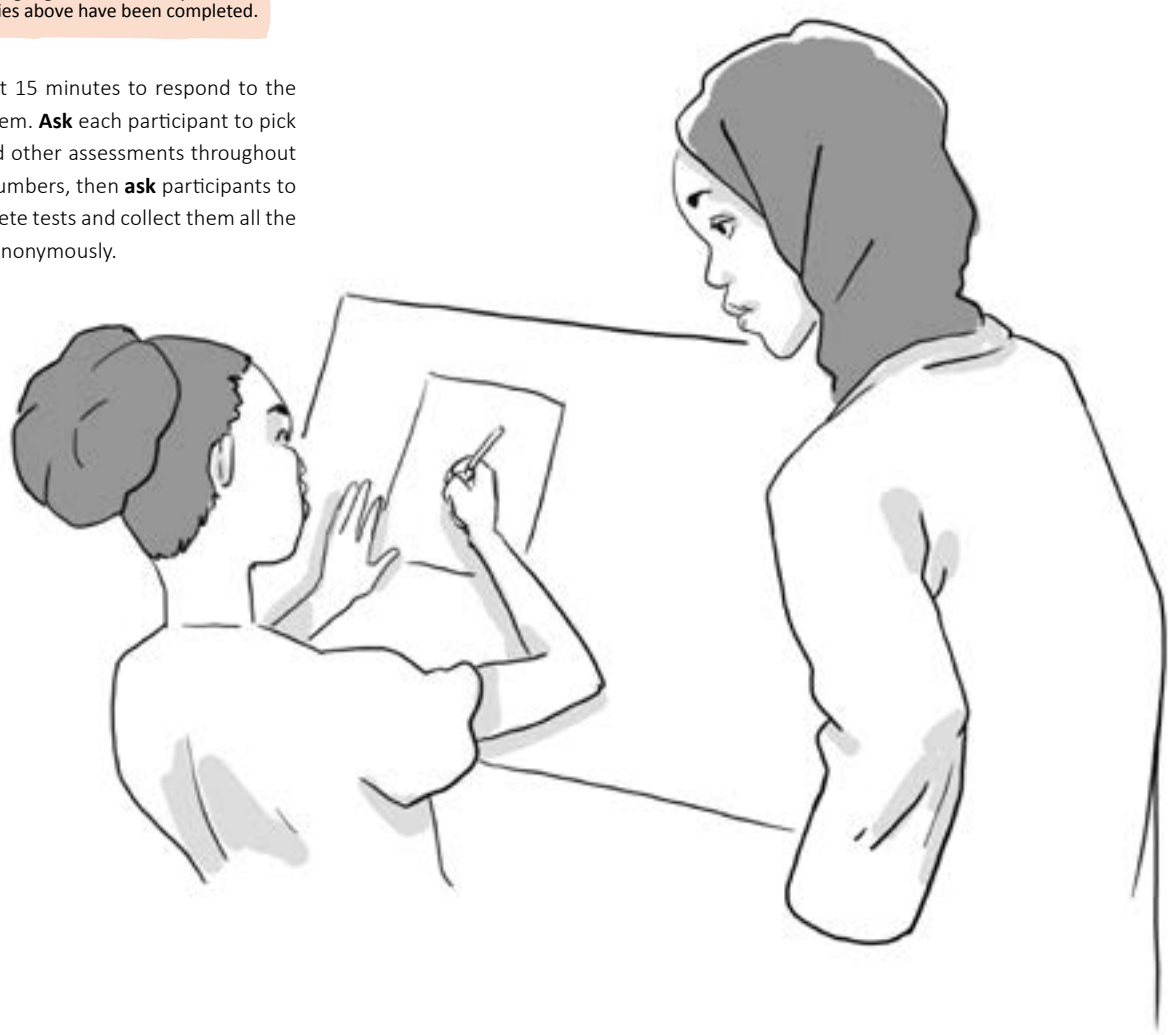
Post the flip chart sheet entitled "Ground Rules." **Explain** that ground rules are mutually agreed-upon guidelines to help the group work together, create a safe and respectful learning

environment, and accomplish tasks efficiently. **Ask** participants one by one to **state** one ground rule to be followed during the three-day refresher training course. **Note** all points on the flip chart. Possible ground rules may include participating, listening respectfully, speaking one at a time, turning off cell phones and pagers, and maintaining confidentiality. **Post** the flip chart on the wall where it will remain visible to all participants throughout the refresher training.

KNOWLEDGE ASSESSMENT

Note: To save time, you can distribute the Pre-test during registration. Participants can begin answering the questions and finish once the activities above have been completed.

Distribute the *Pre-test* handout. **Say** participants have about 15 minutes to respond to the questions. **Prepare** small pieces of paper with numbers on them. **Ask** each participant to pick a number. **Explain** that this number will be used for tests and other assessments throughout the training. **Note for yourself** the participants' names and numbers, then **ask** participants to write their numbers on their tests. **Allow** 15 minutes to complete tests and collect them all the end of the allotted time. This allows for results to be shared anonymously.



SESSION 2: OVERVIEW OF HUMANITARIAN PRINCIPLES AND ACCOUNTABILITY FRAMEWORK

Time:
60 minutes (1 hour)

Session Objectives:

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

- Discuss the complexities of crisis settings and why global standards and principles for humanitarian intervention are important and have evolved over the years.
- Describe the MISP for Sexual and Reproductive Health and how it relates to health in emergencies.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 60 minutes: Facilitator Presentation and Group Discussion

PREPARATION

- Print, download, and gather materials as listed below
- Review presentation slides and test projector

PRINT:
Participant Workbook:
- ☐ *MISP Reference*
- ☐ *Humanitarian Principles and Accountability Framework*
- ☐ *Core Humanitarian Standards*

DOWNLOAD:
Presentation:
- ☐ Slides 3 through 17

GATHER:
- ☐ Projector and computer with sound

DETAILED SESSION GUIDE

FACILITATOR PRESENTATION AND GROUP DISCUSSION

Move through the facilitator presentation slides 3-17 to provide an overview of the MISP for Sexual and Reproductive Health, and humanitarian principles and framework using the notes included in the slides. **Discuss** why it is critical to address sexual and reproductive health rights at the start of a crisis:

- What are the main challenges?
- How can these challenges be addressed?
- What has your experience been providing sexual and reproductive health services in your setting?

COVID-19 and Family Planning[9]

- It is crucial to ensure that people have access to rights-based services and information to initiate and/or continue to use contraception. Contraception and family planning information and services are lifesaving and important at all times. All methods of contraceptives should be available, including long-acting reversible contraceptives (LARCs).
- In case of limited access to family planning services or shortage of supplies, clients should opt for a method that is available without a prescription (such as condoms, spermicides, pills, or emergency contraceptive pills) from a nearby pharmacy or drug shop.
- All modern methods of contraception reduce the risk for unintended pregnancy and are safe to use during the COVID-19 pandemic. The best method of contraception is the one that works well for a client and their partner.
- Share updated information on the availability of contraceptive services regularly.
- For change of a contraceptive method, clients should seek advice and information from their health provider and consider using methods that do not have medical restrictions.
- Forecast for and pre-position supplies to meet contraception demand for 6-12 months, including emergency contraception (EC), short-acting methods, and LARCs.
- Develop a plan for periodically updating a facility mapping that indicates which facilities will continue to offer a full range of services (recognizing that some may become dedicated to COVID-19 patient care).
- Removal of long-acting methods such as implants or IUDs after the recommended period of use (and routine follow up appointments) may be deprioritized during the COVID-19 health emergency with the informed consent of the client. As a result, it is possible to delay routine removals of long-acting methods where allowed by the client.
- If, due to restrictions on movement due to the COVID-19 pandemic, a client cannot have their long-acting method removed straight away, it is important to advise use of another method of contraception to avoid pregnancy during this time.
- Addressing misinformation and myths around family planning is crucial in the context of COVID-19. Adopting risk communication and community engagement approaches not only to share adequate information but also to listen to and address misinformation is critical.
- There are no medical problems caused by delaying removal of long-acting methods such as implants or IUDs. Advise clients not to try to remove the contraception method themselves; they should wait until they are able to access health care from a trained provider.

9. Refer to the following resources for more information: World Health Organization. "Coronavirus Disease (COVID-19): Contraception and Family Planning," April 2020. www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-contraception-and-family-planning and Inter-Agency Working Group on Reproductive Health in Crises MISP Sub-Working Group. "MISP Considerations Checklist for Implementation During COVID-19," August 2020. iawg.net/resources/misp-considerations-checklist-for-implementation-during-covid-19.

UNIT 1

SESSION 3: OVERVIEW OF LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS)

Time:
90 minutes (1 hour 30 minutes)

Session Objectives:

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

- Define the terms family planning, contraception, and healthy timing and spacing of pregnancies.
- Describe basic attributes of LARC methods.
- Demonstrate and practice the use of the WHO *Medical Eligibility Criteria (MEC) for Contraceptive Use Wheel / App* and *Quick Reference Chart* in recommending safe and effective contraception methods for clients with medical conditions.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 20 minutes: Group Discussion: Definition of Terms
- 40 minutes: Facilitator Presentation: Contraceptive Technology Updates for LARC Methods
- 30 minutes: Case Studies and Group Discussion: Review of Medical Eligibility Criteria

PREPARATION

- Print, download, and gather materials as listed below
- Prepare one flip chart for each: the different conditions for when IUDs can and cannot be inserted and when implants can and cannot be inserted
- Become familiar with the *MEC Wheel*, *MEC App*, and *MEC Quick Reference Chart*. Note the differences, including applications for use.
  OPTIONS FOR THE TRAINING:
  Either resource can be used for this training
  - 2018 WHO *Contraceptive Delivery Tool for Humanitarian Settings* (available at www.who.int/reproductivehealth/publications/humanitarian-settings-contraception/en)
  - 2015 WHO *Medical Eligibility Criteria Wheel for Contraceptive Use* (available at www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en)

  You can order fully constructed *MEC Wheels* from WHO; print *MEC Wheel* components for assembly by the program, the trainer, or as an activity with the provider; and if both are not feasible, explore using the *App* as an alternative (*Apps* are available for both the 2018 resource for *Humanitarian Settings* and 2015 *MEC Wheel* through the links above)
- Prepare a flip chart showing the 4 MEC categories
- Review practice scenarios in the workbook. If you would like to provide additional scenarios relevant to your context, print and cut out copies of new scenarios for participants

PRINT:
- ☐ *MEC Wheel* (or order from WHO)
- ☐ *WHO MEC Quick Reference Chart* (if printing the *Participant Workbook* in black and white, print in color separately)

Participant Workbook:
- ☐ *WHO Definitions*
- ☐ *How Contraception Works*
- ☐ *Copper IUD Fact Sheet*
- ☐ *LNG-IUD / Hormonal IUD Fact Sheet*
- ☐ *Implants Fact Sheet*
- ☐ *How and When to Use the Pregnancy Checklist and Pregnancy Tests Job Aid*
- ☐ *Comparing Effectiveness of Family Planning Methods Job Aid*
- ☐ *Method Effectiveness Chart*
- ☐ *WHO MEC Quick Reference Chart* (must be printed in color)
- ☐ *Practice Scenarios Using MEC Wheel and Quick Reference Chart*

DOWNLOAD:
- ☐ *MEC App* (optional)

Presentation:
- ☐ Slides 18 through 50

GATHER:
- ☐ Projector and computer with sound
- ☐ Contraceptive sample tray
- ☐ Flip charts and markers

DETAILED SESSION GUIDE

GROUP DISCUSSION: OVERVIEW OF FAMILY PLANNING

Discuss with the participants:

- What is family planning?
- How can it save the lives of mothers and newborns?
- When is it safe to plan for the next child?

Refer participants to the *WHO Definitions* in their workbooks. **Review** and explain the terms:

- Family planning
- Contraception
- Healthy timing and spacing of pregnancies (HTSP)

Tell the participants that based on the physiology of ovulation we will review how contraception works. **Review** *How Contraception Works* with participants.

FACILITATOR PRESENTATION: CONTRACEPTIVE TECHNOLOGY UPDATES FOR LARC METHODS

Review session objectives with participants. **Ask** participants about the ways contraceptive methods can be classified. **Move** through presentation slides 18-50 using notes included in the presentation and referencing the relevant job aids and resources in the *Participant Workbook*.

On slide 20: *What are Long-Acting Reversible Contraceptives?*, **pause** and **ask** participants to name LARCs. **Brainstorm** the advantages of using LARCs. **Ask** one of the participants to **note** responses on the flip chart. **Explain** that LARC methods include hormonal IUDs, non-hormonal IUDs, and implants. They are safe and can be used by women of all ages, including adolescent girls and nulliparous women. Little or no maintenance is required by the client and they are better tolerated with minimal side effects. LARC methods are reversible and the return to fertility is not delayed. They must be inserted by trained, competent providers and can be removed/replaced if the client desires on completion of the duration or removed any time and for any reason upon the client's request. **Add** anything missing on the list to the flip chart.

Ask participants to explain how IUDs and implants work. Before moving on to the next slide, **ask** and **discuss**:

- What type of LARCs are available at your facility?
- How popular are LARCs?

Discuss IUDs using the notes and prompts on slides 21-31.

- On slide 24, discuss the differences between the copper IUD and LNG-IUD using the chart. **Show** and pass around samples of both types of IUDs.
- On slide 25 *Effectiveness of LARCs*, refer participants the job aids *Comparing Effectiveness of Family Planning Methods* and *Method Effectiveness Chart* in their workbooks. These can be used during client counseling.
- Before showing slide 29 *Who Can Use Copper IUDs?*, **show** the flip chart prepared in advance with the list of different conditions. **Ask** participants to identify conditions when you cannot insert an IUD on the flip chart. Review the responses using slides 29-31 to further explain.

Discuss implants using the notes and prompts on slides 32-43.

- On slide 32, **discuss** the different types of implants: one-rod (Nexplanon) and two-rod (Jadelle/Sino Implant [II]). **Show** and **pass around** samples of the different types of implants.
- Before showing slide 41 *Who Can Start Implants?*, **show** the flip chart prepared in advance with the list of different conditions. **Ask** participants to identify conditions when you cannot insert an implant on the flip chart. **Review** the responses using slides 41-43 to further explain.

Using slides 45-47 **discuss** the challenges and opportunities regarding the use of LARCs in crisis-affected and resource-limited settings. On slide 48, **explain** that the Inter-Agency Emergency Reproductive Health Kits (IARH Kits) are a set of kits that contain all the medicines and other commodities required to deliver priority sexual and reproductive health services, including long-acting reversible contraception. These kits can be ordered from UNFPA during an emergency when local, sustainable supply chains for SRH supplies are not accessible. The IARH Kits are categorized into three levels, targeting the three health service delivery levels. They are designed for use for a three-month period for a specific target population size. IARH Kits are not context specific or comprehensive. Accordingly, organizations should plan to integrate procurement of sexual and reproductive health supplies in their routine health procurement systems as soon as possible.[10]

Conclude the presentation with summary activities and points on slides 49-50. **Review** the job aids and fact sheets for this session with participants in their workbooks. Ask participants if they have any questions and to **review** them at home before Day 2, including:

10. For more information about the IARH Kits, please see UNFPA. *Inter-Agency Emergency Reproductive Health Kits for Use in Humanitarian Settings: Manual 6th Edition*, 2019. iawg.net/resources/inter-agency-reproductive-health-kits-6th-edition-manual.

- ☐ *Copper IUD Fact Sheet*
- ☐ *LNG-IUD / Hormonal IUD Fact Sheet*
- ☐ *Implants Fact Sheet*
- ☐ *How and When to Use the Pregnancy Checklist and Pregnancy Tests Job Aid*
- ☐ *Comparing Effectiveness of Family Planning Methods Job Aid*
- ☐ *Method Effectiveness Chart*

CASE STUDIES AND GROUP DISCUSSION: REVIEW OF WHO MEDICAL ELIGIBILITY CRITERIA (MEC) CATEGORIES

Ask the participants what MEC are and why they think we are using them. **Explain** that MEC are WHO guidance on the safety of various contraceptive methods in the context of specific health conditions and characteristics. MEC help us confirm whether the contraceptive method selected is safe for the client for a given medical condition. MEC are available in the form of job aids. **Ask** participants to **reference** the following tools:

- *MEC Wheel* (handout)
- *Quick Reference Chart* (in *Participant Workbook*)
- *MEC App* (if using)

Note: If using the MEC App, facilitators should help participants to download the App on their smartphones. Once downloaded, provide a quick orientation of the App and practice its use during the scenario.

Ask what the four MEC categories for contraceptive eligibility are. **Show** and **explain** MEC categories with the help of the flip chart.

Introduce the activity. **Explain** the purpose of the activity is to give participants an opportunity to share what they know about the eligibility criteria used in their national family planning guidelines or the WHO MEC and to practice using the WHO *MEC Wheel* and *MEC Quick Reference Chart*.

1. **Distribute** the *MEC Wheel* and ask participants to **view** the *MEC Quick Reference Chart*.
2. **Assign** participants numbers 1-15 to correspond with the case study scenarios in their workbooks, or distribute new case studies if using.
3. **Ask** participants to use the *MEC Quick Reference Chart* and their WHO *MEC Wheel* to **find** the correct answer for their scenario based on the number assigned to them.
4. Once they find the answer, **ask** each participant to **read** their scenario and **explain** their answer.
5. **Check and explain** the answers. **Ask** participants if they have any questions regarding use of these job aids.
6. **Advise** them to keep these job aids handy at their facility for quick reference while they are counseling a client.

Practice Scenarios and Answers Using The *MEC Wheel* and *Quick Reference Chart**

- 30-year-old Julia delivered a baby girl eight hours ago. She is not breastfeeding and wants to have a copper intrauterine device (IUD) inserted. **(Category 1)**
- Sophia is 35 years old, has four children, had a mastectomy in her right breast due to cancer two months ago and wants to use combined oral contraceptive pills (COCs). **(Category 4)**
- Charlie had their last menstrual cycle five days ago; they have multiple sex partners and do not use condoms. They want to use the copper IUD. **(Category 2/3B)**
- Kristina has a 4-week-old, fully breastfed baby. She wants to use the contraceptive implant. **(Category 1)**
- Linda is 18 years old. She got married two months ago, is nulliparous, and wants to use injectables. **(Category 1)**
- Pamela had unexplained vaginal bleeding twice in the last six months. She wants to use an IUD or the levonorgestrel intrauterine device (LNG-IUD). **(Category 4A)**
- Sara has been diagnosed as having active liver disease. She wants to have COCs. **(Category 3/4 KA)**
- Sherry delivered a baby four weeks ago, is breastfeeding and wants to use the levonorgestrel intrauterine device (LNG-IUD). **(Category 1)**
- Linda developed acute thrombophlebitis in her leg after her last delivery one week back; she wants to use the contraceptive implant. **(Category 3L)**
- Jo has diabetes, which is controlled on insulin. They want to use the implant. **(Category 2)**
- Jane has uncontrolled hypertension with blood pressure greater than 160/110. They want to have the progestin-only injectable. **(Category 3)**
- Mary developed pelvic inflammatory disease (PID) nine months after she had a copper IUD inserted. She wants to continue using the IUD. **(Category 4A)**
- Sheela has stage three AIDS and is on antiretroviral drugs (ARVs). She wants to have an implant inserted. **(Category 1/2 Y)**
- Linda is 40 years old. She smokes 20 cigarettes per day and wants to use the contraceptive implant. **(Category 1)**
- Sandra has uterine fibroids, located outside the uterine cavity. She wants to use the IUD or the levonorgestrel intrauterine device (LNG-IUD). **(Category 1H)**

* Used with permission from USAID Maternal & Child Survival Program (MCSP), and Jhpiego. "Module 3: Medical Eligibility and Client Assessment, Activity 3-2: Scenarios for Practice Using the MEC Wheel and Quick Reference Chart." In *Long-Acting Reversible Contraception (LARC) Learning Resource Package*, 2017. resources.jhpiego.org/resources/Modular_LARC_LRP

SESSION 4: FAMILY PLANNING COUNSELING (BCS+)[11]

Time:
180 minutes (3 hours)

Session Objectives:

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

- Describe family planning counseling, particularly during crisis situations.
- Describe the four stages of the Balanced Counseling Strategy (BCS+) for family planning.
- Practice how to use the BCS+ job aids to assist a client in making an informed decision about whether and which contraceptive method to choose.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 20 minutes: Facilitator Presentation: Introduction to Family Planning Counseling
- 40 minutes: Demonstration and Role Play: BCS+ Model
- 100 minutes: Role Plays: Counseling Practice
- 20 minutes: Group Discussion: Debrief and Closing

Note: Any available IEC materials (e.g., brochures and flipbooks) with sample tray of contraceptives can be used for counseling if the BCS+ tools are not available.

PREPARATION

- Print, download, and gather materials as listed below
- Make sure there are enough of the *BCS+ Method Brochures and Counseling Cards* for each pair of participants
- Ensure that participants in the group have different role plays. Feel free to make up your own scripts or roles
- Ensure that there is enough space in the training room to role play

PRINT:
- ☐ *BCS+ Method Brochures*
- ☐ *BCS+ Counseling Cards*
- ☐ *MEC Wheel* (Session 3)

Participant Workbook:
- ☐ *Tips for Successful Counseling*
- ☐ *BCS+ Algorithm*
- ☐ *Checklists for Screening Clients Who Want to Initiate Use of the Copper IUD*
- ☐ *Checklists for Screening Clients Who Want to Initiate Contraceptive Implants*
- ☐ *BCS+ Role Plays*

DOWNLOAD:
- ☐ *MEC App* (optional) (Session 3)

Presentation:
- ☐ Slides 18 through 50

GATHER:
- ☐ Flip chart paper
- ☐ Markers, pens, or crayons
- ☐ Tape

Note: If the hormonal IUD is used in the setting, print one copy of the following resource for each participant: FHI 360. "Checklists for Screening Clients Who Want to Initiate Use of the LNG-IUS," 2017. www.fhi360.org/resource/checklists-screening-clients-who-want-initiate-use-lng-ius

11. Reprinted with permission from Population Council. *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings, Trainer's Guide*. Third Edition. Washington, D.C., 2015. www.popcouncil.org/research/the-balanced-counseling-strategy-plus-a-toolkit-for-family-planning-service

DETAILED SESSION GUIDE

FACILITATOR PRESENTATION: INTRODUCTION TO FAMILY PLANNING COUNSELING

Begin the session by **explaining** the important role family planning counseling plays in ensuring contraceptive use is voluntary, including in crisis settings. **Select** a volunteer to **read** to following text:

Ensuring Contraceptive Use Is Voluntary[12]

All persons have the human right to reproductive self-determination and, thus, to make decisions regarding their reproductive health without being subjected to violence, coercion, or discrimination. Consequently, a human rights–based approach to providing contraception requires that all contraceptive services be offered on a voluntary and informed basis. Providers must ensure that clients are provided with accurate information and are free to choose their preferred method without being subjected to undue influence or coercion.

The key tenets of voluntarism in providing contraception include the following:

- People have the opportunity to choose voluntarily whether to use a specific contraceptive method or not.
- Individuals have access to information on a wide variety of contraceptive choices, including the benefits, side effects and any health risks of particular methods.
- Clients are offered, either directly or through referral, a broad range of contraceptive methods and services.
- The voluntary and informed consent of any clients choosing sterilization is verified by a written consent document signed by the client.

Human Rights Framework and Contraceptive Service Provision[13]

- Coercing people to use a contraceptive method is unacceptable and in violation of international human rights law.
- Under international law, universal access to family planning is a human right as all individuals and couples have the right to decide on the number, spacing, and timing of their children.
- Everyone has a right to privacy and the right to equality and non-discrimination.
- Everyone has a right to impart and receive information on contraception and birth spacing.

Describe the following steps before starting family planning counseling, including asking the client about her general wellbeing and ensuring her safety:

- Establish rapport
- Ensure her wellbeing and safety during crisis
- Acknowledge and discuss the client's feelings
- Ensure that the individual feels safe within her environment and with those around her, and resources needed are available
- Ensure that to the maximum extent possible, client is in control of and consents to who is in the room with her, including partners, spouses, or parents for adolescents
- Identify and address any safety issues within the service setting
- Help connect the individual to formal and informal resources and support

Provide an overview of the BCS+ model. **Review** the following BCS+ job aids with the participants:

- BCS+ Algorithm (in *participant workbook*)
- BCS+ Method Brochures (handout)
- BCS+ Counseling Cards (handout)

Tell the participants that the basic objective for these tools is to organize counseling sessions in a systematic way. **Explain** that these strategies encourage interactive, respectful counseling sessions between the client and the provider.

DEMONSTRATION AND ROLE PLAY: BCS+ MODEL

Explain to participants that you will be **reviewing** and **demonstrating** the steps of the BCS+ method during this session through a role play. Remind the participants that is crucial to follow the step-wise process listed in BCS+. **Ask** for a participant to volunteer to **play** the role of the client while you **play** the role of provider.

Read the scenario to the participants. For each stage of the BCS+ model below, **demonstrate** the steps with the volunteer playing the role of the client. **Ask** participants to observe each step and note down their questions during the role play. **Follow** the instructions after each step to review the skills demonstrated before moving to the next step.

12. Inter-Agency Working Group on Reproductive Health in Crises. "Unit 6: Prevent Unintended Pregnancies." In *Minimum Initial Service Package for Sexual and Reproductive Health In Crisis Situations: A Distance Learning Module*, 2019. iawg.net/resources/minimum-initial-service-package-distance-learning-module.
13. Inter-Agency Working Group on Reproductive Health in Crises. "Contraception Programming." In *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, 2018. iawgfieldmanual.com.

SCENARIO:

You are a 21-year-old married woman with one child who is 6 months old and you are breastfeeding him. Due to the insecurity in and around the refugee camp you live in, you want to have your next child only when the crisis ends and you are able to go back home. You have heard about the availability of family planning services in the camp clinic. You want a method that does not require you to visit the facility very often and is safe. One of your friends received an injectable and you think that it may be a good method for you.

RE CHOICE STAGE (STEPS 1 6):

STEP 1: Establish and maintain a warm, cordial relationship.
STEP 2: Inform the client (and partner, if client has requested to have them present) that there will be an opportunity to address other health needs and family planning needs during this consultation.

Tell the participants to inform each client of these services and take note of any specific services that she or he requests so that you can address them after going through the *BCS+ Algorithm*. **Explain** that the primary goal of the BCS+ model is to guide providers through family planning counseling and assist in the selection of an appropriate family planning method and, therefore, this issue will be addressed first.

STEP 3: Ask the client about current family size, their desire to have more children, and their current contraceptive practices. Using the counseling card, counsel the client on **healthy timing and spacing of pregnancy** (HTSP).

Explain that all couples and individuals have the right to decide freely and responsibly the number and spacing of their children and to have access to information and education about family planning. Instruct participants to ask the following questions of their clients:

- Do you have any children, and if so, how many?
- Do you want children or more children and if so, how many?
- If you are partnered, does your partner want more children and if so, how many?
- Have you used contraception in the past? If yes, what methods? If you have changed methods, what was the reason?
- Are you currently using contraception? If yes, what method are you using? Are you happy with your current method or would you like to change your method?

Ask participants to define HTSP. **Review** the counseling points listed on the HTSP card with training participants:

- For the health of the mother and the baby, it is best to wait until at least 18 years of age before trying to become pregnant.
- If sexually active, use of a family planning/contraceptive method of her choice allows a young woman to prevent unintended pregnancy.
- It is safe to provide LARC methods to adolescents.

Remind participants that clients should have the right to decide who is in the room with them during counseling, including their partners, as part of a rights-based approach to service delivery. If a client has chosen to have a male partner present, **counsel** using the male services and support card. **Ask** participants if they have any questions.

STEP 4: Rule out pregnancy using the pregnancy checklist card with six questions.

Explain that it is very important to be sure that the client is not pregnant before starting any method of contraception.

Demonstrate STEPS 5-6.

STEP 5: Display all the method cards. Ask the client if she or he prefers a particular method.

Explain to participants how to display family planning method cards and how to help clients in choosing a method. **Display** all the method cards. These can then be grouped by method type (temporary, fertility awareness, and permanent) and by their effectiveness. **Mention** that before narrowing down a client's method choices, the provider should first **ask** whether a client already has a method in mind.

If the client:	Do this:
Says "No"	Continue to **STEP 6**
Says "Yes"	• Ask which method she or he wants • Ask what the client knows about the method • Confirm if the information is correct • Ask if she or he would like to hear about any other methods? If not, go to **STEP 9**
Gives incomplete information about the method she or he has chosen **OR** Does not know other alternatives that might be more convenient	• Correct any misinformation • If necessary, go to **STEP 6** to help the client choose a method

STEP 6: Ask all of the following questions. Set aside the method cards based on the client's responses.

Point out that this step is the heart of the BCS+ model. Refer participants to **STEP 6** in the *BCS+ Algorithm* in their participant workbook.

Explain that there are six key questions under **STEP 6** (refer to *Algorithm*). These questions help the provider identify a client's reproductive intentions. They also help the client choose the family planning method that best suits her or his intentions.

Mention that participants may want to begin the process by saying something like this to the client, "Now we are going to discuss your contraceptive needs. We will narrow down the number of methods that might be best for you. Then, I will discuss the key features of each method with you. This will help us find the right method for your needs."

As you **explain** this step, **demonstrate** with your volunteer how to ask the questions and set aside the counseling cards.

Refer participants to the table under **STEP 6** in the *BCS+ Algorithm* and have them follow along. **Demonstrate** keeping or setting aside the method cards per the instructions in the tables below.

Begin with the question: "Do you wish to have children in the future?''

If the client:	Do this:
Says "Yes"	1. Set aside the vasectomy and tubal ligation cards 2. Explain that sterilization is permanent and not suitable for someone who may want to have another child
Says "No"	Keep all cards and continue

Ask the client if she is breastfeeding an infant less than six months old.

If the client:	Do this:
Says "Yes"	1. Set aside the combined oral contraceptives (the Pill) and combined injectable contraceptive (CIC) cards 2. Explain that the hormones in these methods affect breastfeeding
Says "No" **OR** Has begun monthly menstrual bleeding again	1. Set aside the Lactational Amenorrhea Method (LAM) card 2. Explain that LAM is not suitable for women who are not breastfeeding or are having menstrual bleeding again

Pause and **ask** participants whether there are any questions so far. **Discuss** their concerns before resuming the demonstration.

Ask the next question: "Do you currently have a partner? Does your partner support you in family planning?''

If the client:	Do this:
Says "Yes"	Continue with the next question
Says "No"	1. Set aside a female condom, male condom, Standard Days Method®, TwoDay® Method, and withdrawal cards 2. Explain that these methods require partner cooperation

Explain to participants that they can invite the client to bring her or his partner to a counseling session to discuss family planning with a provider. **Point out** that male and female condoms are important for protecting against STIs, including HIV, and require partner cooperation.

Ask the next question: "Do you have any medical conditions? Are you taking any medications?''

Ask the participants to use the *WHO MEC Wheel* to **determine** contraceptive methods that are contraindicated according to a condition the client has or a medication the client is taking.

Follow instructions as detailed in the table below.

If the client:	Do this:
Says "Yes"	1. Ask which methods she or he has used and the experience with each 2. Set aside the cards for the methods the client does not want
Says "No"	Keep all cards and continue
Has eliminated a method because of rumors or false information	1. Provide the correct information 2. Do not set aside the card for that method

METHOD CHOICE STAGE (STEPS 7 9):

Ask participants to look at the back of the method counseling card. **Review** the section on method effectiveness, pointing out:

- The written description of the method's effectiveness
- The number on the lower left side of the card that also represents the effectiveness

Explain that method effectiveness is measured using the number of pregnancies among 100 women in the first year of using the method. *The higher the percentage, the more effective the method and the fewer women get pregnant using the method.* Continue to **demonstrate** the steps of the BCS+ method with the volunteer.

STEP 7: Briefly review the methods that have not been set aside and indicate their effectiveness.

Point out the features of the method located to the right of the information on method effectiveness. **Explain** that beginning with the card with the highest percentage (the most effective), the provider reviews with the client the features of each of the remaining method cards. **Explain** that in this way, the provider is giving information only on family planning methods that are relevant to the client's needs and reproductive intentions. **Emphasize** that condoms (male or female) are the only method that offers dual protection – dual protection against pregnancy *and* STIs, including HIV.

STEP 8: Ask the client to choose the method that is most convenient for her or him

Explain that if the client is an adolescent, the provider should use the adolescent counseling card to provide information about any method which suits her or his health needs.

Mention that, at this point, the provider should **ask** whether the client has any questions, doubts, or comments about the methods that have been discussed. **Explain** that after answering any questions, the provider should **ask** the client to **choose** a method from the method cards that have been discussed. **Emphasize** that once the method is chosen, a provider **should not** take the method cards off the table. They may need them again if there are conditions where the method is not advised for the client, or the client may change their mind.

Mention that if the client does not like any of the methods discussed or cannot make up their mind, they should offer to give the client a back-up method, such as condoms, to use until she or he decides on a method of choice and **go to STEP 13**. **Point out** the importance of not letting a client leave empty-handed. Condoms can provide dual protection until the client has selected another method.

Ask whether participants have any questions or comments. Be sure to answer all questions before proceeding to **STEP 9**.

STEP 9: Using the method-specific brochure, check whether the client has any conditions for which the method is not advised

Explain that contraindications to a method were initially reviewed in **STEP 6**. This step is intended to confirm that the client does not have any contraindications. **Explain** that if the client has a condition for which the method chosen is not advised, there is no need to give further information available in the brochure and the client will need to select another method.

Refer participants to the table below and **review** how the provider decides whether to provide the method or return to a previous step.

If the client:	Do this:
Has no conditions	Go to **STEP 10**
Has any condition	1. Explain the need to choose another method 2. Return to **STEP 7**
• Has any condition and reached this step from **STEP 5** (already had the method in mind)	1. Explain the need to choose another method 2. Return to **STEP 6**

POST CHOICE STAGE (STEPS 10 12):

STEP 10: Discuss the method chosen with the client, using the method brochure as a counseling tool. Determine the client's comprehension and reinforce key information.

Explain that at this point, the client has selected a method and is now ready to hear more about the method chosen. **Explain** that it is important to make sure the client understands the method chosen. Comprehension is key to the effective use of the method and maintaining the client's health.

Review information given on the card for the method chosen with the client. You can ask the client to restate the information about the method by asking some questions about the method. **Remember** to **ask** the client whether they have any questions. Reinforce the basic information on the method chosen as needed.

If the method selected is not available or is out of stock, providers should still **talk** to the client about these methods (if they meet the client's reproductive intentions). Offer emergency contraceptives in crisis setting. **Refer** the client to a facility or commercial outlet where the method can be obtained. **Provide** the client with an alternative, suitable method until the method of choice can be obtained. **Ask** the client to return to the facility when the method is in stock (give a tentative time).

STEP 11: Make sure the client has made a definite decision. Give her or him the method chosen, a referral and a backup method depending on the method selected.

Emphasize the importance of not letting the client leave empty-handed. If a method is not available, make sure the client has a backup method, a referral, and information on condoms.

In crisis settings, if certain LARC methods are not available, offer alternate short-acting methods that are available (note that in the revised IARH Kits short- and long-acting methods of contraceptives are available). Advise for emergency contraception in case of unprotected sex. Give Progestin-only pills with levonorgestrel or norgestrel or Combined oral pills with estrogen and progestin or IUD as soon as possible after unprotected sex (within 120 hrs).

STEP 12: Encourage the client to involve their partner(s) in decisions about/practice of contraception through discussion or a visit to the clinic.

Discuss with the participants safe and culturally acceptable ways in which a client can involve her or his partner in contraception. **Review** the importance of consent and safety for clients, and **remind** participants that clients should never be forced or pressured to involve their partners if they are uncomfortable doing so.

After finishing the demonstration of all 12 steps, **debrief** with participants. **Discuss** how good or poor interpersonal skills affected the client's decision. **Ask** participants to read *Tips for Successful Counseling*.

SYSTEMIC SCREENING FOR OTHER SERVICES STAGE (STEPS 13 19)

Explain that after **STEP 12**, are **STEPS 13-19** for the Systemic Screening for Other Services Stage. Clients should only be screened for other available services using these steps.[14]

ROLE PLAYS: COUNSELING PRACTICE

Divide the participants into groups of two (use any method of your choice for division). **Tell** the participants to:

- Use the *Role Play Observation Checklist* below.
- Switch their roles while practicing so that both have a chance to practice as a provider and as a client.
- Prepare their counseling stations with all required materials.
- Read the scenario carefully before starting the session.

Role Play Observation Checklist*

When practicing, participants should role model the following basic principles of contraceptive counseling:

- **Non-judgmental attitudes toward contraceptive users and non-users, respecting their choices, dignity, privacy, and confidentiality.**
- **Full explanation of advantages and disadvantages of different methods and information on management of side effects.**
- **Evidence-based and tactful responses to rumors and misconceptions regarding contraceptive methods.**
- **Sensitivity to the needs of specific groups (e.g. adolescents, persons living with disabilities, people living with HIV, persons engaged in sex work, LGBTQIA+).**
- **Maintaining confidentiality for services and recognizing that partner permission or notification is not required.**
- **Communication techniques, such as open interactive dialogue with clients: encouraging clients to express their questions and concerns, active listening, clarifying, asking clients to restate their understanding, acknowledging client feelings, and summarizing the discussion.**
- **Documenting method choice and storing information in a confidential location.**

14. For more information about screening, refer to: World Health Organization. *Responding to Intimate Partner Violence and Sexual Violence against Women*, 2013. www.who.int/reproductivehealth/publications/violence/9789241548595/en

* Adapted from the Inter-Agency Working Group on Reproductive Health in Crises. "Contraception Programming." In *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, 2018. iawgfieldmanual.com

BCS+ PRACTICE ROLE PLAYS
You are a 23-year-old married woman who has two young children and are currently living in a refugee settlement. Given the uncertainty of your family's refugee status and ongoing instability in your home country, you want to wait 2-3 years before getting pregnant again. Your husband does not care much about family planning. You have not used modern contraceptive methods before. Your last child is five months old and you are breastfeeding. You are very scared to use the intrauterine device (IUD) and refuse it if offered. You are not sure of your HIV status, but think your husband had many partners before marriage. **(DMPA, Implant)**
You are an 18-year-old girl. You started your menstrual bleeding 10 days ago. You are sexually active and have a boyfriend. You want to avoid getting pregnant and want the pill. Neither you nor your boyfriend want to use condoms. Later during the consult, you reveal that you had unprotected sex two days ago. You have come to the clinic because you heard the pill prevents pregnancy. You have a slight vaginal discharge. **(ECP, Copper IUD)**
Your family lost their home and farming land after a cyclone. For your family's economic well-being and your own protection, you were forced to marry. A year later, at the age of 20 you gave birth to your first child and are breastfeeding your baby. You now have the opportunity to continue your education and do not want to have the second baby soon. You read about progestin-only implants in a family planning brochure and you have come to the family planning site to learn more. **(Implants: *Jadelle*, *Implanon NXT*)**
You are a 30-year-old married woman who does not want to have any more children. You already have four and are tired and fed up with being pregnant. Your partner is interested in more children. Your husband likes having sex frequently and does not like using condoms. You are afraid of injections. You have had mild seizures in the past and sometimes take medicine for them. If offered the minipill, explain that you are afraid you will forget to take the pill every day. Your husband travels occasionally and you are not sure if he is faithful. **(Implants: *Jadelle*, *Implanon*)**
You are a 35-year-old married woman who has five children. Your latest child is seven weeks old. You are on the seventh day of your menstruation. After the violence and death of many in your community, your partner believes it is important that you have many more children. However, the crisis has made you nervous and you want to wait until things stabilize to even consider having any more children for a while. Despite the insecurity, your husband likes having sex frequently and does not like using condoms. You are afraid of injections. You are also afraid you will forget to take a pill every day. You have a history of vaginal infections. You do not know what kind of infections—you have just been going to the clinic and they give you medicine. **(Implants, IUD)**
You are an adolescent boy who has come to the clinic with an STI but not HIV. You are concerned about getting an STI again. You have had several girlfriends. Your current girlfriend wants to get pregnant to show you that she loves you, but you are not so happy about the idea. If the "provider" offers you condoms, agree. Before you leave, ask the provider how your girlfriend can avoid getting pregnant. **(Male condom and the provider should encourage the girlfriend to come in.)**
You are a 20-year-old woman with a four-month-old child that you are breastfeeding. With ongoing insecurity in your home country, you and your baby are living with relatives across the border. Your husband stayed home to work as seasonal labor. He works 22 days of the month but comes to visit you for the rest of the month. You have never used family planning but want to control your fertility. You are about to start your menstruation. It is Monday and your husband is coming home this weekend. He does not like to use condoms and is not that supportive of family planning. **(DMPA, IUD)**
You are a 35-year-old married woman who has three children. The youngest child is six weeks old. You are not ready to have another child for a while. Your husband does not cooperate with family planning. You live relatively far from the health center. You have heard evil things about the IUD and refuse it if offered. If offered implants, explain that your husband would notice and be very angry with you. You had an extramarital affair several years ago. **(Counsel client on myths associated with the IUD. Progestin-only injectable — DMPA is best because the client only has to return every three months.)**
You are 18 years old and single. You have a boyfriend and do not want to get pregnant. You and your boyfriend go to school. You are about to begin your menstruation. If offered the IUD or Norplant, reveal that you do not want something foreign in your body. If offered injectables, scream and say you hate needles. If offered the minipill, explain that you have come to the clinic before for the minipill, but they are always out of stock. You have no conditions that prevent you from taking the pill. Besides, there is a pharmacy in your community that carries the most popular pill. You have had several boyfriends in the past. **(Combined oral contraceptives)**

BCS+ PRACTICE ROLE PLAYS
You are 29 years old and have been fully breastfeeding your child and using the lactational amenorrhea method (LAM) as a birth control method. You are beginning to give your infant food. You had started having your first monthly bleeding five days ago. You want to have a reliable contraceptive method. You have chosen LAM because you want to breast-feed your baby and you are very religious. **(IUD, Implant)**
You are a 22-year-old woman with a one-year-old child. You are in a stable marriage and your husband supports family planning. You do not like modern contraceptive methods. Sometimes he will use a condom but not consistently because it reduces feeling for him. You do not like the side effects of hormonal methods. You are religious and would not like a modern method. If the provider offers you a fertility awareness method, such as Standard Days Method or TwoDay Method, appear to be interested. Then, reveal that your monthly menstruation cycles are very irregular. **(Female condom)**
You are 39 years old and have six children. You are tired and do not want any more children. Your husband cooperates with family planning but will not use a condom. You have tried hormonal methods in the past but do not like the side effects. Furthermore, you were not good at remembering to take the pill, which resulted in your fifth pregnancy. You are afraid of the IUD and you have heard that women can get pregnant with it. Since the nearby hospital was targeted in the airstrikes last year, the hospital is no longer functional. It is more challenging to get to the hospital in town, but with planning could go there. You would arrange a ride with your cousin who lives in the next village. Despite your dislike of the side effects of the pill, you would be open to a monthly injectable until you get a tubal ligation at the hospital. You suspect your husband has not been faithful. **(Combined Injectable Contraceptive [CIC] until client can get a tubal ligation at the hospital)**
You are a 38-year-old man who has come to the clinic with his wife who wants family planning. You cannot afford to have any more children—you have five children now. Your wife has used several methods, which have resulted in her five pregnancies. You both have had enough. If tubal ligation is offered, mention that your wife just discovered she is pregnant. Toward the end of the consult, also reveal that you are HIV positive. You confess that you have been with many women in the past. **(Vasectomy or Tubal Ligation after delivery of baby postpartum)**
You are a 21-year-old married woman with one child and wants to have your next pregnancy at least after three years. Due to the insecurity in and around the refugee camp you live in, you would prefer a method that does not require you to visit the health facility very often. You have heard about family planning methods at the clinic and read a brochure. You think that DMPA is a good method for you. **(IUD or Implant)**
You are a 32-year-old married woman with four children. You want to start using a reliable family planning method again and your husband is supportive of this desire. You do have history of high blood pressure during pregnancy. You have used condoms but conceived the fourth child. **(DMPA)**

Observe the participants during practice and **assist** where additional help is needed.

GROUP DISCUSSION: DEBRIEF AND CLOSING

Debrief on the session with participants. **Ask**:

- Is counseling a client on family planning in crisis settings different than counseling in stable settings? If so, how? What limitations are imposed during crises? **Note** the points on a flip chart. Once the list is complete, **review** the list with the participants and **discuss** ways to address the limitations or challenges described.
- What were some of your observations during this counseling exercise? Were human rights addressed during counseling? How, as providers, can you facilitate or hinder rights-based provision of family planning services? **Take** several responses and **discuss**. **Explain** that the next session will further discuss rights-based sexual and reproductive health care.

Thank the participants for their participation. **Announce** the homework assignment to review the day's materials in participant notebook and handouts. **Close** the session.

Note: It is recommended to conduct a brief end of day evaluation to receive feedback on the content presented, teaching methodology used, and how interactive the sessions are. These evaluations will provide useful information throughout the training and allow for facilitators to make slight

* Inter-Agency Working Group on Reproductive Health in Crises. "Contraception Programming." In *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, 2018. iawgfieldmanual.com

UNIT 2

Duration:
8 hours

Unit Objectives:

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

- Describe and provide rights-based sexual and reproductive health care in crisis-affected settings.
- Describe and demonstrate infection prevention practices for the provision of LARC services.
- Describe and demonstrate the steps of Copper IUD insertion and removal on anatomical models using the skills checklist.
- Describe and demonstrate the steps of one/two-rod implant insertion and removal on the arm model using the skills checklist.

DAY 2 SESSIONS

SESSION 5
RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH CARE

↓

SESSION 6
INFECTION PREVENTION FOR PROVISION OF LARC SERVICES

↓

SESSION 7
PRE-PRACTICE SKILLS ASSESSMENT, VIDEO & DEMONSTRATION

↓

SESSION 8
SKILLS LAB – IUD AND IMPLANT INSERTION AND REMOVAL PRACTICE

UNIT 2

SESSION 5: RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH CARE

Time:
60 minutes (1 hour)

Session Objectives:

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

- Describe the fundamental principles of rights-based sexual and reproductive health care.
- Provide rights-based sexual and reproductive health care in crisis settings.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 10 minutes: Participant Presentation: Day 1 Recap
- 50 minutes: Facilitator Presentation and Case Study

PREPARATION

- Print, download, and gather materials as listed below
- Prepare 5-10 questions covering topics from the previous day on small slips of paper
- Prepare a flip chart with objectives for Session 5

PRINT:
Participant Workbook:
- ☐ *Sara's Story*
- ☐ *Rights-Based Approach for Sexual and Reproductive Health Care*

GATHER:
- ☐ Flip charts and markers
- ☐ Small basket, box, or bowl
- ☐ Small slips of paper and pens

DETAILED SESSION GUIDE

GROUP DISCUSSION: DAY 1 RECAP

Distribute small slips of paper and **invite** participants to **write** down any questions related to topics from the previous day. **Have** participants place their questions in a small basket, box, or bowl. Randomly **select** some participants and **ask** them to pick up one slip from the basket. **Ask** the participants to **answer** the question. Briefly **summarize** what they learned on the previous day.

Note: Facilitators can use any other technique of their choice to recap the previous day's sessions.

FACILITATOR PRESENTATION AND CASE STUDY

Review the Session 5 objectives written on the flip chart with the participants. **Pause** for questions and clarify expectations.

Ask participants to review the sections on human rights and voluntarism in their notebooks from the last session.

With this information in mind, **ask** participants to refer to *Sara's Story* in their workbooks. **Ask** one of the participants to **read aloud** Sara's story. **Tell** all participants to listen carefully to the story as there will be follow-up questions and discussion.

Sara's Story*

Sara was the oldest of six children. She had one sister and four brothers. She attended school regularly and was an enthusiastic and capable student. When Sara turned 13 years old, she was ready to begin high school but could not return to school because her village was taken over by religious extremists, followed by conflict resulting in girls no longer being allowed to go to school.

When she was 14, she received a marriage proposal and was forced to marry because her family had lost their livelihood due to the crisis could not continue to support her. She became pregnant within the first month of her marriage and had two more babies over the next three years, all daughters.

Sara was always tired. Her children were not healthy. She had heard about family planning and wanted to take a rest before having the next child, but the clinic was very far from her home and she could not go out without a male member. Her husband wanted to have at least six children and he was disappointed he did not yet have a male heir. He was not interested in family planning and believed it is against his religion. Sara believed she had no choice because she relied on her husband for food and income and soon she was pregnant again. Sara had a difficult time with her fourth child and was taken to a nearby hospital, where she had to undergo an emergency cesarean section. The doctor ligated her fallopian tubes during the procedure without informing her and taking any written consent.

Sara's husband was very annoyed with her for getting her tubes ligated and wanted to divorce her after the procedure. She felt trapped, but she assumed her situation was no different from that of many women.

Read and discuss the questions one-by-one:

- Which of Sara's basic rights were violated?
- Who were the persons responsible and why?
- How can you, being a service provider, help her?
- In relation to her three pregnancies, when, where, and what could you and the health system have done to help?
- What opportunities may exist to offer family planning services, particularly LARCs?
- What opportunities exist in your setting?

Discuss the importance of informed choice and consent in adopting any family planning method.

Review and discuss the handout on *Rights-Based Approach for Sexual and Reproductive Health Care*. **Summarize** the fundamental principles of rights-based sexual and reproductive health care below:

1. Based on the rights to liberty, to marry and found a family, and to decide the number and spacing of one's children, individuals have the right to control their sexual and reproductive lives and make reproductive decisions without interference or coercion.
2. The right to non-discrimination and respect for difference requires governments to ensure equal access to health care for everyone and to address the unique health needs of women and men, and people of diverse genders.
3. To fulfil people's rights to life and health, governments must make comprehensive reproductive health services available and remove barriers to care.

* Adapted from USAID Maternal & Child Survival Program (MCSP), and Jhpiego. "Lily's Story." In *Long-Acting Reversible Contraception (LARC) Learning Resource Package. Module 2: Family Planning Counseling*, 2017. resources.jhpiego.org/resources/Modular_LARC_LRP

UNIT 2

SESSION 6: INFECTION PREVENTION FOR PROVISION OF LARC SERVICES

Time:
90 minutes (1 hour 30 minutes)

Session Objectives:

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

- Describe standard precautions for infection control and prevention.
- Demonstrate the steps for handling and processing instruments.
- Explain how to handle, segregate, and dispose of contaminated and non-contaminated waste.
- Describe infection prevention practices recommended for the provision of LARC services.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 45 minutes: Facilitator Presentation and Group Discussion
- 45 minutes: Skills Practice

Note: If it is not possible to obtain an item for the skills practice, you may use a card labelled with the name of the item it is supposed to represent.

PREPARATION

- Print, download, and gather materials as listed below
- Have a flip chart and markers ready to take notes on the standard precautions for provision of LARC services
- Collect items for skills stations and set up two stations in different areas of the space

PRINT:
Participant Workbook:
- ☐ *Glove Requirements for IUD or Implant Insertion and Removal*
- ☐ *Skills Station A – Handwashing and Wearing Gloves Checklist*
- ☐ *Skills Station B – Cleaning Instruments Checklist*
- ☐ *Putting-on and removing gloves*
- ☐ *Providing LNG-IUDs With Appropriate Infection Prevention Practices*
- ☐ *Infection Prevention Practices for Contraceptive Implant Insertion and Removal Services*

DOWNLOAD:
Presentation:
- ☐ Slides 51 through 78

GATHER:
- ☐ Projector and computer with sound
- ☐ Flip chart paper
- ☐ Markers, pens, or crayons

Skills Station Supplies
(minimum one per station):
- ☐ Tray/containers with lid, instruments
- ☐ Surgical gloves
- ☐ Utility gloves
- ☐ Face shield or mask and protective eyewear
- ☐ Plastic apron
- ☐ Soft brush/toothbrush
- ☐ Liquid or powder detergent
- ☐ Cheatle forceps
- ☐ Two plastic basins or containers
- ☐ Hand soap
- ☐ Alcohol based hand rub
- ☐ Water buckets and mugs
- ☐ Waste containers for medical, and general waste, sharp disposable container/box

DETAILED SESSION GUIDE

FACILITATOR PRESENTATION AND GROUP DISCUSSION

If the training is taking place in the context of the COVID-19 pandemic or other major infectious disease outbreak or pandemic, it is important to keep in mind and emphasize the following:

General Infection Prevention and Control Guidelines During COVID-19[15]

FACILITY-LEVEL PROTOCOLS FOR COVID-19 INFECTION PREVENTION AND CONTROL (IPC)

- Robust IPC measures during the COVID-19 pandemic are critical.
- Basic set of IPC practices should be used, at a minimum, in preventing the spread of infectious agents to all individuals working in a healthcare facility.
- Risk assessment is critical for all activities, including assessing each healthcare activity and determining the personal protective equipment (PPE) that is needed for adequate protection.
- Limit the number of people in the facility by requesting that only clients be allowed to enter.
- Provide soap and water or hand sanitizer stations at the facility entrance for all who enter.
- If possible, check temperature and ask about recent symptoms or illnesses for all clients and staff entering facility.
- Ensure everyone visiting the facility is wearing a mask.
- Maintain social distance (2 meters) in the client waiting area and adapt patient flow to support this.
- Ensure availability and use of PPE, including eye protection and googles, facemasks, gloves, gowns, and shoe coverings as and when needed.
- Ensure staff continue to promote and maintain client confidentiality and privacy.
- Ensure staff continue to treat clients with dignity and respect.

COVID-19 IPC GUIDELINES FOR PROVISION OF LARC SERVICES

- Wash hands with soap and water or hand sanitizer before and after provision of LARC services.
- Maintain social distancing during interaction with client and wear mask and gloves during service provision.
- Use high-level disinfected instruments for each procedure.
- Use sterilized instruments when coming in contact with non-intact skin or body tissue such as during implant removal.
- Use sterile gauze and sponges during procedure, preparing skin or vagina beforehand.
- Use "no-touch" technique for IUD insertion.

"NO-TOUCH" IUD INSERTION TECHNIQUE

- Always handle instruments by the end that they do not come into contact with the client.
- The instrument should not come contact with a contaminated surface before or during insertion of IUD through the woman's cervix.
- Use "no-touch" technique throughout loading of the IUD (Loading within sterile package without touching the Cu-T device).
- The tenaculum or uterine sound should not touch providers' gloves, a woman's vaginal walls, or speculum.
- Do not pass the uterine sound or the loaded IUD inserter more than once through the cervical canal.

Move through the facilitator presentation slides 51-78 using the notes and prompts included in the presentation.

Conclude the presentation and **summarize** key points. **Ensure** that the following points come out in the discussion:

- Who is at risk for infection prevention?
- What is the disease transmission cycle?
- How can you help in preventing the spread of infection?

Next, briefly **review** with participants the COVID-19 information boxes on infection prevention and control and use of the "no-touch" IUD insertion technique in their workbooks. **Ask** participants if they have any questions.

SKILLS PRACTICE

Ask the participants to **refer to**: *Skills Station A – Handwashing and Wearing Gloves* and *Skills Station B – Cleaning Instruments* checklists. **Review** the instructions with the participants. **Divide** the participants into groups. **Ensure** that each group **rotates** through two skill stations.

15. Refer to IPC guidelines during COVID-19 and World Health Organization, Reproductive Health and Research, and K4Health. "Preventing Infection at IUD Insertion." In *Family Planning: A Global Handbook for Providers*. Geneva; Baltimore: World Health Organization, Department of Reproductive Health and Research; John Hopkins Bloomberg School of Public Health, Center for Communication programs, Knowledge for Health Project, 2018. www.fphandbook.org/preventing-infection-iud-insertion.

Demonstrate the skill at each station while the participants **follow** the steps using the checklist for that skill. **Ask** participants to follow the instructions listed in the "Using the Station" section of each skills station document during their practice.

Ask participants to **review** and use the job aid *Putting on and Removing Gloves* while practicing. **Ensure** that the participants practice in pairs—one performs the skill and the other follows the checklist. All of the participants should have the opportunity to move around on both stations.

Review and **discuss** with participants the job aids on *Providing LNG-IUDs With Appropriate Infection Prevention Practices* and *Infection Prevention Practices for Contraceptive Implant Insertion and Removal Services*. **Ask** participants if they have any questions.

Close the session by **asking** participants:

- Are there any challenges with adhering to infection prevention and control practices at your facility?
- What can be implemented to address these challenges?

SKILLS LAB STATION A: HANDWASHING AND WEARING GLOVES CHECKLIST[16]

- **QUESTIONS:** Write "Y" if the question is answered correctly; write "N" if the question is answered incorrectly.
- **STEPS:** Write "C" if the step is performed competently; write "N" if the step is not performed competently or is omitted.
- **COMPETENT:** Performs the step according to the standard procedure or guidelines.
- **NOT COMPETENT:** Unable to perform the step according to the standard procedure or guidelines or does not perform the step at all.

SCENARIO

Trainer – **Read** the following information to the participants: *You work in a health facility. You are going to practice washing your hands and putting on gloves before inserting an IUD in a client.*

Task	Step	Observations (Yes/No)
Wet your hands	Open the tap for running water or ask someone to pour water on your hands up to the wrist Thoroughly wet both hands with clean water	
Apply soap	Apply enough soap to cover all hand surfaces	
Rub soap on the palms	Rub hands palm to palm	
	Rotationally rub right palm over left dorsum with interlaced fingers	
	Rotationally rub left palm over right dorsum with interlaced fingers	
	Rub palm over palm with interlaced fingers	
Rub soap on fingers	Rub back of fingers of both hands to opposing palms with interlocked fingers (right and left)	
Rub soap around the thumb	Clasp left thumb in right palm and rub rotationally	
	Clasp right thumb in left palm and rub rotationally	
Rub fingertips over palms	Rub clasped fingers of right hand backward and forward over left palm	
	Rotationally rub clasped fingers of left hand backwards and forwards over the right palm	

16. World Health Organization. "How to Handwash," 2009. www.who.int/campaigns/save-lives-clean-your-hands. Tietjen, Linda, Débora Bossemeyer, and Noel McIntosh. *Infection Prevention: Guidelines for Healthcare Facilities with Limited Resources*. Baltimore, Md: Jhpiego Corp, 2003. Cureless, Melanie S., Chandrakant S. Ruparelia, Elizabeth

Task	Step	Observations (Yes/No)
Rinse hands	Rinse hands with clean water from the tap or poured water	
Dry hands	Dry hands with single used towel or paper towel	
Close the faucet	Close the faucet with paper towel or single used towel	
Wear gloves	Pick up the sleeve of the left glove with the right thumb and index finger	
	Lift the glove and insert the pointed fingers of the left hand	
	Pull the sleeves of the gloves to the wrists	
	Point and insert fingers 2–5 of the gloved left hand under the inverted sleeve of the right glove and lift the right glove	
	Carefully insert the pointed fingers of the right hand into the right glove—avoid touching the gloved left thumb with the ungloved fingers of the right hand	
Take off gloves	Gently peel off the cuff toward the fingertips of one hand—but not completely off—and then use those still-covered fingers to grasp the glove on the other hand and remove both gloves together	

SKILLS LAB STATION B: CLEANING INSTRUMENTS AND OTHER ITEMS CHECKLIST[17]

- **QUESTIONS:** Write "Y" if the question is answered correctly; write "N" if the question is answered incorrectly.
- **STEPS:** Write "C" if the step is performed competently; write "N" if the step is not performed competently or is omitted.
- **COMPETENT:** Performs the step according to the standard procedure or guidelines.
- **NOT COMPETENT:** Unable to perform the step according to the standard procedure or guidelines or does not perform the step at all.

SCENARIO

Trainer – **Read** the following information to the participants: *You work in a health facility. You have just collected the instrument buckets containing used instruments and surgical gloves from point of use. You need to clean them thoroughly.*

Task	Step		Observations (Yes/No)
Preparing for the procedure	Put on the proper personal protective equipment	Utility gloves	
		Face shield or mask and protective eyewear	
		Plastic apron	
		Closed-toe shoes	

17. Tietjen, Linda, Débora Bossemeyer, and Noel McIntosh. *Infection Prevention: Guidelines for Healthcare Facilities with Limited Resources*. Baltimore, Md: Jhpiego Corp, 2003.

Task	Step	Observations (Yes/No)
Cleaning instruments	Fill a plastic container (or utility sink) with clean water	
	Using a brush and liquid or powder detergent, scrub instruments and other items under the surface of the water, removing all blood and other foreign matter	
	Separate cannulated and sharp instruments and place them on top. Make sure delicate instruments are secured in their holders	
	Disassemble instruments and other items with multiple parts and clean the grooves, teeth and joints with a brush	
	Thoroughly rinse the instruments and other items with clean water	
Cleaning surgical gloves	Wash the inside and outside of the gloves in soapy water	
	Rinse in clean water until no soap remains	
	Test gloves for holes by inflating them by hand and holding them under water. (Air bubbles will appear if there are holes)	
Drying cleaned instruments and other items	Air-dry instruments and other items or dry them with a clean towel	
Hand hygiene after cleaning	Wash hands for 10-15 seconds with soap and running (or poured) water Dry with a clean, individual towel or paper towel, or allow hands to air-dry OR Rub hands with 3-5 ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)	

SESSION 7: PRE-PRACTICE SKILLS ASSESSMENT, VIDEO & DEMONSTRATION

Time:
110 minutes (1 hour 50 minutes)

Session Objectives:

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

- Review procedure checklists with the facilitator.
- Observe the demonstration steps of loading, insertion, and removal of copper IUDs in the interval period through a video and on the anatomical model using a checklist.
- Observe the demonstration steps of one-rod /two-rod Implant insertion and removal through a video and on the arm model using a checklist.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 60 minutes: Skills Assessment
- 50 minutes: Video and Demonstration of Skills by Facilitator

PREPARATION

- Print, download, and gather materials as listed below
- Prepare stations for assessing participants' skills: One each for IUD and implant insertion and removal techniques
- Note which implants are available in the training setting. Depending on the availability of which type of implant (one-rod or two-rod), focus on these videos and activities

PRINT:
- ☐ *Pre-Post IUD Skill Assessment*
- ☐ *Pre-Post One-Rod (Nexplanon) Implant Insertion and Removal Skill Checklist*
- ☐ *Pre-Post Two-Rod Implant Insertion and Removal Skill Checklist*

Participant Workbook:
- ☐ *Instructions for Loading the Copper T 380A in the Sterile Package*
- ☐ *IUD Insertion and Removal Practice Checklist*
- ☐ *One-Rod (Nexplanon) Implant Insertion Practice Checklist*
- ☐ *Two-Rod (Jadelle and Sino-Implant [II] / Levoplant) Implant Insertion Practice Checklist*
- ☐ *Standard Implant Removal Checklist*

DOWNLOAD:
Videos:
- ☐ Video on Insertion of Copper T380A IUD (5 minutes)[18] www.youtube.com/watch?v=X3Ge3FCEfww
- ☐ Videos on Jadelle Insertion and Removal (5 minutes total)[19] toolkits.knowledgesuccess.org/toolkits/implants/training/jadelle_video
- ☐ Video on Nexplanon Insertion and Removal (27 minutes)[20] toolkits.knowledgesuccess.org/toolkits/implants/implanon-nxt-label-update-video-2020

GATHER:
- ☐ Infection prevention supplies (see list in Session 6)
- ☐ IUD insertion and removal kits
- ☐ Implant insertion and removal kits
- ☐ Pelvic anatomical models (e.g. ZOE model/Sister U/Family Planning Educator, whichever is available)
- ☐ Arm models
- ☐ Handheld uterus models
- ☐ Placebo implants
- ☐ Copper IUDs (preferably expired ones, if available)
- ☐ Light source/torch

18. Reproductive Health Library. *Insertion Technique for the Copper T380A IUD*, 2012. www.youtube.com/watch?v=X3Ge3FCEfww
19. Bayer AG. *Jadelle Insertion and Removal Video*. Accessed April 21, 2021. toolkits.knowledgesuccess.org/toolkits/implants/training/jadelle_video
20. Merck & Co., Inc. *Implanon NXT Label Update Video 2020*, 2020. toolkits.knowledgesuccess.org/toolkits/implants/implanon-nxt-label-update-video-2020

DETAILED SESSION GUIDE

SKILLS ASSESSMENT

Assess participants' skills for IUD and implant insertion and removal using the following printed checklists (one for each participant) to assess skill level:

- *Pre-Post IUD Skill Assessment*
- *Pre-Post One-Rod (Nexplanon) Implant Insertion and Removal Skill Checklist*
- *Pre-Post Two-Rod Implant Insertion and Removal Skill Checklist*

Take note of the steps that a participant is unable to perform or needs more special attention to on the checklist. **Keep** these pre-practice assessments for use and comparison during the post-practice skills assessments (Session 12).

DEMONSTRATION OF SKILLS BY FACILITATOR

COPPER IUD LOADING, INSERTION, AND REMOVAL

Loading a Copper IUD:

Refer participants to *Instructions for Loading the Copper T 380A in the Sterile Package*. **Review** the steps in the checklist and job aid with the participants. **Show** the video on *Insertion of Copper T380A IUD*. **Pause** the video to emphasize the key points participants should observe about that loading technique during the video demonstration. **Demonstrate** IUD loading technique using the job aid. **Let** the participants **practice** loading technique and **ask** any questions.

Inserting and Removing a Copper IUD:

Review *IUD Insertion and Removal Practice Checklist* with the participants. **Emphasize** the "no-touch" technique. **Demonstrate** the IUD insertion and removal technique using model:

- Ask one of the participants to read aloud the steps of IUD insertion from the checklist in their workbook.
- Demonstrate steps of insertion.
- Ask the participants if they have any questions about any of the insertion steps.
- Ask one of the participants to read aloud the steps of IUD removal from the checklist.
- Demonstrate steps of removal.
- Ask the participants if they have any questions about any of the removal steps.

IMPLANT INSERTION AND REMOVAL:

Ask the participants to open to the *Implant Insertion and Removal Checklists* in their workbooks. **Explain** that you will **review** the checklists together, **watch** a video that demonstrates how to insert and remove each kind of implant, and then **demonstrate** the skills.

Review each of the checklists with the participants. **Encourage** participants to ask any questions they may have.

Show the videos for one-rod and two-rod implant insertion and removal. **Pause** the video to emphasize the key points they should observe about the insertion and removal technique during the video demonstration. **Discuss** and **reinforce** important steps in the insertion and removal processes.

Demonstrate implant insertion and removal on the arm model. **Perform** implant insertion explaining steps of insertion, then **perform** implant removal while explaining steps for removal.

Note: Depending on the type of implant available in the crisis setting where the training is taking place, use the relevant checklist and videos for implant insertion and removal.

Note: If using, the video on Nexplanon Insertion and Removal is 27 minutes long. If there is not enough time to watch the entire video, you can begin with the insertion demonstration at 7:10 and end at 16:45. You can then skip to 20:22 to view the removal demonstration.

UNIT 2

SESSION 8: SKILLS LAB – IUD AND IMPLANT INSERTION AND REMOVAL PRACTICE

Time:
150 minutes (2 hours 30 minutes)

Session Objectives:

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

- Practice correct steps of loading a Copper T 380A in its sterile package correctly using the "no-touch" technique.
- Practice correct steps of insertion and removal of copper IUD on an anatomical model using a checklist.
- Practice correct steps of insertion and removal of one-rod/two-rod implants on an arm model using a checklist.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 140 minutes: Skills Practice
- 10 minutes: Debrief and Closing

PREPARATION

- Print, download, and gather materials as listed below
- Prepare two stations for each skill: IUD and implant insertion and removal practice

PRINT:

Participant Workbook (Session 7):

- ☐ *Instructions for Loading the Copper T 380A in the Sterile Package*
- ☐ *IUD Insertion and Removal Practice Checklist*
- ☐ *One-Rod (Nexplanon) Implant Insertion Practice Checklist*
- ☐ *Two-Rod (Jadelle and Sino-Implant [II] / Levoplant) Implant Insertion Practice Checklist*
- ☐ *Standard Implant Removal Checklist*

GATHER:

- ☐ Infection prevention supplies (see list in Session 6)
- ☐ IUD insertion and removal kits
- ☐ Implant insertion and removal kits
- ☐ Pelvic anatomical models (e.g., ZOE model/, Sister U/, Family Planning Educator, whichever is available)
- ☐ Arm models
- ☐ Handheld uterus models
- ☐ Placebo implants
- ☐ Copper IUDs (preferably expired ones, if available)
- ☐ Light source/torch

DETAILED SESSION GUIDE

SKILLS PRACTICE

Divide the participants into two groups. **Instruct** one group to **practice** IUD loading, insertion and removal and the other implant insertion and removal. **Tell** participants they have 90 minutes for practicing both skills. Once they complete one skill they must **move** to the other skill station. **Ensure** that everyone gets a chance to practice both skills. One facilitator will be present at each skill station for guidance.

PRACTICE IUD INSERTION AND REMOVAL

Divide the participants into pairs. **Tell** them to take turns while practicing the skill: one person **performs** the skill while the other person **observes** using the relevant checklist. **Ask** the participants to practice IUD insertion and removal technique on the anatomical model using the checklist. **Follow** each step carefully. **Tell** the participants that they will have opportunity to continue practicing on day three.

PRACTICE IMPLANT INSERTION AND REMOVAL TECHNIQUE

Divide the participants into pairs. **Tell** them to take turns while practicing the skill: one person **performs** the skill while the other person **observes** using the checklist. **Ask** the participants to practice Implant insertion technique on the model using job aids and the checklist. **Follow** each step carefully. **Tell** the participants that they will have opportunity to continue practicing on day three.

DEBRIEF AND CLOSING

Note any points from the participants that need follow up. As homework, ask participants to review the following resources in their Participant Workbooks again before Day 3:

- *Glove Requirements for IUD or Implant Insertion and Removal* (Unit 2 Session 6)
- *Putting on and Removing Gloves* (Unit 2 Session 6)
- *Providing LNG-IUDs With Appropriate Infection Prevention Practices* (Unit 2 Session 6)
- *Infection Prevention Practices for Contraceptive Implant Insertion and Removal Services* (Unit 2 Session 6)
- *Instructions for Loading the Copper T 380A in the Sterile Package* (Unit 2 Session 7)
- *IUD Insertion and Removal Practice Checklist* (Unit 2 Session 7)
- *Two-Rod Implant Insertion Checklist* (Unit 2 Session 7)
- *One-Rod Nexplanon Insertion Checklist* (Unit 2 Session 7)
- *Standard Implant Removal Checklist* (Unit 2 Session 7)

Participants can come back with any questions or clarifications during the recap session the next morning. **Thank** participants for their participation. **Close** the session.

Note: It is recommended to conduct a brief end of day evaluation to receive feedback on the content presented, teaching methodology used, and how interactive the sessions are. These evaluations will provide useful information throughout the training and allow for facilitators to make slight adjustments and address significant comments raised as the training progresses.

UNIT 3

Duration:
8 hours

Unit Objectives:

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

- Self-assess and understand how providers' opinions, values, and attitudes can affect, positively or negatively, their relationships with their clients.
- Manage common side effects and potential complications with LARC methods.
- Address rumors and common misconceptions about IUDs and implants.
- Practice and assess skills for how to insert and remove the IUD and implant correctly on a model.
- Develop an action plan for post-training follow-up and service provision.

DAY 3 SESSIONS

SESSION 9
VALUES CLARIFICATION AND EXAMINING ATTITUDES

↓

SESSION 10
MANAGING SIDE EFFECTS AND POTENTIAL COMPLICATIONS, AND ADDRESSING MYTHS AND RUMORS ABOUT LARC METHODS

↓

SESSION 11
SKILLS LAB - IUD AND IMPLANT INSERTION AND REMOVAL PRACTICE

↓

SESSION 12
KNOWLEDGE AND POST-PRACTICE SKILLS ASSESSMENT

↓

SESSION 13
NEXT STEPS AND CLOSING

SESSION 9: VALUES CLARIFICATION AND EXAMINING ATTITUDES

Time:
70 minutes (1 hour 10 minutes)

Session Objectives:

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

- Comprehend how the provider's opinions, values, and attitudes can affect, positively or negatively, their relationship with the client.
- Become aware of their own beliefs, values, and attitudes to avoid imposing them on the client or obstructing communication.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 10 minutes: Participant Presentation: Day 2 Recap
- 60 minutes: Values Clarification Activity

GATHER:
- ☐ Flip charts
- ☐ Markers
- ☐ Tape

PREPARATION

- Print, download, and gather materials as listed below
- Make a flip chart for definitions of values and values clarification
- Review and update list of value statements for the local context – use the *Activity Tool: Statements on Values, Beliefs, and Attitudes* (see the *Detailed Session Guide*) as a reference. Have approximately 10-15 value statements (consider local values and norms) ready in advance
- Make two flip charts that state the following:
  - **AGREE**
  - **DISAGREE**

DETAILED SESSION GUIDE

GROUP DISCUSSION: DAY 2 RECAP

Ask participants to volunteer to briefly recap the main topics and learning covered in the previous day's sessions and activities. **Ask** what was new which they learned yesterday. **Review** today's unit objectives with the participants.

VALUES CLARIFICATION ACTIVITY

Ask participants:

- What do they understand values to mean?
- How can values affect a provider's attitude?

Review flip chart stating definitions of "values" and "values clarification."

Values:

- "Values are concepts or beliefs about desirable states of being or behaviours that transcend specific situations. Values are our internal road map: they influence how we conduct ourselves and live. Values are closely related to and are affected by our beliefs, ideals, knowledge, and communities, and play a key role in the decisions we make, what we spend our time and energy on, and how we act."[21]

Values clarification:

- "Values clarification (VC) is the process of examining one's basic moral reasoning to identify the values that one finds most meaningful and important. The process can help an individual (1) identify when these core values conflict with assumptions or actions that may be informed by social norms and other external influences and (2) examine alternate values and their consequences."[22]

Explain that our values form a fundamental part of our lives and, as such, they influence how we behave both personally and professionally. **Point out** that it is important to be aware of our values related to health and sexual and reproductive health matters and to avoid making value judgments that affect our professional work.

Paste the two flip charts (**AGREE** and **DISAGREE**) on the wall in some open space in the room. **Have** the participants position themselves in the space between the two charts.

Explain that you are going to read some statements. After each one, participants must judge the statement based on their own beliefs and values and move to stand next to the 'agree' or 'disagree' flip chart. Point out that there are no "right" or "wrong" answers with respect to values.

Read one statement at a time. Once you **read** a statement, participants are not allowed to discuss, consult, or influence one another on which response to choose. Each participant will move to the 'agree' or 'disagree' side based on their own belief about the statement.

When finished with all the statements, **have a group discussion**/debrief on the experience of this exercise. Discussion questions might include:

- How did you feel doing this activity?
- What did you learn about your own and others' views?
- Were there times you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
- What did you learn from this activity?
- What does this activity teach us about our values, beliefs, and attitudes as service providers?[23]

21. Turner, Katherine L. and Kimberly Page Chapman. (2008). *Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences*. Chapel Hill: Ipas.
22. Turner, Katherine L., Erin Pearson, Allison George, and Kathryn L. Andersen. "Values Clarification Workshops to Improve Abortion Knowledge, Attitudes and Intentions: A Pre-Post Assessment in 12 Countries." *Reproductive Health* 15 (March 5, 2018). doi.org/10.1186/s12978-018-0480-0
23. Adapted from Inter-Agency Working Group (IAWG) on Reproductive Health in Crises and Ipas. *Uterine Evacuation in Crisis Settings Using Medications*, 2021.

Statements for Values, Beliefs, and Attitudes Activity

Sexual and Reproductive Health Belief Statements (Pick approximately 10 or add your own):

- It is the man's responsibility to buy or get a condom.
- Women should be virgins when they marry.
- Young, unmarried women should not use the intrauterine device (IUD).
- There is no such thing as rape within marriage.
- Family planning is a woman's responsibility.
- Breastfeeding is an effective and easy way to prevent pregnancy.
- If a client has already decided about a contraceptive method, there is no need for counseling.
- People with HIV should not have sex.
- People with HIV should not have children.
- If a person gets an STI, it is his or her own fault.
- Hormonal methods of contraception can be dangerous for a woman's health.
- Young men or women should not be allowed to be sterilized.
- Abstinence is a very effective method of HIV prevention.
- A woman who has been raped should be freely able to have an abortion.
- Emergency contraception can cause an abortion.
- Sexual and reproductive health programs should spend more money on HIV treatment than HIV prevention.
- I would never provide counseling about fertility awareness-based methods because their failure rates are very high.
- Condoms ruin the enjoyment of sex.
- Contraceptives should be readily available to adolescents.
- Married couples are not at risk for STIs or HIV.
- Sterilization carries greater risks than other methods of contraception.
- I think it is normal when two men or two women fall in love.
- Men have more sexual desire than women do.
- IUDs can cause serious infections.

UNIT 3

SESSION 10: MANAGING SIDE EFFECTS AND POTENTIAL COMPLICATIONS, AND ADDRESSING MYTHS AND RUMORS ABOUT LARC METHODS

Time:
70 minutes (1 hour 10 minutes)

Session Objectives:

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

- Manage common side effects and potential complications with LARC methods.
- Address rumors and misconceptions associated with IUDs and implants.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 30 minutes: Facilitator Presentation and Group Discussion
- 40 minutes: Group Activity: Mix and Match Game

PREPARATION

- Print, download, and gather materials as listed below
- Print and cut out all of the boxes for *"Rumors and Misconceptions"* and *"Facts and Realities"* from the *"Rumors and Facts vs. Facts and Realities of LARCs"* mix and match handout

PRINT:

- ☐ *"Rumors and Facts vs. Facts and Realities of LARCs" Mix and Match Handout*

Participant Workbook:

- ☐ *Managing Side Effects and Potential Complications of IUDs*
- ☐ *Managing Side Effects and Potential Complications of Implants*
- ☐ *Counteracting Rumors and Misconceptions about IUDs*
- ☐ *Counteracting Rumors and Misconceptions about Implants*

DOWNLOAD:
Presentation:

- ☐ Slides 79 through 91

GATHER:

- ☐ Projector and computer with sound
- ☐ Flip charts and markers

DETAILED SESSION GUIDE

FACILITATOR PRESENTATION AND GROUP DISCUSSION

Move through presentation slides 79-91 using the notes and prompts included in the presentation. Before showing slide 81, **ask** participants to **describe** the common side effects that are experienced by clients who use IUDs. **Note** brief responses on the flip chart before revealing the answers on the following slides. **Ask** participants why it is important to explain side effects during counseling.

Continue to move through the slides to **explain** the complications associated with LARCs, including their identification and management.

Conclude the presentation by **summarizing** the key points participants should remember from the presentation on the importance of good counseling on slide 91:

- LARC methods are safe, very effective, long-acting, and reversible.
- Concerns over bleeding patterns and menstrual problems are the most common side effect and are a frequent cause for discontinuation.
- Side effects, including any impact on menstruation or bleeding patterns, are generally for an initial few months and can usually be treated, managed, or may settle themselves over time.
- Most women living with HIV can use or continue using IUDs and implants.
- Offer to help the client choose another method, if she wishes, or if complications with her current method persist.

GROUP ACTIVITY: MIX AND MATCH GAME

Divide the participants into two groups. **Give** one group all of the *Rumors and Misconceptions* and the other group all of the *Facts and Realities to address Rumors and Misconceptions* from the *"Rumors and Facts vs. Facts and Realities of LARCs"* mix and match handout. **Ask** the group that has the *Rumors and Misconceptions* to **read** one of the rumors out loud. **Ask** the other group to **identify** *Facts and Realities* that dispel the rumor or misconception.

Continue in this way until matches have been identified and read aloud for all the rumors and misconceptions.

Explain that participants can find all these rumors and misconceptions and the facts and realities to combat them in *Counteracting Rumors and Misconceptions about IUDs* and *Counteracting Rumors and Misconceptions about Contraceptive Implants* in their participant workbooks.

RUMORS AND MISCONCEPTIONS MIX AND MATCH GAME: ANSWER KEY[24]

The IUD might travel inside a woman's body to her heart or her brain.	There is no passage from the uterus to the other organs of the body. The IUD is placed inside the uterus and—unless it is accidentally expelled—stays there until a trained health care provider removes it. If the IUD is accidentally expelled, it comes out of the vagina, which is the only passage to the uterus. The provider can teach the client how to feel for the string, if the client is comfortable doing so.it comes out of the vagina, which is the only passage to the uterus.
A woman can't get pregnant after using an IUD.	A woman's fertility returns to normal very soon after the IUD is removed. Studies have shown that most women who discontinue the IUD become pregnant as rapidly as those who have never used contraception.
If a woman with an IUD becomes pregnant, the IUD gets embedded in the baby's forehead.	The baby is very well protected by the sac filled with amniotic fluid inside the mother's womb. If a woman gets pregnant with an IUD in place, the health provider will remove the IUD immediately due to the risk of infection. If for some reason the IUD is left in place during a pregnancy, it is usually expelled with the placenta or with the baby at birth.

24. Used with permission from USAID Maternal & Child Survival Program (MCSP), and Jhpiego. *Long-Acting Reversible Contraception (LARC) Learning Resource Package*, 2017. resources.jhpiego.org/resources/Modular_LARC_LRP

The IUD deteriorates in the uterus after prolonged use.	Once in place, if there are no problems, the IUD can remain in place up to 12 years. The IUD is made of materials that cannot deteriorate. The client can keep it longer, if she desires, without any risk.
An IUD can't be inserted until 6 weeks postpartum.	A trained provider can insert the IUD immediately after delivery (within 10 minutes of delivery of the placenta), or during a cesarean section, or up to 48 hours following delivery. Postpartum insertion of an IUD has been shown to be safe, effective and convenient for women, just like the regular or interval IUD. Postpartum insertion appears to have a lower chance of perforation as instrument used is blunt and uterine wall is thick just after the pregnancy. After the 48-hour postpartum period, a Copper T 380A may be safely inserted at four or more weeks postpartum. It has been shown that IUDs do not affect breastmilk and can be safely used postpartum by breastfeeding women.
Implants cause infertility.	Implants stop working once they are removed. Their hormones do not remain in your body. The implant will not affect your ability to have another child. You can become pregnant again once your implant is removed.
Implants move to other parts of the body like your heart or brain.	If placed correctly it is highly unlikely that they can move. They remain where they are inserted until they are removed. In rare cases, a rod may start to come out of the skin, usually during the first four months after insertion.
Implants stop monthly bleeding and dirty blood collects in your body.	Changes in menstrual bleeding—like spotting, prolonged bleeding or no menstrual bleeding—are common. These side-effects are normal and are not a sign of sickness. Blood does not build up in your body.
Implant insertion is painful, and removal is difficult.	Health providers who insert implants have been specially trained to insert them. The provider will give you a small injection in your arm so that you do not feel the insertion. The incision is very small and does not require stitches. Removal of implant is easy if it is inserted correctly. Women are advised to go to the trained provider who inserted it for removal.
Implants cause abortion if you are pregnant at the time of insertion.	Implants do not cause an abortion. There is good evidence that the implant will not harm a baby if you are already pregnant when the implant is put in. Your provider will check carefully to make sure you are not pregnant before the implant is inserted.

Conclude the activity by **asking** participants if there are any other common rumors that they hear. **Emphasize** that the two most important points when discussing myths and misconceptions are:

1. Contraception is not abortion: contraceptives will not harm an established pregnancy.
2. Contraception does not cause infertility: any reversible method will allow a return to fertility within a reasonable time from the discontinuation of the method.

Discuss ways to address these rumors as was practiced in the last activity. **Make** any corrections, if needed.

SESSION 11: SKILLS LAB - IUD AND IMPLANT INSERTION AND REMOVAL PRACTICE

Time:
120 minutes (2 hours)

Session Objectives:

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

- Practice correct steps of loading a Copper T 380A in its sterile package correctly using the "no-touch" technique.
- Practice correct steps of insertion and removal of copper IUD on an anatomical model using a checklist.
- Practice correct steps of insertion and removal of one-rod/two-rod implants on an arm model using a checklist.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 10 minutes: Review and Group Discussion
- 110 minutes: Skills Practice

PREPARATION

- Print, download, and gather materials as listed below
- Prepare two stations for each skill: IUD and implant insertion and removal practice

PRINT:

Participant Workbook (Session 7):

- ☐ *Instructions for Loading the Copper T 380A in the Sterile Package Job Aid*
- ☐ *IUD Insertion and Removal Practice Checklist*
- ☐ *One-Rod (Nexplanon) Implant Insertion Practice Checklist*
- ☐ *Two-Rod (Jadelle and Sino-Implant [II] / Levoplant) Implant Insertion Practice Checklist*
- ☐ *Standard Implant Removal Checklist*

GATHER:

- ☐ Infection prevention supplies (see list in Session 6)
- ☐ IUD insertion and removal kits
- ☐ Implant insertion and removal kits
- ☐ Pelvic anatomical models (e.g., ZOE model/ Sister U/ Family Planning Educator, whichever is available)
- ☐ Arm models
- ☐ Handheld uterus models
- ☐ Placebo implants
- ☐ Copper IUDs (preferably expired ones, if available)
- ☐ Light source/torch

DETAILED SESSION GUIDE

REVIEW AND GROUP DISCUSSION

Review the relevant job aids, handouts, and checklists for IUD and implant insertion and removal in the *Participant Workbooks* with the participants. **Explain** their use during this practice session and **highlight** the important steps during the procedures. **Leave time** for participants to **ask** questions and **discuss** their concerns.

SKILLS PRACTICE

Have participants divide into small groups. **Have** participants take alternating turns to **practice** and **observe** these skills on the anatomical and arm models using the checklists. **Ensure** that all participants get a chance to **practice** skills for both the IUD and implants.

Facilitators should **observe** and **provide guidance** as participants practice. **Identify** participants who need more practice on models and pair them with a well-performing peer from their facility for additional support. Participants can **continue** practicing while waiting for final assessment.

UNIT 3

SESSION 12: KNOWLEDGE AND POST-PRACTICE SKILLS ASSESSMENT

Time:
80 minutes (1 hour 20 minutes)

Session Objectives:

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

- Complete a knowledge assessment.
- Have their post-training skills assessed for IUD and implant insertion and removal techniques.
- Plan for supervised clinical practice after the training.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 20 minutes: Post-test Assessment
- 60 minutes: Post-Practice Skills Assessment

PREPARATION

- Print, download, and gather materials as listed below
- Prepare two stations for each skill: IUD and implant insertion and removal practice

PRINT:

- ☐ *Post-test*

(From Session 7)

- ☐ *Pre-Post IUD Skill Assessment*
- ☐ *Pre-Post One-Rod (Nexplanon) Implant Insertion and Removal Skill Checklist*
- ☐ *Pre-Post Two-Rod Implant Insertion and Removal Skill Checklist*

Participant Workbook (Session 7)

- ☐ *Instructions for Loading the Copper T 380A in the Sterile Package Job Aid*
- ☐ *IUD Insertion and Removal Practice Checklist*
- ☐ *One-Rod (Nexplanon) Implant Insertion Practice Checklist*
- ☐ *Two-Rod (Jadelle and Sino-Implant [II] / Levoplant) Implant Insertion Practice Checklist*
- ☐ *Standard Implant Removal Checklist*

GATHER:

- ☐ Infection prevention supplies (see list in Session 6)
- ☐ IUD insertion and removal kits
- ☐ Implant insertion and removal kits
- ☐ Pelvic anatomical models (e.g., ZOE model/ Sister U/ Family Planning Educator, whichever is available)
- ☐ Arm models
- ☐ Handheld uterus models
- ☐ Placebo implants
- ☐ Copper IUDs (preferably expired ones, if available)
- ☐ Light source/torch

DETAILED SESSION GUIDE

POST-TEST ASSESSMENT

Distribute copies of the *Post-test Assessment* and **instruct** participants on how to take the test.

Collect the completed assessments.

POST-PRACTICE SKILLS ASSESSMENT

Assess participants' skills for IUD and implant insertion and removal using checklists from Session 7. On the checklist, **note** down the steps the participant is unable to perform and where she or he needs special attention. **Compare** the record of the assessment with the pre-practice assessment at the end of training. **Identify** participants who need additional support. **Discuss** options and **plan** for supervised clinical practice for participants.

SESSION 13: NEXT STEPS AND CLOSING

Time:
90 minutes (1 hour 30 minutes)

Session Objectives:

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

- Discuss options for ongoing skills practice and post-training activities (such as peer to peer, clinical drills, mentorship, and on the job coaching).
- Explain the use of training resources and job aids.
- Develop a simple action plan for LARC service provision.
- Explain how the training met their expectations and course objectives.

SESSION OVERVIEW

TIMING AND METHODOLOGY

- 40 minutes: Group Discussion and Action Planning
- 20 minutes: Training Evaluation
- 30 minutes: Certificate Distribution and Closing

PREPARATION

- Print, download, and gather materials as listed below
- Prepare certificates of completion in advance with participants' names

PRINT:
- ☐ *Training Evaluation Forms*
- ☐ *Participant Certificates of Completion*

Participant Workbook
- ☐ *Action Plan*

GATHER:
- ☐ Flip charts and markers

DETAILED SESSION GUIDE

GROUP DISCUSSION AND ACTION PLANNING

Explain that this three-day refresher training on LARCs emphasizes the continuity of quality, safe provision of family planning services in crisis settings. The content reflects current evidence-based practice. After this training, it is important to **continue** practicing these skills to build confidence, support the transfer of learning, and help with skills retention. **Discuss** with participants what exists in their facilities now to support provider performance, such as supportive supervision, on-the-job training, or mentorship. **Brainstorm** how the participants can layer on continued practice in new skills and behaviors. This can include exercises, use of checklists (part or whole), and clinical drills from the training. **Note** ideas on the flip chart. **Discuss** connecting with the individual organizations or health facilities where the participants work to implement these ideas.

Note: During the training and knowledge and skills assessments, facilitators will have identified participants with demonstrated experience in these skills and those who demonstrated less experience. For those needing additional support, it is important to develop a plan for further capacity strengthening activities post-training.

Discuss who is best placed to champion and support ongoing training efforts and how to get management to support these. If connectivity permits and one has not yet been created, a WhatsApp group can be used to establish a support group and share information.

Ensure participants have all the resources from this training to share with other colleagues and to continue learning. These can be shared as a USB key and accessed at www.iawg.net/scorts, if not already included in the *Participant Workbook*.

Discuss with participants the gaps or challenges they may face at the workplace in providing LARCs, especially in the crisis setting and within low resource settings. **Discuss** simple, innovative ways of addressing these challenges. Some challenges may be important to discuss at a higher level. **Develop** a simple action plan for improving LARC provision in their workplace setting. Action plans can be shared with facility managers and used for follow-up and monitoring. **Encourage** participants to use the *Action Plan* example in their workbook.

TRAINING EVALUATION

Distribute the training evaluation forms among the participants. **Read** out loud the instructions on how to complete the forms and **answer** any questions.

Collect the completed forms from the participants.

CERTIFICATE DISTRIBUTION AND CLOSING

Present each participant with their prepared *Certificate of Completion* and **congratulate** them.

Conclude the training with closing remarks.

ANNEX 1: SAMPLE COURSE AGENDA FOR 3-DAY TRAINING

This is an example of a 3-day agenda for this module. Facilitators may need to adjust the order of some content and the time allowed based on the setting and participants' experience and capacity. There is an adaptable and printable version of the course agenda on the IAWG website: www.iawg.net. Energizers and warm up activities can be added as needed. Lunch, morning, and afternoon breaks can be taken as convenient.

Timing	Content	Objectives At the end of the unit, participants will be able to:	Methodology
DAY 1: UNIT 1 DURATION: 8 HOURS			
Session 1: Welcome and Introduction (1 hour 10 minutes)			
8:30-8:50	• Participant Introductions	• Become familiar with each other	Participatory activity
8:50-9:05	• Training Workshop Overview	• Discuss the training's contents	Presentation
9:05-9:20	• Setting Expectations and Ground Rules	• Set norms and expectations for the training	Group discussion
9:20-9:40	• Knowledge assessment	• Complete the knowledge assessment	Individual work
9:40-9:50 (10 minuntes) Tea Break			
Session 2: Overview of Humanitarian Principles and Accountability Framework (1 hour)			
9:50-10:50	• Humanitarian Principles and Accountability Framework	• Discuss the complexities of crisis settings and why global standards and principles for humanitarian intervention are important and have evolved over the years. • Describe the MISP for Sexual and Reproductive Health and how it relates to health in emergencies.	Presentation Group discussion
Session 3: Overview of Long-Acting Reversible Contraceptives (LARCS) (1 hour 30 minutes)			
10:50-11:10	• Definition of terms	• Define the terms family planning, contraception, and healthy timing and spacing of pregnancies	Group discussion
11:10-11:50	• Contraceptive Technology Updates for LARC Methods	• Describe basic attributes of LARC methods.	Presentation
11:50-12:20	• Review of Medical Eligibility Criteria	• Demonstrate and practice the use of the WHO Medical Eligibility Criteria (MEC) for Contraceptive Use Wheel / App and Quick Reference Chart in recommending safe and effective contraception methods for clients with medical conditions	Case studies Group discussion
12:20-13:00 (40 minutes) Lunch Break			

Timing	Content	Objectives At the end of the unit, participants will be able to:	Methodology
Session 4: Family Planning Counseling (BCS+) (3 hours)			
13:00-13:20	• Introduction to Family Planning Counseling	• Describe family planning counseling, particularly during crisis situations	Presentation
13:20-14:00	• Family Planning Counseling Using BCS+	• Demonstrate how to use the BCS+ job aids to assist a client in making an informed decision about whether and which contraceptive method to choose	Demonstration Role play
14:00-14:10 (10 minutes) Working Tea Break			
14:10-16:10	• Counseling Practice	• Practice how to use the BCS+ job aids to assist a client in making an informed decision about whether and which contraceptive method to choose • Describe family planning counseling, particularly during crisis situations	Role plays Group Discussion
16:10-16:30	• Debrief and Closing • Homework Assignment		Group discussion End of day brief evaluation
Homework: Review materials in participant notebook and handouts			
DAY 2: UNIT 2 DURATION: 8 HOURS			
8:30-8:40	• Recap of Day 1: Unit 1	• Recap of previous day session • Answer any queries	Participant presentation Q&A
Session 5: Rights-Based Sexual and Reproductive Health Care (50 minutes)			
8:40-9:30	• Rights-Based Sexual and Reproductive Health Care	• Describe the fundamental principles of rights-based sexual and reproductive health care • Provide rights-based sexual and reproductive health care in crisis settings	Presentation Case study
Session 6: Infection Prevention for Provision of LARC Services (1 hour 30 minutes)			
9:30-11:00	• Infection prevention for provision of LARC services	• Describe standard precautions for infection control and prevention • Demonstrate the steps for handling and processing instruments • Explain how to handle, segregate, and dispose of contaminated and non-contaminated waste • Describe infection prevention practices recommended for the provision of LARC services	Presentation Group discussion Skills station practice

Timing	Content	Objectives At the end of the unit, participants will be able to:	Methodology
11:00-11:10 (10 minutes) Tea Break			
Session 7: Pre-Practice Skills Assessment, Video & Demonstration (1 hour 50 minutes)			
11:10-12:10	• Skills Assessment: Insertion and Removal Technique for: · Copper T · One-Rod Implant (NEXPLANON) · Two-Rod Implant (Jadelle and Sino-Implant [II] / Levoplant) Note: Assess whichever type of implant is available in the crisis setting	• Review procedure checklists with the facilitator. • Demonstrate skills for loading, insertion, and removal of copper IUDs in the interval period on an anatomical model • Demonstrate skills for insertion and removal of one-rod /two-rod implant	Skills assessment
12:10-13:00	• Skills Demonstration: Insertion and Removal Technique for: · Copper T · One-Rod Implant (NEXPLANON) · Two-Rod Implant (Jadelle and Sino-Implant [II] / Levoplant) Note: Demonstrate whichever type of implant is available in the crisis setting	• Observe the demonstration steps of loading, insertion, and removal of copper IUDs in the interval period through a video and on the anatomical model using a checklist • Observe the demonstration steps of one-rod /two-rod Implant insertion and removal through a video and on the arm model using a checklist	Demonstration Video
13:00-13:40 (40 minutes) Lunch			
Session 8: Skills Lab – IUD and Implant Insertion and Removal Practice (2 hours 30 minutes)			
13:40-16:10	• Skills Demonstration: Insertion and Removal Technique for: · Copper T · One-Rod Implant (NEXPLANON) · Two-Rod Implant (Jadelle and Sino-Implant [II] / Levoplant) Note: Demonstrate whichever type of implant is available in the crisis setting	• Practice correct steps of loading a Copper T 380A in its sterile package correctly using the "no-touch" technique. • Practice correct steps of insertion and removal of copper IUD on an anatomical model using a checklist. • Practice correct steps of insertion and removal of one-rod/two-rod implants on an arm model using a checklist.	Skills practice
16:10-16:20 (10 minutes) Working Tea Break			
16:30-16:30	• Debrief and Closing • Homework Assignment		Group discussion End of day brief evaluation
Homework: Review materials in participant notebook and handouts			
DAY 2: UNIT 2 DURATION: 8 HOURS			
8:30-8:40	• Recap of Day 2: Unit 2	• Recap of previous day session • Answer any queries	Participant presentation Q&A

Timing	Content	Objectives At the end of the unit, participants will be able to:	Methodology
Session 9: Values Clarification and Examining Attitudes (1 hour)			
8:40-9:40	• Values Clarification	• Comprehend how the provider's opinions, values, and attitudes can affect, positively or negatively, their relationship with the client • Become aware of their own beliefs, values, and attitudes to avoid imposing them on the client or obstructing communication	Interactive activity
Session 10: Managing Side Effects and Potential Complications, and Addressing Myths and Rumors about LARC Methods (1 hour 10 minutes)			
9:40-10:50	• Managing Side Effects and Potential Complications, and Addressing Rumors and Misconceptions of LARC Methods	• Manage common side effects and potential complications with LARC methods • Address rumors and misconceptions associated with IUDs and implants	Presentation Group discussion Group activity
10:50-11:00 (10 minutes) Tea Break			
Session 11: Skills Lab - IUD and Implant Insertion and Removal Practice (2 hours)			
11:00-13:00	• IUD and Implant Insertion and Removal Practice	• Practice correct steps of loading a Copper T 380A in its sterile package correctly using the "no-touch" technique • Practice correct steps of insertion and removal of copper IUD on an anatomical model using a checklist • Practice correct steps of insertion and removal of one-rod/two-rod implants on an arm model using a checklist	Review and Group discussion Skills practice
13:00-13:40 (40 minutes) Lunch			
Session 12: Knowledge and Post-Practice Skills Assessment (1 hour 20 minutes)			
13:40-14:00	• Knowledge Assessment	• Complete the post-test knowledge assessment	Individual work
14:00-15:00	• Skills Assessment: IUD and implant insertion and removal technique	• Complete a knowledge assessment • Have their post-training skills assessed for IUD and implant insertion and removal techniques • Plan for supervised clinical practice after the training	Post-practice skills assessment
Session 13: Next Steps and Closing (1 hour 30 minutes)			
15:00-16:30	• Next Steps and Closing · Action Plan · Certificate of Completion · Training Evaluation · Closing Remarks	• Discuss options for ongoing skills practice and post-training activities (such as peer to peer, clinical drills, mentorship and on the job coaching) • Explain the use of training resources and job aids • Develop a simple action plan for LARC service provision • Explain how the training met their expectations and course objectives • Explain how the training met their expectations and course objectives	Group discussion Action planning Evaluation Closing remarks

ANNEX 2: PARTICIPANT PRE- AND POST-TEST ANSWER KEY

1. Which of the following is the MOST critical component of contraceptive counseling?
   a. Ensuring volunteerism and informed choice
   b. Obtaining formal consent for the procedure from the client
   c. Describing side effects to the client
   d. Telling the client about the effectiveness of the contraceptive method

2. The term healthy timing and spacing of pregnancies (HTSP) is intended to:
   a. Advise women to limit their families
   b. Help women and families to delay and space their pregnancies
   c. Help women to start exercise after pregnancy
   d. Benefit women who have no children

3. When using the Balanced Counseling Strategy Plus (BCS+) counseling strategy, detailed information about the selected contraceptive method is given during the:
   a. Pre-choice stage
   b. Post-choice stage
   c. Method-choice stage
   d. Systematic screening stage

4. Category 2 in the World Health Organization medical eligibility criteria (MEC):
   a. Indicates a method that should not be used for a given client
   b. Indicates generally using the method in which the benefits outweigh the risk
   c. indicates the use of a method is not usually recommended unless other methods are not available/acceptable
   d. Indicates that a method may be used in any circumstance

5. Once the procedure to insert a contraceptive method is complete the provider should:
   a. Properly clean instruments as soon as possible after they have been used to prevent bioburden from drying on the instrument or devices
   b. Wait and collect all instruments at the end of the day for cleaning
   c. Soak all soiled instruments in liquid bleach for two hours
   d. Conduct high-level disinfection

6. Long-acting reversible contraceptives (LARCs) are best for a woman who:
   a. Does not want to have any more children
   b. Wants many years of contraception
   c. Has AIDS and is on antiretroviral therapy
   d. Wants to have contraception for three months

7. While counseling a client, it is very important to respect local values and beliefs because:
   a. It can affect, positively or negatively, the provider's relationship with the client
   b. Help the provider to choose a method for the client
   c. Give the provider an idea if the client will continue the chosen method
   d. Shorten the counseling time

8. Copper IUDs are effective for:
   a. 10-12 years
   b. 15 years
   c. 5 years
   d. 3 years

9. It is safe to insert an intrauterine device (IUD) in a postpartum woman:
   a. Immediately within 10 minutes of delivery of placenta
   b. 48 or more hours after delivery
   c. Two weeks after delivery
   d. One week after delivery

10. The best way to counteract a rumor or perception about a family planning method is to:
    a. Tell the client that the rumor is not true and brush off her comments lightly
    b. Ignore it because it is just a rumor
    c. Tell the client that people who believe such rumors are stupid
    d. Explain that the rumor is not true and why it is not true

11. It is safe for breastfeeding women to use implants because they contain only:
    a. Progestin
    b. Estrogen
    c. Human chorionic gonadotropin (HCG)
    d. Prolactin

12. An IUD should be inserted using the “no-touch” technique because it:
    a. Increases the need for local anesthetic
    b. Requires the use of sterile gloves
    c. Minimizes the risk of post-insertion infection
    d. Decreases the chances of uterine perforation

13. The four Basic Humanitarian Principles include the following except:
    a. Humanity
    b. Inequity
    c. Impartiality
    d. Independence

14. A rights–based SRH approach promotes:
    a. Accountability, equity, participation of right holders, and non-discrimination
    b. Partiality, chauvinism, and decision taken by policy makers
    c. Feminism, informed decision, leadership of implementers
    d. Learning culture, discrimination, and mechanism for action on feedback

15. In order to ensure people affected by crisis know their rights and have access to information:
    a. Do not involve local representatives of communities affected by crisis at any stage
    b. Use expensive technologies to deliver information
    c. Communicate in language, formats, and media that are easily understandable, respectful, and culturally appropriate
    d. Never try to get feedback from clients on their level of satisfaction

ANNEX 3: DETAILED LIST OF SUPPLIES FOR LARC SERVICE PROVISION[25]

INTRAUTERINE DEVICES-SUPPLIES AND INSTRUMENTS

1. IUD in sterile package
2. Instrument tray with lid (optional)
3. Iodine cup/stainless steel bowl-250 mL
4. Antiseptic solution
5. Cotton balls/gauze
6. Bivalve speculum-medium and large
7. Tenaculum 10”
8. Uterine sound
9. Ring /Sponge forceps straight 9-1/2”
10. Sharp scissors curved-8”
11. Alligator forceps-8” for removal

ITEMS FOR CONTRACEPTIVE IMPLANTS

INSERTION:

1. Waterproof marker
2. Sterile surgical drapes (optional) and gloves
3. Antiseptic solution
4. Local anesthetic-1% lignocaine
5. Instrument tray with lid (optional)
6. Iodine cup/Stainless steel bowl-250 mL
7. Tissue forceps- Toothless,13 cms
8. Tissue forceps- Toothed,13 cms
9. Gauze/cotton balls
10. 5 cc Disposable syringe
11. 22G 1-01/2” Disposable needle

STANDARD REMOVAL:

1. Sterile surgical drapes (optional) and gloves
2. Antiseptic solution
3. Local anesthetic-1% lignocaine
4. Iodine cup/Stainless steel bowl-250 mL
5. Handle for Surgical Blade no. 3
6. Surgical Blade no 11, steel, sterile, disposable
7. Hemostatic Mosquito Forceps Straight, 13 cm
8. Hemostatic Crile, Curved Forceps 13 cm
9. 5 cc Disposable syringe
10. 22G 1-01/2” Disposable needle
11. Skin closure (Band aid), sterile gauze and compresses (bandage)

25. For information about the Inter-Agency Emergency Reproductive Health Kits see UNFPA. *Inter-Agency Emergency Reproductive Health Kits for Use in Humanitarian Settings: Manual 6th Edition*, 2019. iawg.net/resources/inter-agency-reproductive-health-kits-6th-edition-manual

ANNEX 4: PRE AND POST SKILLS CHECKLISTS
PRE-POST IUD INSERTION AND REMOVAL SKILL ASSESSMENT CHECKLIST

Name of Assessor: _____

Name of Participant: _____

Date of assessment: Pre: (/ /) Post: (/ /)

Place of Posting: _____

INSTRUCTIONS FOR THE ASSESSOR

1. Set up the station for IUD Insertion and removal.
2. Invite one participant at a time.
3. Read the scenario given below and tell the participant to demonstrate the insertion and removal steps.
4. Enter scores in the checklist while observing the steps.
5. Do not prompt or interfere while the participant performs.

SCENARIO:

The woman has chosen to use a Copper IUD. Her eligibility has been assessed and confirmed. You have counselled her on what you will be doing and what she may expect. She has emptied her bladder. You have ensured all equipment, supplies, and light source are available and that privacy is maintained. Proceed with the steps of insertion and removal.

		Assessment Score		
Step No.	**Tasks**	**Pre-test**	**Post-Test**	**Comments**
Getting Ready				
1	Washes hands thoroughly with soap and water and air dries them			
2	Puts on clean examination/HLD/sterile gloves on both hands			
3	Performs bimanual pelvic examination and determines size, shape, and position of the uterus			
4	Performs speculum examination to visualize the cervix and check for signs of infection, ulcers, or sores			
5	Cleans the cervical os and vaginal walls thoroughly with antiseptic			

Sounds the Uterus				
6	Gently grasps the cervix with an HLD or sterile tenaculum and applies gentle traction			
7	Inserts the HLD or sterile sound using the “no-touch” technique, and notes uterine depth			
Loads the IUD				
8	Loads the IUD in its sterile package, using “no touch” technique			
9	Sets the blue depth-gauge to the measurement of the uterine depth			
Inserts the IUD				
10	Carefully inserts the loaded IUD and releases it into the uterine cavity using ‘withdrawal’ technique			
11	Gently pushes the inserter tube upwards until a resistance is felt at the uterus fundus			
12	Withdraws the rod completely. Partially withdraws the inserter tube till strings are visible. Uses HLD/sterile scissors to cut the strings 3-4 cms length, while still inside the inserter			
13	Removes tenaculum, checks for bleeding and removes speculum			
14	Performs the post insertion tasks			
Removes the IUD				
15	Grasps the IUD strings close to the cervix with an HLD (or sterile) hemostat or other narrow forceps			
16	Applies steady but gentle traction, pulling the strings outwards, to remove the IUD. Shows IUD to the woman			
17	Performs post removal tasks			

Total Score: **17** Pre-Test Score: _____**/17** Post-Practice Score: _____**/17**

PRE-POST ONE-ROD (NEXPLANON) IMPLANT INSERTION AND REMOVAL SKILL CHECKLIST

Name of Assessor: _____

Name of Participant: _____

Date of assessment: Pre: (/ /) Post: (/ /)

Place of Posting: _____

INSTRUCTIONS FOR THE ASSESSOR

1. Set up the station for one-rod (Nexplanon) implant insertion and removal.
2. Invite one participant at a time.
3. Read the scenario given below.
4. Tell the participant to demonstrate the insertion and removal steps.
5. Enter scores in the checklist while observing the steps.
6. Do not prompt or interfere while the participant performs.

SCENARIO:

The woman has chosen to use the Nexplanon. Her eligibility has been assessed and confirmed. You have counseled her on what you will be doing and if she has any question. You have ensured all equipment, supplies, and light source are available, and that privacy is maintained. The woman has washed her arm with soap and water. You have positioned her arm with the elbow fixed and her hand behind her head. Now proceed with the steps of insertion and removal of Nexplanon.

		Assessment Score		
Step No.	**Tasks**	**Pre-test**	**Post-Test**	**Comments**
Getting Ready				
1	Ensures that the required sterile or high-level disinfected instruments are present			
2	Removes the sterile Implanon NXT applicator with the preloaded implant from the package by allowing it to fall on the sterile tray without touching it			
3	Marks the position on the arm model for insertion of rod 8-10 cm proximal to the medial epicondyle and 3-5 cm posterior to the arm sulcus, above the triceps			
4	Washes hands thoroughly with soap and water and air dries them			
5	Puts on sterile gloves on both hands			

Inserts Implant				
6	Cleans insertion site with antiseptic, using a tissue forceps to hold a cotton or gauze swab soaked with antiseptic			
7	Injects 1-2 mL of 1% lidocaine just under the skin using a sterile syringe and needle, raising a wheal at the insertion point and advancing up to 5 cm along the insertion track			
8	Stretches the skin around the insertion site with thumb and index finger. Using the needle, punctures the skin at a 30° angle and inserts only up to the bevel of the needle			
9	While visualizing the needle, lowers the applicator to the horizontal position so that it is parallel to the surface of the skin while continuing to tent or lift the skin with the needle tip to ensure superficial placement			
10	While lifting the skin with the tip of the needle, slides the needle to its full length toward the guide mark, continuing to tent the skin as the trocar is advanced. Makes sure that the entire length of the needle is inserted under the skin			
11	While keeping the applicator in the same position and the needle inserted to its full length with one hand, unlocks the purple slider by pushing it slightly down			
12	Moves the slider fully back until it stops, leaving the rod now in its final subdermal position and locking the needle inside the body of the applicator			
13	Moves the slider fully back until it stops, leaving the rod now in its final subdermal position and locking the needle inside the body of the applicator			
14	Removes the applicator			
Removes Implant				
15	Palpates the rod to determine the point for removal and marks with a waterproof marker, where the tip of the rod is palpated			
16	Injects local anesthesia and makes a small (2 mm) incision below the end of the rod			
17	Gently pushes the end of the rod toward the incision with fingertip until the tip of the implant is visible			
18	Grasps the end of the rod with curved mosquito or Crile forceps			

Total Score: **20** Pre-Test Score: _____**/20** Post-Practice Score: _____**/20**

PRE-POST TWO-ROD IMPLANT INSERTION AND REMOVAL SKILL CHECKLIST

Name of Assessor: _____

Name of Participant: _____

Date of assessment: Pre: (/ /) Post: (/ /)

Place of Posting: _____

INSTRUCTIONS FOR THE ASSESSOR

1. Set up the station for implant insertion and removal.
2. Invite one participant at a time.
3. Read the scenario given below.
4. Tell the participant to demonstrate the insertion and removal steps.
5. Enter scores in the checklist while observing the steps.
6. Do not prompt or interfere while the participant performs.

SCENARIO:

The woman has chosen to use the two-rod implant. Her eligibility has been assessed and confirmed. You have counseled her on what you will be doing and if she has any question. You have ensured all equipment, supplies, and light source are available, and that privacy is maintained. The woman has washed her arm with soap and water. You have positioned the woman's arm with the elbow flexed. Now proceed with the steps of insertion and removal of the two-rod implant.

		Assessment Score		
Step No.	**Tasks**	**Pre-test**	**Post-Test**	**Comments**
Getting Ready				
1	Places a clean dry cloth under the woman's arm			
2	Opens the pouch containing the sterile rods by pulling apart and drops them into a sterile bowl/sterile drape Removes the sterile trocar from the package and gently drops it on the sterile tray/drape			
3	Marks the position on the arm for insertion of rods 6cm to 8cm above the elbow fold in a "V"			
4	Washes hands with soap and water and air dries			
5	Puts on sterile gloves on both hands			

Inserts Implant				
6	Cleans insertion site with antiseptic, using a tissue forceps to hold a cotton or gauze swab soaked with antiseptic			
7	Fills a sterile syringe with 2 mL of 1% lidocaine. Injects a very small amount of the anesthetic to raise a small wheal at the puncture site. Advances the needle under the skin for 5 cm (2 inches) between where the two rods will be inserted. As withdraws the needle, slowly injects 1 mL of anesthetic in a track			
8	Inserts the trocar directly (subdermal and superficially) with the beveled tip of the trocar facing up			
9	While tenting the skin, advances the trocar and plunger to mark (1) nearest the hub of the trocar			
10	Removes the plunger and loads the first rod into the trocar with the gloved hand or forceps			
11	Reinserts the plunger and advances it until resistance is felt			
12	Holds the plunger firmly in place with one hand and slides the trocar out until it reaches the plunger handle			
13	Withdraws the trocar and plunger together until mark (2) nearest the trocar tip, just clear of incision (does not remove the trocar from the skin)			
14	Redirects the trocar about 15°, and advance the trocar and plunger to mark (1)			
15	Inserts the second rod using the same technique			
16	Palpates the rods to check that the two rods have been inserted in a V-distribution and that both rods are 5mm clear of the incision			
17	Removes the trocar only after insertion of the second rod and presses down on the incision with a gauzed finger for a minute or so to stop any bleeding Applies pressure bandage			
Removes Implant				
18	Palpates the rods to determine the point for removal			
19	Preps removal site with antiseptic solution twice using cotton/gauze held with a tissue forceps			
20	Injects a small amount of local anesthetic (1% without epinephrine) at the incision site and under the end of the rods (Below the bottom of V)			
21	Pushes down the proximal end of the rod to stabilize it; a bulge may appear indicating the distal end of the implant			

22	Makes a 4 mm incision with the scalpel below the ends of the rods			
23	Gently pushes the rods toward the incision with fingers till it is visible and grasps the end with curved forceps			
24	Uses sterile gauze (or blunt side of the scalpel) to clean off the fibrous tissue sheath that covers the tip of the rod and ensure that the rod is complete			
25	Repeats steps 23-24 for the second rod and applies bandage			

Total Score: **25** Pre-Test Score: _____**/25** Post-Practice Score: _____**/25**

ANNEX 5: REFERENCES AND RECOMMENDED RESOURCES

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