An Integrated Condom Training Manual
# List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency</td>
</tr>
<tr>
<td>CCP</td>
<td>Comprehensive Condom Programming</td>
</tr>
<tr>
<td>CE Mark</td>
<td>Conformité Européen (European Conformity mark)</td>
</tr>
<tr>
<td>FAQs</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>FC1</td>
<td>FC1 Female Condom (First generation)</td>
</tr>
<tr>
<td>FC2</td>
<td>FC2 Female Condom (Second generation)</td>
</tr>
<tr>
<td>F/C</td>
<td>Flip chart</td>
</tr>
<tr>
<td>FHC</td>
<td>Female Health Company</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FSW</td>
<td>Female Sex Worker</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education &amp; Communication</td>
</tr>
<tr>
<td>IUD</td>
<td>Intra-Uterine Device</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with other Men</td>
</tr>
<tr>
<td>OHP</td>
<td>Overhead Projector</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission (of HIV)</td>
</tr>
<tr>
<td>PP</td>
<td>Power Point</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>Question and Answer</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual &amp; Reproductive Health</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>USFDA</td>
<td>United States Food and Drug Administration</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>W/B</td>
<td>Whiteboard</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>MARPs</td>
<td>Most At Risk Populations</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PWP</td>
<td>Prevention With the Positives</td>
</tr>
<tr>
<td>MSH</td>
<td>Management Science for Health</td>
</tr>
</tbody>
</table>
## Contents

**List of Abbreviations** ii  
**Acknowledgements** iv  
**Foreward** v  
**Introduction: How to use this Training Manual** vii

| Module 1: | Climate Setting | 3 |
| Module 2: | Overview of HIV and Reproductive Health | 9 |
| Module 3: | Barrier Methods and Dual Protection | 11 |
| Module 4: | Sexual and Reproductive Health Rights | 15 |
| Module 5: | Values Clarification | 19 |
| Module 6: | Gender and HIV/AIDS | 27 |
| Module 7: | Factors contributing to the spread of STIs, including HIV | 33 |
| Module 8: | Risk Assessment | 39 |
| Module 9: | Behaviour Change | 45 |
| Module 10: | Communication Skills | 49 |
| Module 11: | Counseling | 57 |
| Module 12: | Introduction to Female Condoms | 63 |
| Module 13: | Using and Promoting Female Condoms | 69 |
| Module 14: | Male Condoms | 75 |
| Module 15: | Emergency Contraception | 81 |
| Module 16: | Negotiating Safer Sex | 85 |
| Module 17: | Condoms Commodity Management | 91 |
| Module 18: | Planning Future Condom Training | 93 |
| Module 19: | Evaluation and Closing | 97 |

**Appendix A:** Trainee Needs Assessment Form 102  
**Appendix B:** Sample Agendas for Training Workshops 105  
**Appendix C:** Daily Training Evaluation Form 108  
**Appendix D:** Warm-ups and Energizers 109  
**Appendix E:** Overview Facilitator Resources 112  
**Appendix F:** Overview Participant Handouts 123
Acknowledgement

An Integrated Condom Training Manual is as a result of determined efforts of many individuals and organisations that contributed to their development, editing, review, printing and dissemination. Specific acknowledgements go to SUPPORT Worldwide for developing the manual and from whence it was reviewed and adopted for use in Kenya. Special appreciation goes to UNFPA for the financial and technical support; Centres for Disease Control (CDC), United States Agency for International Development (USAID), World Bank National AIDS Control Council (NACC) for their invaluable contribution during the review and adaptation process.

Appreciation and thanks go to the members of the National Condom Technical Working Group and other stakeholders for their input during the planning, review, editing of integrated training manual. Specific individuals include:

- Emily Karechio - SUPPORT
- Dr. Geoffery Okumu - UNFPA
- Emma Mwamburi - USAID
- Wacuka Ikua - World Bank
- Mercy Muthui - CDC
- Helgar Musyoki - NASCOP
- Patrick Mutua - NASCOP
- Sylvia Ayon - NASCOP
- Dr. George Githuka - NASCOP
- Japheth Nyambane - NASCOP
- Waithaka Wambui - MSH
- Maya Gokul - SUPPORT

There are many others who contributed to the development and review of this document, in one way or another but have not been mentioned by name; to all it is a big THANK YOU!

Dr. William Maina
Head, NASCOP
Foreword

The Kenya Demographic and Health Survey (KDHS, 2008) put the national HIV prevalence, in the population between the ages of 15 and 49 years, at 6.3%; while new infections are estimated to be 100,000 per annum (KDHS 2009). It is also estimated that there are about 1.5 million people living with HIV (PLHIV) in the country. Various studies have shown that the sexual mode of transmission of HIV accounts for about 80% of both incidence and PLHIV in the country. The Kenya AIDS Indicator Survey (KAIS, 2007) reported that nearly two thirds of individuals between the age of 15 and 64 years who were HIV infected, are in a union (married or cohabiting) and living with a partner who is uninfected; and unless these discordant couples embraced abstinence or safe sex practices, the HIV negative partner may get infected. About 52% of this population of PLHIV had an unmet need for modern contraception (KAIS, 2007).

Over the years, Kenya has had a well funded national family planning programme that has continually provided appropriate knowledge, skills and tools to individuals of child bearing age to effectively manage their fertility; both the number and spacing of their children. Increased uptake and use of modern contraceptive approaches by many Kenyans since the 1970s has seen the country’s fertility rates decline, from 8.1 births per woman in 1978 to 4.9 children per woman between 2000 and 2003. Anecdotal data and the 2009 national census results do suggest that the fertility rates in the country are on the rise, and the resultant increase in population is putting under strain the limited resources available in Kenya including land, water and food; and the ability to provide social services such as health care and universal primary education to all.

For the Kenyan economy, both the HIV epidemic and a rapidly rising population are key challenges. To protect the social and economic gains the country has achieved since independence, and to achieve the goals of Vision 2030, the country needs to develop and implement sustainable evidence based interventions that are geared towards meaningful involvement and empowerment of the individual and the society for dual protection against HIV infection and unintended pregnancies and teenage pregnancies, estimated to have decreased 19% in 2003 to 15% in 2008/9 (KDHS 2009). Both male and female condoms are inexpensive and effective intervention, when used correctly and consistently. As an effective dual-risk reduction strategy, condoms must be aggressively promoted and provided to all sexually active individuals in the country.

Poor commodity security of the female condom, and the myths and misconceptions surrounding its use including its association with sex work; and ineffective distribution of both male and female public sector condoms into the community, and especially from the dispensaries (Level - 2 health facilities), has been the most intractable bottleneck to increased uptake. The financing of the procurement and distribution of the condom commodity has been largely donor dependent, and this has had implications on access and sustainable supply. The quality assurance, and especially
of the condoms in-market, has been a challenge but a reducing one. The country, though it has the capacity to locally manufacture its own male condoms, currently imports supplies to meet demand. These, and gaps in knowledge and skills for appropriate use and disposal of condoms are challenges which need to be addressed during the plan period.

This manual is an ‘integrated’ condom training manual which means that it discusses both FC2 female and male condoms. Since female condoms and especially FC2 female condoms are often less well known than male condoms, the manual aims to bring trainers and others up to speed on FC2 female condom so that eventually people have the same knowledge of, skills and familiarity with both condoms as a prevention strategy.

The manual makes reference to behavior change theories, national policies and other guiding documents such the Kenya National HIV and AIDS Strategic Plan (KNASP III) 2009-2013, the National Condom Policy and Strategy 2001-2005, the PwP Guiding Principles 2009-2013, and the National Reproductive Health Strategic Plan 2008-2013, and all of which highlight condoms as an important intervention in our national quest to reduce the risk of HIV and other STIs transmission, and unintended pregnancies.

The Government of Kenya is committed to ensuring a consistent and uninterrupted supply of quality condoms accompanied by a knowledgeable and skilled population that promotes and supports appropriate use. The development of this manual is therefore aimed at increasing knowledge and skills for proper condom use for both HIV prevention and family planning.

Dr. S. K. Sharif
Director of Public Health & Sanitation

Dr F.M Kimani
Director of Medical Services
Introduction: How to Use this Training Manual

Background

Sexual transmission is the major mode of transmission of HIV in Kenya and it is often reported that sexual contact accounts for about 80% of HIV infections. Since most HIV infections are transmitted by heterosexual contacts, people are at risk of acquiring the infection as soon as they become sexual active. The peak ages of HIV infection in Kenya, and in most other countries in the region, is 25–29 years for women and 30–39 years for men. Women 15–19 and 20–24 years of age are five and three time more likely, respectively, to be infected than men in the same age groups.

Women are harder hit by the epidemic in Africa than are men. About 55% of all adults living with HIV/AIDS are women. The difference in infection between men and women is most pronounced in those under 25 years of age. While the reasons for the extremely high rates in girls are not fully understood, the vulnerability of young girls certainly plays a role. Women in Kenya generally have little control over sex in their relationships, which leaves them vulnerable to infections acquired by their male counterparts (Mulindi et. al 1998). In such relationships women are clearly at a disadvantage in demanding the use of condoms to protect themselves from the risk of HIV infection. The Government of Kenya rightly observes that socialization of girls in many communities dictates submissiveness, thus creating a situation where girls cannot negotiate or reject sexual advances.

At the same time, the unmet need for family planning remains high in many parts of Kenya. Women and men should have the right to access all available family planning methods so that they can space or postpone pregnancy. This manual is an ‘integrated’ condom training manual which means that it discusses both female and male condoms. Since female condoms and especially female condoms are often less well known than male condoms, the manual aims to bring trainers and others up to speed on female condom so that eventually people have the same knowledge of, skills and familiarity with both condoms.

FC2 Female Condom

FC2 is the latest version of the FC female condom which is worn by a woman and offers dual protection – i.e. protection against both unintended pregnancy and also sexually transmitted infections, including HIV. This prevention method presents two important opportunities:

- the opportunity to address immediate prevention needs;
- in the longer term, the opportunity to initiate change in the underlying issues of empowering women and promoting gender equality.

Purpose of the Training Manual

The purpose of this training manual is to provide a package of resources for use in training workshops for STI/HIV Prevention, Family Planning (FP) service providers, health care professionals, health workers, master trainers and anyone else with similar sexual and reproductive health (SRH) training needs.

Objectives for Training Workshops

Building the capacity of people to manage and train others within condom programs is essential for the longevity
of condom distribution and use. As with all new reproductive health technologies, the successful introduction of FC2 requires a network of well trained and highly skilled health care providers. This ensures that women and men are provided with the knowledge, skills and support they need in order to make informed choices about protection from unintended pregnancy and STIs, including HIV.

It is expected that facilitators at Integrated Condom Training Workshops will transfer their knowledge and skills to participants, who will in turn share them with other people within their organization/partner organization etc. To make this happen effectively, it is recommended that workshop facilitators use this Integrated Condom Trainers Manual in their workshops.

The overall goal of an Integrated Condom training workshop is to provide participants with knowledge about male as well as female condoms, and about how they are used to prevent unintended pregnancies and the spread of Sexually Transmitted Infections (STIs), including HIV.

The specific objectives include the following:

- To develop knowledge, skills, confidence and competence in the use of both male and female condoms as a method of prevention against HIV, STIs and unintended pregnancy.
- To develop knowledge, skills and attitudes on how to communicate, counsel and assess the risk of clients.
- To develop skills in conducting programming initiatives, including training sessions, for audiences such as program managers, service providers, researchers, community leaders, educators and users, to enable them to successfully integrate female condoms into HIV/STI prevention and RH programs.
- To develop skills in training others in the use of male and FC2 female condoms, including communication and risk assessment.

**Structure of the Training Manual**

The training manual consists of a detailed curriculum divided into modules and a series of appendices containing additional information.

Each module covers a distinct topic. Ideally, a workshop will include all the modules, since this will give participants a complete understanding of all the factors involved and the necessary skills and attitudes. However, the modular structure also makes it possible to select the most directly relevant topics for particular audiences, in case there is only limited time available. Sessions can be removed or revised depending on the experiences and needs of the participants and of individual projects and programs. The manual can also be used over a series of shorter workshops. Each integrated condom training workshop should be adapted to meet the specific needs of particular groups of participants.

Workshop organizers should take into account that additional Modules can also be included in the training to make it more relevant to the training needs of their organizations or their participants. Such additional modules could include:

- Family planning policies.
- Current information on condom use and barriers to use.
- FC2 background within the country and the global overview of FC2.
- Post training plan and roll out.
- Program implementation.
- Development of action plans
- Monitoring and evaluation
It is strongly recommended that initial training sessions should be followed up with refresher training sessions. These should be conducted after participants have had a chance to apply their new skills and knowledge in actual program or project activities.

**How to use this Training Manual**

The Training Manual is divided into 18 Modules. Within each module there are activities and exercises on a particular topic. Icons alert trainers to specific types of information within each module.

- **Objectives:** target icon indicates the attitudes, skills and knowledge learners should acquire during the session.
- **Total Time:** a guideline for the anticipated total time that is likely to be needed for the module.
- **Preparations in advance:** clipboard icon indicates preparatory steps the facilitator should complete before the module is conducted.
- **Handouts:** folder icon indicates what handouts, worksheets or similar print materials are needed.
- **Equipment and other materials:** overhead projector icon indicates equipment, stationery or other items needed for the module.
- **Activity/Process:** exercise icon indicates the activities, presentations and discussions for the module.

The appendices contain explanatory materials and tools that will help the facilitator conduct the training activities as effectively as possible. Appendices are as follows:

- **Appendix A: Trainee Needs Assessment Form.** This form should be sent out to all individual participants of training workshops at least 4 to 6 weeks prior to the training workshop. Trainee Needs Assessments can be valuable tools to pinpoint training and other performance improvement needs and ensure that the level and contents of the training is specifically tailored to meet the needs of participants.
- **Appendix B: Sample Agendas for Training Workshops.** The facilitator can adapt these agendas according to the needs of their participants.
- **Appendix C: Daily Evaluation Form.** The Facilitator can make and distribute copies of this form at the end of each day as appropriate.
- **Appendix D: Energizers.** Warm-ups or energizers are activities the facilitator may use throughout the workshop to encourage participant involvement and interaction.
- **Appendix E: Overview of resources for Facilitators.** The Facilitator can use this collection of resources – power point presentations and supporting information – to facilitate specific training activities.
- **Appendix F: Overview of Participant Handouts.** The Facilitator can make and distribute copies of the handouts for each module at the beginning of the workshop or distribute particular handouts at the end of the relevant session. If all the handouts are distributed at the beginning of the workshop, participants should be asked to refrain from reading the handouts until the relevant session is over.
Monitoring the Training Workshop

It is recommended that trainers/facilitators monitor the training daily in order to identify early on any issues that might affect the workshop’s success. One option is to ask participants to write comments on a blank sheet of flipchart paper posted on a wall. The facilitators can then review these comments during the evening and respond to them the following day.

Another option is to ask participants to complete a short daily evaluation form. A brief ‘Reflections’ session at the start of each day is also recommended. This is an opportunity to review the previous day’s learning, and discuss any homework. It also functions as an additional tool for monitoring the workshop’s progress, and especially the learning that has taken place. One way to do this that has been found effective is shown in the Box below:

**Using the Reflections session to monitor learning:**

- The facilitator asks a participant to mention a key word or phrase that they learned about the previous day.
- The participant sitting next to them has to explain what it means.
- Repeat with several participants

For workshops of 4 days or longer, a mid-course evaluation discussion session is also recommended. Some of the suggestions for final evaluation given in the Evaluation Module (Module 18) can be easily adapted for mid-workshop use. To evaluate the effectiveness of the workshop as a whole, facilitators should ask participants to take the same questionnaire at the beginning and end of the workshop. The pre-course questionnaire is included as an exercise in Module 1 and the post-course questionnaire is included in Module 18.

**General guidelines for trainers / facilitators**

- It is recommended that the group being trained should not exceed 15 - 20 participants. This allows active participation during the training, and creates a forum where participants are able to share their experiences openly and ask questions without feeling uncomfortable.
- It is important that as a trainer you familiarize yourself with the contents of the Training Manual before starting the training. This will enable you to deliver your training in a confident manner, and will enable you to answer possible questions that participants may ask.
- For the purposes of integrated condom training, it is important that you try to use all the accompanying tools that are relevant to your participants. The tools have been selected as having important information that you need to share with your participants.
- Some of the handouts provided in this training manual are intended to be read for homework. The homework should be reviewed in a Reflections session at the start of the following day.
- All handouts should be duplicated for participants before the training workshop begins.

**Some Practical Training Tips**

- Try to arrive 30 minutes before the start of each training day. Set up the room and organize the equipment and materials you will need for the day.
- Make sure you are fully prepared for each session.
- If you feel the need to practice certain presentations or instructions for activities, try using a mirror and/or a (tape) recorder.
- During the workshop sessions, ensure that all participants have an opportunity to participate.
- Speak clearly; be sure to clarify key concepts.
- Give summaries at the end of activities or discussions.
- The level of contribution and participation may vary within the group. Be aware of participants who tend to dominate, and also of those who are shy.
• Call participants by their names as often as possible. That way they will feel valued and want to participate.
• Use humour where appropriate. It will help you relax, and also will help you to get your point across.
• Guide the group’s discussions; keep them focused on the main points and on participants’ concerns.
• Acknowledge and value all participants’ contributions.
• Remember that HIV & AIDS may be real and sensitive topics for many participants.
• Be aware of time limits. Don’t spend too long on one activity, as you may lose the interest of your participants. Manage time carefully.
• If you don’t know the answer to a question from the participants, agree to try and find one.
  ❖ Finally - don’t panic! If things go wrong, relax, take a deep breath, collect your thoughts…and continue.

**Tips for co-facilitating**

If you are co-facilitating the workshop with someone else, it will be helpful to go through the following checklist:

- Leave enough time to plan, design and prepare for the workshop together, including agreeing on who will lead each session.
- Agree in advance on how to support each other (writing on the flip chart or board while the other facilitates, taking notes, being the timekeeper, etc).
- Avoid interrupting when another facilitator is speaking.
- Decide how to deal with disagreements between yourselves.
- Agree how to deal with controversial issues amongst participants.
- At the end of each day, meet to discuss how the facilitation went, including any problems that arose and how to achieve full participation in future sessions.

**Presentations – PowerPoint, OHP or flip chart?**

Several of the Tools in the Manual contain technical content in the form of PowerPoint presentations. You are of course free to present this content by other methods if you prefer, or if you do not have access to PowerPoint equipment. Alternatives to PowerPoint include overhead projector (OHP) slides and flip charts.

PowerPoint gives a slick, polished presentation. It is excellent for use with large audiences and for presenting a lot of information in a short time.

If you want the information to be remembered, a supporting handout is essential. One method is to distribute printouts of the PowerPoint before the presentation and suggest that participants use them as a framework for making notes on the presentation.

OHP (overhead projector) can either be typed or hand written. You can also photocopy onto OHP sheets, but you need a special type of heat-resistant OHP sheet to do this.

It can take a lot more time to make OHP overlays than to produce a PowerPoint presentation. This may be only worth the effort if you are likely to use the materials several times. It’s also wise to have a spare projector bulb available and that you know how to install it. Also check you have a screwdriver.

[Additional Tip: some trainers like to make a stiff card frame round each sheet of an OHP overlay sequence. This makes it easier to align each sheet accurately during a presentation. You can also write numbers or additional notes on the frames.]

Flip charts of course don’t need electricity, which can be a major advantage in some places. They enable you to add participants’ contributions. Also flip charts can be displayed on the training room wall for reference as the presentation proceeds, and kept there for reinforcement in later sessions.
Checklist: Preparing for the Workshop

Below is a checklist that the facilitator can use to ensure all the necessary steps have been taken to prepare for the workshop.

<table>
<thead>
<tr>
<th>ENSURE THAT YOU DO THE FOLLOWING:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEFORE THE WORKSHOP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Send out invitations &amp; Trainee Needs Assessment Forms to participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Read the training manual to prepare yourself for conducting the training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Develop a Workshop Schedule appropriate to your participants and the time available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Arrange venue &amp; accommodation for participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Confirm attendance of participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Follow up with participants who have not returned their Trainee Needs Assessment Form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Arrange for any necessary technical equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Confirm participation of any outside facilitators.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Procure workshop materials (folders, pens, markers, flip chart paper, name badges or sticky labels to write on etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Practice how to use all equipment prior to the start of the workshop.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Prepare any necessary photocopies (agenda / timetable, list of participants, handouts, evaluation forms etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Prepare/Co-ordinate facilitators guide with detailed notes for each session.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Leave welcome letter at venue for participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Make a large welcome sign and display it near the entrance to the training room.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Arrange seating so that all participants can see each other (semi-circle or U-shape) and ensure that you can walk around during your presentations, so that you can interact with your participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AT THE WORKSHOP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Give a copy of the Workshop Agenda to each participant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Bring to workshop copies of relevant materials (e.g. Resource materials, participant handouts, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Confirm names of those attending workshop.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Give participants per diem &amp; incidentals.</td>
<td></td>
</tr>
<tr>
<td><strong>AFTER THE WORKSHOP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Reconcile invoices with venue.</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Prepare report on outcomes.</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Send Thank You letter and feedback to participants, as well as confirmed participant contact list.</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Send Thank You letter to outside facilitators.</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Plan for follow-up, refresher training and evaluation of impact.</td>
<td></td>
</tr>
</tbody>
</table>
Module 1
Climate Setting
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Registration</td>
<td>10 minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Introductions</td>
<td>5 minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Welcome and Opening remarks</td>
<td>30 minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Inauguration</td>
<td>5 minutes</td>
</tr>
<tr>
<td>5.</td>
<td>Introductions/Ice breaker/Warm up game</td>
<td>25 minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Workshop Norms</td>
<td>10 minutes</td>
</tr>
<tr>
<td>7.</td>
<td>Workshop expectations discussion</td>
<td>25 minutes</td>
</tr>
<tr>
<td>8.</td>
<td>Overview of workshop program</td>
<td>10 minutes</td>
</tr>
<tr>
<td>9.</td>
<td>Pre-Course Questionnaire</td>
<td>25 minutes</td>
</tr>
<tr>
<td>10.</td>
<td>Workshop Goals</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

**Total time:**
- 2 hours.

**Objectives:**
- To introduce facilitator, co-facilitator and participants to one another.
- To create and discuss the expectations for the workshop.
- To create the norms for the training workshop.
- To discuss the objectives of the workshop.
- To review the workshop program.
- To establish a supportive atmosphere for participatory learning.

**Preparations in advance:**
Make a big Welcome sign and display it near the entrance to
- the training room or display a welcome slide on PP.
- Make a copy of the attendance register (Facilitator Resource 1.1) with enough spaces for all participants to write their details.
- Make enough copies of all relevant handouts for participants.

**Handouts:**
- Name sign for desk (Participant Handout 1A)
- Introducing Yourself form (Participant Handout 1B)
- Workshop Program
- Pre-Course Questionnaire (Participant Handout 1C)

**Equipment and other materials:**
- Projector or PowerPoint equipment, including power cable(s)
- Writing pads and pens for participants
- Flip chart/newsprint
- Pens/markers for newsprint
- Name-tags for participants and training team
- Index cards or newsprint (for Activity 7)
- Bostik, paper glue or tape
- Box/hat with folded pieces of paper numbered 1 to 30 (if there are 30 participants) for Activity 9.

**Activities/Process:**

1. **Registration (Resource 1.1)**
   Participants register by writing their details in the attendance register (Resource 1.1). The following details are needed:
   - Name, surname and designation
   - Organization
   - Gender
   - Address, E-mail
   - Phone number

   If appropriate, a photocopy can be made of Resource 1.1 and distributed to all participants on the last day during the Evaluation and Close of Workshop session – see Module 18, Activity 3. This will allow program managers to contact participants to check on the progress of further training workshops and participants to keep in touch with each other, if they so wish.

    **Everyone should make themselves a name-tag and a name-sign for their desk (Tool 1A).**

2. **Introductions (Participant Handout 1B)**

   Participants fill in an Introducing Yourself form (1B) with the following information:
   - Name.
   - Place of work.
   - Responsibilities.
   - Positive comments about condoms.
   - Concerns about condoms.
   - Reason(s) for coming to the training workshop.

3. **Welcome and Opening Remarks by host organization and invited stakeholders.** A welcome note can be placed on the overhead projector during the Welcome. This welcome note may include the logos of the host organization and stakeholders. (10 mins)

4. **Inauguration of the Workshop by implementing organization.** (5 mins)

5. **Introductions/Ice breaker/Warm-Up Game (30 mins)**

   Ask everyone to introduce themselves in a participatory game, as follows:
   - Participants introduce themselves one at a time.
   - The other participants clap three times as a welcome to the person.
   - The facilitator welcomes the person to the workshop.
   - The participant then explains what s/he has written on the ‘Introducing Yourself’ form.
The facilitator should do this with each participant in turn until everyone has introduced themselves.

Other methods of introduction can also be used; however, they must include the concerns and positive comments as captured in the Introducing Yourself form.

Two possible alternative methods are described below:

**Alternative A:**
Ask each participant to introduce herself or himself to the participant sitting next to them, based on what they have written on the “Introducing Yourself” form. Explain that after a few minutes the facilitator will ask each participant to introduce the person they have been talking to (so they introduce another person rather than themselves).

Allow 5 minutes for the participants to talk in pairs. Warn them after 3 minutes, to ensure that each person in each pair knows about the other person.

Then each participant introduces his or her partner to the group.
If you wish, the other participants can clap 3 times and the facilitator then welcomes the participant, as in the standard method above.

[Rationale of Alternative A: This method gets participants talking informally before they have to address the whole group.]

**Alternative B:**
Before the workshop: Buy a number of picture postcards of the country or city where the workshop is held. Cut each postcard in two in an irregular way (like a jigsaw puzzle).
At the workshop: Tell participants that this is going to be an active learning workshop, so we will start by being active instead of just sitting. Explain that you are going to give each person half of a postcard. They have to walk around and find the person who has the other half of their postcard. When they have found that person, they introduce themselves to each other. Then they will return to their seats and each participant will introduce the person they have been talking to.
Mix up all the half-postcards. Give each participant one half-postcard. Ask them to find their partners and start getting to know each other.

Allow some time for participants to talk to each other. Then ask them to return to their seats. Each participant introduces their partner to the group, as in Alternative A above.

[Rationale of Alternative B: This method gets participants out of their seats, walking around and mingling with several other participants, as well as talking to each other informally before they have to address the whole group.]

6. **Workshop Norms (5 mins)**

The purpose of this short activity is for all participants (and the training team) to agree a set of ground rules, or norms, for behaviour at the workshop.

- Explain the purpose to the participants.
- Put up a flip chart sheet with the heading: Agreed Norms For Our Workshop.
- Participants propose norms; facilitator (or co-facilitator) records all agreed suggestions on the flip chart.
- Confirm that everyone agrees to the norms.
- Remind participants that these norms will act as rules that everyone needs to follow in order to ensure a successful training program.
- Post the completed flip chart on a wall (preferably at the front of the training room).

[The participants could also decide on the form of discipline that will be used on individuals who transgress against the norms. E.g. if a participant is not punctual the group could start clapping as the participant enters the training room.]

Examples of possible norms:
- No interrupting when someone is talking
- Respect for people and their ideas
- The right to ask questions - but no silly questions
- People should be on time to all sessions
- Confidentiality
- Express opinions without criticizing others
- Right to silence
- No cell phones
- Full participation by all
- Facilitators should end sessions on time
- Have fun and be flexible

- Ask for one or two volunteers to act as time keepers to keep track of tea and lunch breaks.

7. Workshop Expectations Discussion (25 mins)
(10 mins to discuss in groups and 15 mins to present and discuss in plenary)
- Divide the participants into 3 groups.
- Give each group some news print.
- Ask each group to choose a leader, scribe and presenter.
- The group leader holds a small group discussion or brainstorms the expectations from the workshop.
- The scribe records the expectations on newsprint.
- Ask each presenter to present the information to the whole group

OR
- Ask participants to discuss and write on index cards their 3 - 5 most important expectations from the workshop, i.e. the things they most hope to learn about.
- The facilitator should arrange the cards on a flip chart so that related expectations / topics are displayed together.
- Review the expectations and clarify which expectations will relate to the program and which expectations won't.
- Display the Participants’ Expectations flip chart on a wall for the duration of the workshop and review these at the end of the workshop to ensure that all the expectations have been met.

8. Overview of Workshop Program (10 mins)
Give out copies of the Workshop Program and present an overview of the proposed content of the training. Ask participants if there is anything that needs to be clarified.
9. Pre Course Questionnaire (Participant Handout 1C) (25 mins)

The pre-course questionnaire is not intended to be a test but rather an assessment of what the participants, individually and as a group, know about the course topics. Participants, however, are often unaware of this and may become uncomfortable at the thought of being “tested” in front of others on the first day of a workshop. The facilitator should be sensitive to this and administer the questionnaire in a neutral and non-threatening way.

- Ask participants to draw numbers from a box to assure anonymity.
- Distribute copies of the pre-course questionnaire (1C) and ask participants to enter their anonymous number and complete the questionnaire.
- Collect the completed questionnaires from participants.
- Provide the answers to the questionnaire (Facilitator Resource 1.2) if appropriate and assure participants that these topics will be covered in detail during the training workshop.
- At the end of the day, the facilitator should complete the group learning matrix for each participant (Facilitator Resource 1.3) by collating their responses. This will guide the facilitator on what areas need most emphasis during the workshop. This data can be compared with the post-course questionnaire at the end of the workshop.

10. Workshop Goals (10 mins)

Show the Workshop Goals on a flip chart, PP or OHP. Review these with the participants. Lead a discussion which includes the following issues:

- **Contribution to preventing unintended pregnancies**
  - Encourage participants to think about the effects that unintended pregnancies can have on the mother and the child. If appropriate for your participants, extend the discussion to consider the effects of unintended pregnancies on the family, community and country.

- **Contribution to the reduction in the incidence and prevalence of sexually transmitted infections and HIV**
  - Encourage participants to think about the effects of STI transmission and HIV/AIDS on individual people, and the potential importance and value of their role in reducing the suffering caused by the illnesses. If appropriate for your participants, extend the discussion to consider the effects of STIs and HIV on the family, community and country.

Use this discussion to make a link with the next session.

**END OF MODULE 1**
Module 2
Overview of HIV and RH
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Overview of HIV and Reproductive Health</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

**Total Time**
- 1 hour.

**Aim:**
- To provide participants with an overview of the HIV epidemic and reproductive health in the country.

**Preparations in advance:**
- Obtain necessary information OR arrange for an external Resource Person for Activity 2.
- Obtain or make fact sheets on the HIV epidemic and other relevant RH issues in the country, for Activity 2.
- Make enough copies of relevant handouts for all participants.

**Handouts:**
- Fact sheets on the HIV epidemic and RH generally in the host country/community.

**Equipment and other materials:**
- Overhead projector or PowerPoint equipment, power cable
- Flip chart or newsprint and markers

**Activities / Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Overview of HIV and Reproductive Health** (1 hour)

   Present an overview of the HIV epidemic and reproductive health in the country.
   This session will vary widely according to the group's level of knowledge regarding HIV and other reproductive health issues. The facilitator or a special resource person should give participants factual information about HIV, other STIs, information about preventing HIV transmission or re-infection during pregnancy and breastfeeding, anti-retroviral therapy and fertility, and other relevant issues related to HIV or STIs. Factual information should also be given on the status of reproductive health in the country, especially relating to maternal health. Ideally, fact sheets should be given to participants beforehand and the session can focus on answering questions.

   It may be useful to present information on HIV and reproductive health issues in the country, including:
   - HIV prevalence (disaggregated by sex, age, marital status, employment, education).
   - Contraceptive prevalence (disaggregated by method, sex, age, marital status, employment, education).
   - Infant and child mortality.
   - Maternal morbidity and mortality.
   - Life expectancy.
   - Adult death rates.

END OF MODULE 2
Module 3
Barrier Methods & Dual Protection
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>15 minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Discussion on concept of ‘dual protection’ and ‘barrier methods’</td>
<td>15 minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Presentation on Barrier Methods and Dual Protection</td>
<td>15 minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Reading handout</td>
<td>15 minutes</td>
</tr>
<tr>
<td>5.</td>
<td>Barriers and Challenges – group discussion</td>
<td>30 minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Role plays on explaining Barrier Methods and Dual Protection</td>
<td>30 minutes</td>
</tr>
</tbody>
</table>

**Activity #**

| Content                                                                 | Time:   |

**Total Time**

Up to 1 hour 45 minutes.

**Learning objectives:**

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

- Explain the terms Dual Protection and Barrier Methods in simple language.
- Understand and explain the various strategies against unintended pregnancy and STIs/HIV.

**Preparations in advance:**

- Study the notes on barrier methods and dual protection (Participant Handout 3A) in preparation for discussion on the barrier methods and dual protection presentation (Resource 3.1).
- Make enough copies of relevant handouts for participants.

**Handout:**

- Barrier Methods and Dual Protection (Participant Handout 3A)

**Equipment and other materials:**

- Overhead projector or PowerPoint equipment, cable(s)
- Flip chart and markers

**Activities / Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Discussion of ‘Dual Protection’ and ‘Barrier Methods’** (15 mins)

   - Ask participants what they think ‘dual protection’ means, writing some of the suggestions on flip chart. Refer to Participant Handout 3A to supplement the list.
   - Ask participants to identify situations where dual protection may be most needed.
   - Ask participants to explain what they understand by the term ‘barrier methods’. Ask participants to identify situations where barrier methods may be appropriate. Examples may include use;
• By women who wish to avoid methods that have systemic affects i.e. methods which affect the body as a whole.
• For extra protection with emergency contraception.
• For extra protection when commencing other contraceptive methods, that may take a while to provide protection.
• By women who have contraindications to other contraceptive methods.
• As a dual protection method.
• By all persons who are sexually active, regardless of age, marital status, sexual orientation or gender who want to protect themselves from STIs and HIV.
• As extra protection when women have defaulted on other contraceptive methods.

3. Presentation on Barrier Methods and Dual Protection (Resource 3.1) (15 mins)

Show the PowerPoint presentation and explain each slide.
The presentation deals with the following topics:
• Definition
• How condoms work
• Dual protection strategies

4. Handout on Barrier Methods and Dual Protection (Participant Handout 3A) (15 mins)

Distribute copies of Participant Handout 3A.
Give participants time to read it. Tell them to ask if they have any questions.

Choose one of the following Activities (5 or 6), or use both if you have time and think it will be useful for your participants to do both

5. Barriers and Challenges (30 mins)

Break into small groups to discuss the barriers and challenges of dual protection and how to overcome them.
Give each group flip chart sheets and markers to write up their ideas for presentation.

Ask one group to present the barriers and another group to present the challenges. Groups not presenting should add anything that their group came up with that was not included in the presentation.

6. Role Plays on Barrier Methods and Dual Protection (30 mins)

Ask participants to work in groups of four and take turns to conduct the following two role-plays:

(i) One participant is a health professional who is very skeptical about barrier methods, especially condoms. The second participant has to try and convince him/her of their merits. The other two participants act as observers. They should note any inaccuracies or omissions and responses that were well made and feed them back to the role players when they have finished.

NB: The participant playing the health professional should ask a lot of questions, to test the knowledge of the other participant!
(ii) One participant is a health care provider. The second participant is a client who has read a handout about barrier methods and dual protection but says s/he doesn’t understand all the technical words s/he has read. S/he asks a lot of questions; the first participant has to answer the questions using very simple language. The other two participants act as observers. As in the first role play, they should note any inaccuracies or omissions and responses that were well made and feed them back to the role players when they have finished.

Monitor the groups as they work;
- Note any common problems or misunderstandings.
- Commend any good responses and explain why.

If necessary, conclude with a short plenary addressing these.

**END OF MODULE 3**
Module 4
Sexual & Reproductive Health Rights
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>30 minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Discussion of the concept of SRH Rights</td>
<td>45 minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Debate on women's right to dual protection</td>
<td></td>
</tr>
</tbody>
</table>

1 hour 15 minutes.

**Learning objectives:**

*By the end of this module participants should be able to:*

- Explain what is meant by SRH rights.
- State basic sexual and reproductive health rights.
- Identify when rights are violated.
- Argue the case for a woman's right to practice dual protection, and refute arguments against this right.

**Preparations in advance:**

- Study the notes on What are SRH rights? (Participant Handout 4A) and Examples of SRH rights (Participant Handout 4B) in preparation for the discussion on SRH in activity 2.
- Make enough copies of all relevant handouts for participants.

**Handouts:**

- What are Sexual and Reproductive Health Rights? (Participant Handout 4A).
- Examples of Sexual and Reproductive Health Rights (Participant Handout 4B).

**Equipment and other materials:**

- Flip chart or newsprint and markers.

**Activities / Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Sexual and reproductive health rights** (30 mins)

   The aim of this Activity is to review the concept of sexual and reproductive health rights

   **Procedure:**

   - Ask participants to share what they understand by the term sexual and reproductive health rights. List their responses on a flip chart.
Ask participants to share examples of what they consider to be sexual and reproductive health rights. List the examples on a flipchart.

Responses might include the following:
- the right to be informed when a partner tests HIV-positive
- the right of a partner to be protected from HIV infection
- the right to have access to all methods of protection from HIV
- the right to choose whether or not to have children
- the right to plan family size
- the right to choose a contraceptive method
- the right to choose one’s sexual partner
- the right not to be coerced or forced into a sexual relationship
- the right not to be discriminated against in the workplace because of pregnancy or having children

Ask participants for examples of when sexual and reproductive health rights are violated. List these on a flipchart.

At the end of the presentation, distribute copies of Participant Handouts 4A and 4B.

3. **Debate on women’s right to have access to dual protection** (45 mins)

Tell participants that we are going to have a debate on the following question:

*Do all women have the right to have access to dual protection?*

The reason for having this debate is so that everyone will better understand the arguments for such a right and also the possible objections that might be raised against it, and how to counter such objections.

**Procedure for the debate**
- Two participants will present arguments in favour of women having this right, and two will argue against it.
- One participant will speak in favour of the right, then another will speak against it, then a third will bring further arguments in favour, and finally the fourth will conclude the arguments against it. (So the third and fourth speakers will be able to respond to arguments from the other side.)

Ask for two volunteers to argue for this right and another two volunteers to argue against it. Four more volunteers should form a panel of judges.

Give the volunteers who will speak in the debate 5 - 10 minutes to prepare their arguments. (If you prefer, you can set this up the previous day, or before a lunch break.)

The judges should consider the arguments and select the debate winner, based on which side’s arguments were more convincing.

Ask the rest of the participants to say whether or not they agreed with the judges’ decision, and why.

**END OF MODULE 4**
Module 5
Values Clarification
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Presentation on values clarification</td>
<td>30 minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Controversial statements exercise</td>
<td>30 minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Brainstorm/Discussion on Sex</td>
<td>30 minutes</td>
</tr>
<tr>
<td>5.</td>
<td>Values Clarification activity</td>
<td>40 minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Talking About Sex</td>
<td>45 minutes</td>
</tr>
</tbody>
</table>

**Total Time**
- Up to 3 hours.

**Learning objectives:**

By the end of this module, participants should be able to:
- Discuss the difference between personal and professional values.
- Describe how values affect the quality of services.
- Identify factors that may cause barriers to effective provision of their services.
- Discuss the importance of distinguishing between personal and professional views in providing services to clients.

**Preparations in advance:**
- Study the article on Values (Resource 5.1) in preparation for discussion of the Values Clarification presentation (Resource 5.2).
- Select which statements from the Controversial Statements sheet (Participant Handout 5A) you plan to use in Activity 3.
- Choose the three most relevant Case Studies in Activity 6 and write them on index cards (or similar).

**Handouts:**
- Controversial Statements sheet (Participant Handout 5A).

**Equipment and other materials:**
- Overhead projector or PowerPoint equipment, power cable
- Flip chart or newsprint and markers
- Large whiteboard (if available) and markers; if no large whiteboard is available, consider taping two flip chart sheets together to make a larger one.

**Activities / Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.
2. **Presentation and discussion on Values Clarification (Resource 5.2)**  
   (30 mins)

   Before starting the presentation, ask participants what they understand by the word ‘Values’. Discuss participants’ suggestions; write the most useful or interesting ones on flip chart or whiteboard.

   The Values Clarification presentation deals with the following issues:
   - Definition of values clarification
   - Objectives of values clarification
   - The concept of values
   - The concept of beliefs
   - The concept of attitudes
   - Helping others to examine their values
   - Personal reflection
   - Prejudices

   During the presentation, elicit the following from participants:
   - examples of values, beliefs and attitudes (their own or other people’s).
   - examples of how values and beliefs can shape attitudes.
   - examples of how understanding people’s values, beliefs and attitudes could affect their interactions with clients.
   - examples from their own experience of how other people’s attitudes have created barriers for them.
   - examples of prejudice they have experienced because of other people’s negative attitudes towards them.
   - examples from their own experience of how condoms are perceived in their communities and how they can help change negative perceptions of condoms.

   [You may wish to ask the participants to try and analyze the causes – i.e. identify the values or beliefs behind any prejudice they have experienced themselves. They could use this to start reflecting on whether they themselves hold any similar prejudices against other people. But be careful not to challenge people too directly at this early stage of the workshop. It is enough to plant some questions about their own attitudes at this stage.]

3. **Controversial Statements exercise (Participant Handout 5A)**  
   (30 mins)

   The purpose of this exercise is to appreciate the importance of self-awareness, and to understand that different people hold different values.

   **Procedure – Option A:**

   i. Ask the participants to work in pairs or groups of three (triads) for this activity.
   ii. Give one copy of the Controversial Statement sheets (Tool 5A) to each pair or triad.

   (Avoid giving a copy to each individual at this stage, or they will work alone instead of collaboratively. If they want a copy for each person, assure them they can have extra copies at the end of the activity.)

   Ask the pairs/triads to complete the Controversial Statements sheet by marking the blanks with a tick for ‘Agree’, X for ‘Disagree’ and ? for ‘Unsure’. If they are not unanimous, they should mark the item ‘Unsure’.

   (To save time, you can assign just a few statements to each group, for example, just the odd or just the even numbered statements, or statements 1 to 10, 11 to 20, etc.)
iii. When the groups have completed their sheets, ask them to form a larger group by combining with the pair or triad next to them. They should discuss some of the differences within their larger group.

[If you wish, you can repeat this step again, to make groups of 8 or 12 participants. This is sometimes called “snowballing.”]

iv. Emphasize that differences of opinion on these statements reflect different personal values, attitudes and beliefs. Write the following question on the whiteboard or on a flip chart:

“What should we do to prevent our own personal opinions on issues like these from affecting our work with clients?”

Lead a discussion on this question. Write any useful suggestions on the whiteboard or flip chart. [This flip chart should be displayed on a wall during the workshop, and also typed up and given to participants the next day.]

OR:

**Procedure – Option B:**

- Write the words ‘Agree’, ‘Disagree’ and ‘Unsure’ on three separate sheets of paper. Put the Agree and Disagree signs at opposite sides of the room. Place the ‘Unsure’ sign midway between the other two signs.
- Point out the location of the signs to the participants. Explain that you are going to read a set of opinion statements to them. These are opinions on controversial issues. The opinions reflect values, beliefs or attitudes.
- After you have read each statement from Participant Handout 5A, participants must decide whether they agree, disagree or are unsure, and stand by the corresponding sign.
- Read the first controversial statement. Ask one or two participants in each group to explain their reasons for where they have chosen to stand.
- Tell participants they can change positions and move to another sign if they hear anything which changes their opinion.
- If participants move, ask them why they changed their opinion.

i. Repeat the process for all the statements you want to discuss. (You will probably not have time to do more than a few of the statements using this method, so select in advance the statements you feel are most relevant to your participants, and read the most important ones first. There is no need to follow the sequence on the sheet.)

After either option, lead a discussion on the exercise. The following are some suggested questions to guide the discussion. Use the ones you feel are most useful.

- How did you feel during this exercise? What was it like for you?
- Which statements were the most controversial, and why?
- How did you feel when other people expressed values and beliefs different from your own?
- How did it feel to hold a minority opinion? (i.e. when most other people disagreed with you?)
- How did it feel to hold a majority opinion? (i.e. when you had the same opinion as most other people?)
- How can you explain the differences of opinion within the group?

Points to emphasize:

- We are all influenced by the society and culture within which we live, develop and mature.
- Society and culture contribute to the development of personal attitudes, values and beliefs.
- Our attitudes, values and beliefs:
  - guide day-to-day behaviour
  - influence our interpretation, explanation and response to events
  - are usually specific to the culture in which they evolved
vary between and within countries, regions and groups.

4. **Brainstorm/Discussion: Why People Have Sex** *(30 mins)*

The purpose of this activity is to lead the participants into a discussion on who has sex and why they have sex.

While there are two basic reasons for having sex - either for procreation or for pleasure, or of course both - there are also many other possible reasons. People may have sex for money, in exchange for food or protection, to relieve anxiety or stress, out of fear or coercion, to assert power, to please a partner, to gain favour or promotion, to cause jealousy, from curiosity or peer pressure, and so on. These different reasons apply for people in different situations: spouses, lovers, sex workers, youths, employees, refugees, prisoners etc.

An understanding of the many different situations in which sexual activity takes place is important in clarifying one’s values because it helps us realize that one’s own values, which are based on one’s own experience of life, do not always transfer easily to other people’s situations.

Use a flip chart or whiteboard for this activity so that you can build up the discussion in response to participants’ contributions.

**Procedure:**

1. Write the word **SEX** in large letters in the middle of the whiteboard. Explain to the participants the purpose of the activity (as stated above: to discuss WHO has sex and WHY they have sex).

2. Write the words **WHO** and **WHY** on the board. Ask participants to brainstorm words to write under each heading. The facilitator should only suggest words herself if participants do not mention any important ones.

3. Record all participants’ suggestions under the appropriate heading (WHO or WHY).

4. Draw lines to connect items in the WHO and WHY columns. Elicit from participants their suggestions as to where lines should be drawn. Note that there will often be several lines from or to the same item. [See Box A below for some examples. Using different coloured markers may be helpful.]

5. Point out that the complexity of the resulting lines shows the complexity of human sexuality. Draw attention to some lines that reflect situations which are sometimes overlooked, e.g. that protection can be a motivating factor for sex even in some marriages, or that sex workers also have sex for love.

**Box A**

<table>
<thead>
<tr>
<th><strong>WHO</strong></th>
<th><strong>WHY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>spouses</td>
<td>love</td>
</tr>
<tr>
<td>sex workers</td>
<td>to have children</td>
</tr>
<tr>
<td>refugees</td>
<td>fear</td>
</tr>
<tr>
<td></td>
<td>money</td>
</tr>
<tr>
<td></td>
<td>protection</td>
</tr>
</tbody>
</table>

6. Add the phrase **CONSEQUENCES OF UNPROTECTED SEX?** to the chart. Ask participants to give examples of the consequences of unprotected sex in different situations:
E.g. 
- between a wife and a husband whom she believes to visit sex workers 
- between a female sex worker and a client 
- between a male sex worker and a client 
- between a female sex worker and her lover 
- between a wife and her bisexual husband

5. **Values Clarification exercise**  (40 mins)

*Purpose of the exercise:*

- For participants to explore their personal and professional values.
- To develop professionalism and focus on clients’ needs rather than our own.

*Procedure:*

From the following case studies, present three that are most relevant to your participants. (Change the names to make them relevant to your country. If none of the Case Studies provided seem relevant to your participants, write new ones of your own).

A. Susan is living with HIV and has two daughters from a previous relationship. She is aware of her status but wants to have another baby with her new boyfriend hoping it is a boy.

B. Mary has been treated numerous times for STIs. She is aware of the risk of having unprotected sex but still refuses to use a condom during sex.

C. Frank has a lot of girlfriends. Up till now he has used condoms while having sex with them but he wants to have unprotected sex because he enjoys the sensation more.

D. Jalsa is a 24-year old FSW. She would like to use protection with her temporary husband who she believes is having sex with other women but he is reluctant to use a condom and she is scared he will abandon her if she insists.

E. Geeta is a young FSW. Several of her clients refuse to use a condom and she is losing money because of this. They have offered her more money for unprotected sex which she desperately needs.

- After each example ask participants to react with their *personal* feelings to the case study. Reassure participants that it is acceptable to disagree with the individuals in the case study. Do not object or comment on the opinions of the participants.

- Then ask participants how they would react in a *professional* setting as health care providers.

- Allow participants to reflect on this exercise for 1 minute. (This can be either silent reflection or discussion in small groups.)

- Discuss with the group lessons learnt from this exercise.

*Points to make in discussion should include the following:*

- The purpose of this exercise is to illustrate that in many situations health care workers react to clients using their personal beliefs, attitudes and values.

- The goal of values clarification is that health care providers become able to understand not only their own values but also those of each client who is at risk of contracting STIs (including HIV) or having an unintended pregnancy.

- Participants should be urged to react professionally and focus on the needs of the individual client. Participants should not react to clients with their own personal beliefs and values.
Alternative Procedure for this exercise:

1. Divide participants into three groups. (If you have participants from different professions, consider arranging the groups by profession for this exercise.)
2. Ask each group to choose one person to record their discussion.
3. Give each group ONE of the case studies. These should be written on index cards or small pieces of paper, with a copy for each person in the group.
4. As above, ask each group to react first with their personal feelings to the case study.
5. Then ask the groups to discuss how they would react in their professional setting.
6. Ask the groups to compare their personal and professional reactions, note any differences or difficulties, and make a summary of these to report back to the plenary.
7. Display a flip chart with all three case studies written on it (or give out copies of the other case studies to the groups who have not yet seen them). Ask each group to report back in turn on the case study they discussed. The other participants can ask them questions if they wish.
8. Discuss with the group the lessons they have learnt from this exercise.
   These could include the following:
   • Different people have different values in their lives.
   • It is the responsibility of the caregiver to help people live in safety and good health. However, this includes a responsibility for the safety and health of the client’s partner(s) and any other people affected by the client's decisions.
   • There may sometimes be difficult situations for the caregiver, but even when it’s difficult the responsibility remains.
   • Respect for every client's values has to be one of the caregiver’s own values.
   • Clients are only likely to decide on a course of action if it is in line with their own values.
   • The caregiver may need to help a client understand the consequences of his or her proposed actions, and help the client assess whether they are in line with the client’s real values.
9. Finally, make the point that the ability to separate our personal values from our professional values is a key factor in communication skills and counseling, which will be discussed later in the workshop.

Possible follow-up activity:
If you have more time available, a useful follow-up activity would be to ask participants to conduct role-plays based on the case studies. This could be done either in small groups or as a plenary activity.

6. Talking about sex (45 mins)

Aims:
• To examine personal beliefs and opinions about sex and sexuality
• To understand issues associated with differences of opinions between men and women, providers and clients

Note to facilitator: Use this session as an opportunity to probe reasons why men might resist male or female condom use, such as: fear of loss of power, notions of masculinity, anxiety over sexual performance, condoms symbolize unfaithfulness or disease, genuine feeling that condoms reduce sexual pleasure

Procedure:
1. Give participants some background to the session. In many countries and cultures, talking about issues related to sex is uncomfortable – between parent and child, between boyfriend and girlfriend, between husband and wife. The following activity gives participants an opportunity to explore personal beliefs about sex and condom
use.

2. Ask the participants to sit quietly and take a minute to think about the first time they talked about sex with a partner. Ask them to think about their feelings at the time, and whether it feels differently to talk about sex now.

3. Ask participants to stand in the centre of the room. Designate one side of the room “Yes” and the other side “No.” (Put up signs as a reminder.) Explain that you will be reading a series of questions. After each question, participants will decide if the answer is “Yes” or “No” and move to the corresponding side of the room. Let the participants know that they will have the opportunity to change their mind.

4. Read a question aloud and ask the group to go to the side that matches their response. After they are in place, invite one or two participants from each side to explain why they chose to stand where they are. After hearing from each side, give the participants the option of switching positions. If participants move, ask them what prompted their decision. Repeat this process until you have asked all the questions that you wish the group to consider:

Questions for participants
- If a man suggests using a condom with a new partner, does it mean he doesn’t trust her?
- If a woman suggests using a condom with a new partner, will he be angry?
- Is it acceptable for a married woman to refuse her husband when he desires sex?
- Is it acceptable for a married man to refuse his wife when she desires sex?
- Do couples usually discuss sexual issues?
- Are men and women equals in deciding what method of contraception or HIV protection to use?
- Is it acceptable for a pregnant woman to suggest condom use?
- Is it acceptable for a breastfeeding woman to suggest condom use?

5. After all the questions are posed, ask participants to return to their seats. Facilitate a discussion based on the following questions:

- How did you feel during the exercise?
- How did you feel when people expressed opinions different than yours?
- How can you explain differences of opinion among participants?
- What differences would you expect to find among service providers and clients? Men and women?
- How might such differences affect your work in promoting condoms?
- How can we keep our own opinions about sex, sexuality and condom use from influencing our work in a negative way?

END OF MODULE 5
### Learning objectives:

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

- Explain the concept of gender.
- Describe how gender affects vulnerability to STIs including HIV.
- Describe how gender issues can influence condom promotion.

### Preparations in advance:

- Prepare two flip chart sheets, one headed *Act Like A Man* and the other headed *Act Like A Woman*.
- Make a flip chart of the WHO Gender Matrix (Participant Handout 6A).
- Make enough copies of relevant handouts for participants.

### Handouts:

- WHO Gender Matrix (Participant Handout 6A) - copies for participants, and extra copies for groups to work on.

### Equipment and other materials:

- Whiteboard or flip chart.
- Markers.
- Index cards or pieces of paper cut to the size of index cards or Post-its.

### Activities/Process:

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Gender Norms and Roles** (1 hour)
   
   The purpose of this Activity is to increase participants’ awareness and understanding of the impact of gender on people’s values, attitudes and behaviour.

   **Materials:**
   
   One flip chart headed *Act Like A Man* and another headed *Act Like A Woman*. 

---

<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>1 hour</td>
</tr>
<tr>
<td>2.</td>
<td>Gender Norms and Roles</td>
<td>1 hour</td>
</tr>
<tr>
<td>3.</td>
<td>Gender and HIV/AIDS (WHO Gender Matrix)</td>
<td>1 hour</td>
</tr>
</tbody>
</table>
Procedure:
1. Begin by asking participants: “When did you first become aware of your gender – i.e. when did you first realize that you were a girl/boy (rather than just a child)?

Encourage participants to recall and describe incidents or experiences in childhood that first made them aware of their gender. Use these to clarify the concept of ‘gender’.

Some examples may include:
• A girl realized that only boys went to school.
• Boys were told that they should not cry.
• Girls had to help with the housework.
• Boys played football.

2. Put up the flip chart “Act Like A Man”.

Ask participants what it means to act like a man. Have they ever been told or expected to “act like a man” or been criticized for being “like a man” (or woman)? Ask participants to share experiences. Ask them why someone may have said this or why they were expected to behave in a certain way. How did this experience make them feel?

Generate a list on the flip chart of what it means to participants to “act like a man.”

Consider asking these questions.
What messages does society give to men about:
• Taking risks?
• Being in pain or needing help?
• Violence?
• Engaging in sexual activity?

Ask participants how men are treated when they do not “act like a man.”

Ask participants how “acting like a man” can affect:
• a man’s relationship with his partner and children.
• his sexual and reproductive health.
• his choice and relationship with a health care provider.

3. Put up the flip chart “Act like a Woman.”

Ask participants to share ideas about what it means. To ensure that sexual and reproductive health behaviours are included, consider asking these questions:

What messages does society give to women about:
• Being assertive?
• Being beautiful?
• Being “good”?
• Engaging in sexual activity?

Ask participants how women are treated when they do not “act like a woman.”

Ask participants how “acting like a woman” can affect:
• a woman’s relationship with her partner and children
• her sexual and reproductive health
• her choice and relationship with a health care provider.

Explain that society often defines and reinforces our gender roles. Ask what participants can do to overcome the negative impacts of gender roles on men’s and women’s SRH, and specifically how to provide gender-sensitive preventive, contraceptive and related RH services.

Discuss with participants how attitudes about gender roles can influence condom promotion.

3. Gender and HIV/AIDS (WHO Gender Matrix Participant Handout 6A) (1 hour)

The purpose of this Activity is:
• To understand the differences between men and women in rates of sexual transmission of HIV
• To understand how gender norms influence vulnerability, prevention, treatment, outcomes and consequences related to HIV and AIDS

Materials:
- Gender Matrix on flip chart or similar large paper. (The Matrix is shown below. Handout 6A provides a copy with more space for writing responses.)
- Index cards or pieces of paper cut to the size of index cards or Post-its

Procedure:
1. Explain the purpose of the activity (as given above).
2. Post a blank flip chart copy of the Gender Matrix on the wall.
   Explain that the matrix explores the links between gender roles and their impact on access to prevention, treatment and care.

1. Divide the participants into 3 groups. Give each group a blank A4 copy of the Gender Matrix (6A) for reference and several index cards or Post-its. Assign each group a vertical issue to discuss in relation to each of the horizontal issues. The outcome of these discussions should be entered on to the main matrix either directly or by posting the index cards into the relevant sections. Encourage the groups to be country and program specific, rather than too general.
2. When the groups have finished, give copies of the Matrix to all participants so they can take notes during the reports from groups.

(If you do this earlier, some participants may focus more on their individual copies than on the group discussion.)
5. Ask a volunteer from each group to explain their column of the matrix. Ensure that the following key points are covered:

- Biological differences contribute to women's higher risk of HIV infection.
- Gender norms increase vulnerability to HIV infection.
- Violence is an important factor in HIV transmission.
- Gender is a factor in health-seeking behavior.
- Gender is a factor in access to prevention.
- Access to health services is limited by access to resources.
- Service provider attitudes can be a barrier to health care.
- There are gender differences in the social and economic consequences of HIV.

6. Facilitate a discussion on the implications of the gender matrix for condom programming:

- How can condom promotion efforts address gender issues?
- How can prevention programs integrate gender issues?
- How can health services (including HIV counseling and testing) recognize, identify and address gender issues?
- How can antenatal and PMTCT programs address gender issues?
- How can care and treatment programs promote gender equity?
- How can Community Home Based Care approaches promote gender Equity?
Module 7: Factors Contributing to the Spread of STIs including HIV
### Activity # | Content | Time:
--- | --- | ---
1. | Introduction | 30 Minutes
2. | Factors that contribute to the spread of STIs including HIV – group work and discussion | 30 Minutes
3. | Piot's Pyramid: presentation and discussion | 30 Minutes
4. | Sexual Networking and Partner Management | 30 Minutes

**Total Time**
- 1 hour 30 minutes.

**Learning objectives:**
- By the end of this module participants should be able to:
  - Discuss the biological, social, cultural and economic factors that contribute to the spread of STIs including HIV/AIDS in men, women and children including infants.
  - Discuss service-related reasons for failure to reduce the spread of STIs.
  - Explain the importance of partner management and how it can be achieved.

**Preparations in advance:**
- Study the various exercises in this module and ensure that you have all the appropriate handouts.
- Prepare sets of Facilitator’s Resource 7.1 (if you plan to use Option B in Activity 3).
- Make enough copies of all relevant handouts for participants.

**Handouts:**
- Factors Contributing to the Spread of STIs/HIV (Participant Handout 7A).
- Impact of STIs on Women (Participant Handout 7B).
- Extra copies of Piot’s Pyramid (Participant Handout 7C) for group work in Activity 3.
- STI Prevention and Control (Participant Handout 7D)
- Sexual Networking Exercise (Participant Handout 7E)
- Partner Management and Sexual Networking (Participant Handout 7F)
- STI Key Messages and Facts (Participant Handout 7G)

**Equipment and other materials:**
- Overhead projector or PowerPoint equipment, power cable(s).
- Newsprint or flip chart.
- Markers for newsprint/flip chart.
Activities/Process:

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Factors that contribute to the spread of STIs/HIV.** (30 mins)

   The aim of this activity is to ensure that all participants have a basic knowledge of the different categories (biological, social, cultural and economic) of factors that contribute to the spread of STIs, including HIV.

   **Materials:** newsprint or flip chart sheets and markers.

   To gain greater insight into the factors that contribute to the spread of STIs, including HIV, the facilitator should study the following Handouts:
   - Factors contributing to the spread of STIs/HIV (Participant Handout 7A).
   - Impact of STIs on women (Participant Handout 7B).

**Procedure:**

1. **Divide participants into 4 groups. Ask each group to choose:**
   - a group leader to facilitate the brainstorm
   - a scribe to record the group’s ideas
   - a reporter who will present the group’s findings

2. **Task:** three of the groups list the factors that contribute to the spread of STIs among one of the following population segments (one segment for each group):
   - women (including adolescent girls).
   - children (including infants).
   - men (including adolescent boys).

   Tell the groups they should consider biological, social, cultural and economic factors. If necessary, give one or two examples of each.

   The 4th group should make a list of factors that affect diagnosis and treatment in health services.

3. **Monitor the groups’ discussions. Make suggestions only if the groups have overlooked any important factors.**

4. **Groups present their findings.** The facilitator and/or co-facilitator can ask questions to elicit any factors that were omitted, or suggest such factors themselves.

5. **Facilitate a discussion with the whole group (plenary), ensuring the following points are noted:**
   - Different factors influence the spread of STIs / HIV in different population groups.
   - It is important to know the community in which you work so that you are aware of these factors.
   - Service providers must recognize that there are different factors affecting different people. So health information needs to be tailored to the needs of each individual or group.

6. **Finally, give each participant two handouts:**
   - Factors Contributing to the Spread of STIs/HIV (Participant Handout 7A)
   - Impact of STIs on Women (Participant Handout 7B)
Ask them to read these handouts overnight and if they have questions or comments to raise them in the Reflections session next morning.

3. **Presentation on Piot’s Pyramid (Participant Handout 7C)  (30 mins)**

Piot’s pyramid is a diagrammatic representation that illustrates the different levels at which conditions impact on the incidence and management of STIs.

Using this diagram, appropriate interventions can be planned to:
- reduce the number of people who become infected with an STI
- increase the number who are effectively treated.

It is based on a model developed by the epidemiologist, Peter Piot.

*Note: The length of each bar is diagrammatic and not intended to indicate a proportional relationship between each step.*

**Procedure (Option A):**

1. Introduce and explain Piot’s Pyramid (Participant Handout 7C) on OHP, flip chart or PowerPoint.
2. Ask participants to suggest possible strategies that could be used to reduce the spread of STIs/HIV at each level of the pyramid. If necessary, give them one or two examples from the list given below.

   **Possible strategies to reduce the incidence of STIs/HIV**
   - Reaching people before they become sexually active.
   - Increasing awareness amongst the sexually active of factors contributing to STIs.
   - Increasing awareness of STI symptoms.
   - Reaching people with asymptomatic STIs.
   - Encouraging appropriate health seeking behavior.
   - Ensuring clinicians have the knowledge and skills to diagnose correctly.
   - Ensuring knowledge, skills, attitudes and resources for correct management.
   - Encouraging compliance and prevention of re-infection.
   - Ensuring partner management.
   - Referral strategies for people not cured.

3. **Buzz groups activity:** Divide participants into groups of three (triads).
   
   Give ONE copy of the pyramid diagram (7C) to each triad. Ask them to continue discussing possible strategies that could be used to reduce the spread of STIs/HIV at each level of the pyramid.

4. When the buzz groups have finished their discussions, give out individual copies of Piot’s Pyramid to all participants, so that they can make their own notes on their personal copies.

5. Elicit from the participants their ideas for possible strategies to reduce the spread of STIs/HIV at each level of the pyramid. Where necessary, add points from the list above.

   Encourage participants to think about how these strategies might be made to work in practice, in their own organizations, programs or projects.

6. Give out copies of the handout on STI Prevention and Control (Participant Handout 7D).

   Ask participants to read it for homework and if they have questions or comments to discuss them in the Reflections session next day.
Procedure (Option B):
If you think your participants will have difficulty identifying the strategies listed above, use Resource 7.1 (this consists of the strategies listed, which should be cut out so that each strategy is on a separate small slip of paper).

- Make one set of the strategies for each triad in advance.
- Give each triad one copy of the Piot’s Pyramid diagram (Handout 7C) and one set of strategy slips (Resource 7.1).
- Task: match each strategy to its appropriate level of the pyramid.
- Lead a plenary feedback using an OHP or flip chart of the pyramid.
- (First give out individual copies of Piot’s Pyramid and of the strategies to all participants, so that they can make their own notes on their personal copies.)

Ask participants to give examples of how these strategies – or others that they think of – could be applied in practice in their own work.

- 5. Give out copies of the handout on STI Prevention and Control (Handout 7D).

Ask participants to read it for homework and if they have questions or comments to discuss them in the Reflection session next day.

4. Sexual Networking and Partner Management (Facilitator Resource 7.2) (30 mins)

1. Use the Sexual Networking diagram (Resource 7.2) on PowerPoint or OHP to explain the concept.
2. Give a copy of Participant Handout 7E to each participant. Explain that this gives an outline of three main questions to be addressed in Partner Management.
3. Ask the participants to work in buzz groups (3 participants per group).
4. Explain that one way of describing partners is in terms of four categories. Ask the participants to quickly write some examples of each of the four categories for Question 1 on their sheets.
5. After a few minutes ask one or two of the groups for their answers. Check that all groups have correctly explained the four categories. Ask if they think this adequately covers all categories of partners. If they have additional suggestions, add these.
6. Use the same procedure for Question 2 – buzz groups for a few minutes, followed by quick feedback.
7. For Question 3, ask participants as a whole group if anyone knows the answer. If not, write the two approaches on whiteboard or a flip chart and explain them. Ask the participants to make their own notes.
8. Discuss which approach to partner management would be most feasible/effective in their situations, and what practical steps will be needed to implement it. It is important to focus on practical implementation issues at this stage, in order to increase the chances of training leading to impact.
9. Finally, distribute copies of Participant Handout 7F (Partner Management) and Participant Handout 7G (STI Key Messages and Facts).

Remind participants to read their handouts for homework, to be ready to discuss them in the Reflections session next day.

END OF MODULE 7
Module 8
Risk Assessment
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Presentation on Risk Assessment</td>
<td>20 Minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Risk Perception exercise</td>
<td>30 Minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Risk Assessment exercise</td>
<td>40 Minutes</td>
</tr>
</tbody>
</table>

**Total Time**

- 1 hour 30 minutes.

**Learning objectives:**

*By the end of this module participants should be able to:*

- Define risky behavior.
- Perform risk assessment with clients.
- Train other health care providers to perform risk assessment with clients.

**Preparations in advance:**

- Study the various exercises in this module and ensure that you have all the appropriate handouts.
- Prepare an OHP or F/C of the process for assessing a client’s risk (Participant Handout 8B), and copies of this as a handout.
- Make enough copies of all relevant handouts for participants.

**Handouts:**

- Behaviour Risk Assessment Checklist (Participant Handout 8A)
- Risk Assessment process (Participant Handout 8B)

**Equipment and other materials:**

- Overhead projector or PowerPoint equipment, power cable(s)
- Flip chart and markers and/or whiteboard and markers
- Three large manila or flip chart sheets
- Tape for fixing manila or flip chart sheets to wall
- A cardboard box (or similar) with cards, each with a behaviour of high, low or no risk of infection (see Activity 3 for what to write on each card)

**Activities / Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Risk Assessment (Facilitator Resource 8.1) - Presentation and Discussion.** (20 mins)
The Risk Assessment presentation deals with the following subjects:

- Factors for STI risk assessment.
- Risky behavior.
- Factors that influence development of behavior.
- What is risk assessment?
- Risk behaviour reduction.
- Reasons for clients not wanting to change behavior.

Slides 3, 4, 6 and 9 of the presentation contain lists of points. To make the presentation more participatory and encourage discussion, you may wish to use one of the following methods with each of these slides:

Brainstorm: Before showing the slide, ask participants to suggest points to be made under the relevant heading. Record participants’ suggestions on whiteboard (W/B) or flip chart (F/C). Then show the slide and compare the list on the slide with the participants’ suggestions. Note any points not covered.

Buzz groups: As above (brainstorm) but first ask participants to brainstorm in small groups (3 or 4 participants per group). Then elicit one point from each buzz group in turn. Record on W/B or F/C and continue as above.

**NOTE:** The last item in Slide 3 is ‘Gender issues’. This ‘catch-all’ phrase covers a wide range of issues. Encourage participants to think more precisely and mention specific gender issues that could be risk factors.

### 3. Risk Perception Exercise  
(30 mins)

The purpose of the activity is to discuss how different types of risk are perceived.

**Materials:**

(i) Three large manila or flip chart sheets, labeled “high risk”, “low risk” and “no risk” respectively.

(ii) A cardboard box with cards, each with a statement concerning a behaviour of high, low or no risk of infection as listed below.

**Cards for High Risk, Low Risk or No Risk Behaviours**

- Many sexual partners
- Vaginal sex without a condom
- Vaginal sex without a condom with a partner who has not had sex in a long time
- Blood transfusion
- Dry sex
- Breast feeding
- Non-penetrating sex
- Kissing
- Shaking hands
- Cleaning a person living with HIV
- Sharing food
- Using toilets
- Sleeping in a room with a person living with HIV
- Mosquito bites
• Anal sex without a condom
• Oral sex without a condom

**Procedure:**
- Stick the three large sheets on the wall labeled High Risk, Low Risk or No Risk.
- Participants volunteer to pick a card and stick it on the appropriate sheet.
- Participants must explain in detail why they placed their card on the chosen sheet.
- Discuss the activity and summarize.

Points that should be noted:
• A risk is a risk whether it is high or low.
• A person can become infected through unprotected sex with an infected partner.
• A person with an STI is at increased risk of contracting HIV.
• Women are at greater risk of HIV infection because often they cannot negotiate for safer sex.
• An infected pregnant woman can pass the infection to her baby in the womb, during childbirth or through breastfeeding.
• Donated blood should be tested for viruses that can be transmitted through blood transfusions, including HIV.
• You cannot tell by looking at a person whether he/she is living with HIV.

4. **Risk Assessment Exercise** (Participant Handouts 8A and 8B) (40 mins)

Purpose of the exercise is that:
• Participants will view and discuss a behaviour risk assessment.
• They will evaluate and discuss aspects of behaviour risk assessment.

**Materials:**
- Copies of the Risk Assessment Behaviour Checklist Rating Sheet (8A)
- Copies of the Risk Assessment process (8B)

**Procedure:**
1. Handout the Risk Assessment Behaviour Checklist Rating Sheet (8A) to participants.
2. Select two volunteers from the participants. One volunteer will be the client and the other will be the counselor.
3. The client selects one of the following case studies to present to the counselor:

   **CASE STUDY 1:** A 28 year-old man is complaining of penile discharge. During discussion with the counselor he indicates that it is the 3rd time he has had this problem. The man is in a multiple partner relationship.

   **CASE STUDY 2:** A 17 year-old girl comes to the clinic for contraception. She has recently met an older man whom she loves. However, she does not want to become pregnant.

1. The counselor must do a behaviour risk assessment for the client.
2. After the assessment the other participants give comments on the risk assessment. Urge them to give constructive feedback on the role-plays and avoid making negative criticisms.
3. The facilitator then guides a Q&A session with participants. S/he should include elements of behaviour risk assessment that were omitted in the role play.

4. Show the process for assessing a client’s risk on OHP or F/C (8B).

Process for assessing a client’s risk

- Assess client risk level.
- Counsel and inform client of risk.
- Identify barriers to change and discuss course of action.
- Give information on dual protection.
- Discuss options for behaviour change.
- Encourage Voluntary Counseling and Testing.

Give copies of the Risk Assessment Process (Handout 8B) to participants. Ask them to make notes on their own copies as you talk them through the OHP or F/C.

1. If there is time, repeat the role play process with another pair of volunteers. A second role play gives the opportunity to correct any omissions and is valuable in reinforcing the learning.

2. Finally, remind participants that the purpose of this exercise is to enable service providers and counselors to help clients who might be at risk of being infected, to recognize and understand the complications and the need to change any current risky behaviour.

END OF MODULE 8
Module 9
Behaviour Change
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Introduction</strong></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Steps Towards Sustained Behaviour Presentation on Behaviour Change</td>
<td>30 Minutes</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>30 Minutes</td>
</tr>
</tbody>
</table>

**Total Time**

- 1 hour.

**Learning objectives:**

*By the end of this module participants should be able to:*

- Describe a range of different stages in the process of behaviour change.
- Demonstrate understanding of the process of behaviour change.
- Demonstrate how to help clients change their behaviour.

**Preparations in advance:**

- Study the various exercises in this module and ensure that you have all the appropriate handouts.
- Make enough copies of relevant handouts for all participants.

**Handouts:**

- Visual aid: Steps Towards Sustained Behaviour Change (Participant Handout 9A)
- Creating Risk Awareness (Participant Handout 9B)
- Promoting Behaviour Change (Participant Handout 9C)

**Equipment and other materials:**

- Overhead projector and/or PowerPoint equipment, power cable(s)
- Flip chart and markers

**Activities/Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Steps Towards Sustained Behaviour Change (Participant Handout 9A)**  
   (30 mins)

   - Distribute copies of the visual aid (9A). Explain that this is a case study on FC2 Female Condom use and the picture shows people at a range of different positions on the way to sustained behaviour change. The small gap - or threshold - between the two halves represents the point at which a decision to change behaviour is actually put into practice for the first time.

   - Explain the following points with reference to the visual aid.
     - Behaviour change is a process. Sometimes it can be achieved quickly, but usually it takes some time.
     - Different people will be at different points in the process at different times.
     - The process can go in both directions; at some points, some people may ‘change direction’, or ‘backslide’.
     - The threshold (represented by the small gap between the two halves of the drawing) is the most crucial time. Nudging people to move towards this point is the first goal of communication (or counseling) for
 behaviour change.

- Once people have crossed the threshold, the goal becomes to sustain the behaviour change, i.e. to avoid reversing direction and reverting to previous behaviour.

- There are many reasons why people might resist behaviour change, or revert to previous behaviour at a later stage. Some are suggested in the picture; you can probably think of many more.

Let participants study the visual aid for a few minutes. (If you wish, you can also show this on OHP)

- Ask participants if they can think of more examples of steps in this process of sustained behaviour change (or if they think any of the positions illustrated are not realistic). Encourage participants to use the visual aid as a stimulus to discuss other possible positions where clients might be in this process.

[Additional Option: Ask participants to work in buzz groups and draw some more stick figures, with appropriate speech bubbles. Then join pairs of buzz groups together to share their ideas.]

- Ask participants to think about this question:
  What does this picture tell us about the range of different kinds of support that people might need in order to achieve - and sustain - behaviour change?

Lead a discussion in which participants suggest ideas as to how they can help clients change risky behaviour into safe behaviour, and sustain the change. Encourage participants to draw on their own experience, or their experiences with clients, in this discussion.

Record participants’ suggestions on flip chart or OHP. Write this up as a handout (or photocopy the OHP) after the session, and distribute copies at the Reflections session next morning.

3. **Behaviour Change Presentation (Facilitator Resource 9.1) and Discussion.** (30 mins)

The Behaviour Change presentation consists of only two slides. They deal with the following stages in behaviour change:

**Stages of Behaviour Change**

- Seek to establish where the client is.
- Encourage movement from knowledge to motivation.
- Provide support for trying new behaviour
- Help evaluate the benefits of the new behaviour.
- Encourage sustained behaviour change knowledge, attitude and skills.

To gain greater insight into Behaviour Change the facilitator should study the notes on Creating Risk Awareness (Participant Handout 9B) and Promoting Behaviour Change (Participant Handout 9C).

**Procedure:**

- Use the presentation to explain the stages in the process of behaviour change.
- Elicit from participants examples from their own experience of people at different stages of this process.
- Also ask them if they have any examples of practical methods that they have found effective in their own experience.
- Distribute copies of the handouts (9B and 9C). Ask participants to read them for homework and be ready to discuss it in the Reflections session next day.

---

**END OF MODULE 9**
Module 10
Communication Skills
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Presentation on Communication</td>
<td>15 minutes</td>
</tr>
<tr>
<td>3.</td>
<td>‘Tailored communication’ exercise</td>
<td>10 minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Discussing sexuality exercise</td>
<td>15-25 minutes</td>
</tr>
<tr>
<td>5.</td>
<td>Barriers to communication/enhancing effective communication</td>
<td>30 minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Communication in Personal Relationships</td>
<td>1 hour</td>
</tr>
<tr>
<td>7.</td>
<td>Communication Styles – Passive, Aggressive, Assertive (including role plays)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Time**
- Up to 2.5 hours, depending on which Activities you choose for your group.

**Learning objectives:**

By the end of this module participants should be able to:
- Explain the importance of effective two-way communication in service delivery.
- Understand the difficulty many people experience in talking about sex and sexuality.
- Describe barriers to communication and factors that enhance communication.
- Engage more effectively in interpersonal communication.
- Distinguish between passive, aggressive and assertive styles of communication.
- Monitor their own styles of communication and improve them.
- Train, coach or mentor clients so as to help them communicate more effectively.

**Preparations in advance:**
- Study the various activities in this module and ensure that you have all the appropriate handouts for the activities you plan to use.
- Produce enough copies of relevant handouts for participants.

**Handouts:**
- Communication Skills (Participant Handout 10A)

**Equipment and other materials:**
- Overhead projector or PowerPoint equipment, power cable(s).
- Rubber ball or tennis ball or similar.
- Flip chart or newsprint and markers.
- Whiteboard and markers.
- Masking tape or similar to put flip chart sheets on the wall.

**Activities/Process:**
1. Introduction. Present the objectives of the module on a flip chart or PP.

2. Presentation and Discussion on Communication (Facilitator Resource 10.1) (15-30 mins)

   The Communication presentation deals with the following topics:
   - Types of communication.
   - Types of communication in SRH.
   - Effective communication.

To gain greater insight into Communication and Counseling the facilitator should study the notes on Communication Skills (Participant Handout 10A).

Note
One of the key points the presentation makes is the importance of two-way communication. Since a PowerPoint presentation is essentially one-way, you may wish to consider using a series of flip charts, prepared in advance, instead of a PowerPoint. This gives the possibility of eliciting contributions from participants and adding them to the flip chart sheets during the presentation. Each sheet can be put up on the wall, so that the trainer can refer back to previous sheets as the presentation goes on, thereby reinforcing points already made. However, be aware that doing the presentation this way will take longer. The additional time is justified if you think this topic is important for your participants, because communication is a skill, and skills cannot be acquired simply by following a presentation. For effective learning to take place, participants need to engage in activities which help them to process the points being taught.

At the end of the presentation, distribute copies of Handout 10A (Communication Skills) if you consider it relevant and useful for your participants. If so, ask them to read it overnight so that they can ask any questions during the Reflections session next morning.

3. ‘Tailored Communication’ exercises (15 mins)

The purpose of this activity is to illustrate that communication needs to be tailored for the specific client or audience.

Materials
One rubber ball or tennis ball.

Procedure:
1. Ask participants to stand in a circle, with their hands behind their backs.
2. A ball squeezed between the collar bone and chin must be passed from one participant to the next without hugging or using hands.
3. Explain that the ball represents a message in communication.
4. Ask participants if they can suggest how this activity resembles communication.

Points to elicit
- It is possible to pass the ball even if the participants are different heights/at different levels.
- If the ball is dropped this would represent a break in communication.
- Passing the ball, like communication, is an interactive process. It works best when both parties are fully aware of what each is trying to achieve, i.e. two-way communication.
- The exercise illustrates that messages can be conveyed but the health care provider needs to adjust to the level of the client (language, terminology) in order to effectively communicate with them.
• Healthy dialogue between a service provider and client is essential so that neither party is negatively affected by the end of the discussion.

4. Discussing Sexuality exercise (10 mins)
   The purpose of this activity is to demonstrate that talking about one's own personal sex life is extremely difficult for most people.

   Procedure:
   1. Ask participants to get into pairs.
   2. Ask participants to discuss their last sexual act and also whether condoms were used.
   3. After a very short time, stop the discussion and ask participants how they felt when they were asked to discuss their last sexual act.
      [You will probably find that most people were very uncomfortable with this Activity. That is precisely the point of the exercise.]

   Points for discussion
   • Participants should recognize that it is not easy to talk about sex and sexuality. Sex and sexuality is usually private and a sensitive issue to talk about openly, especially in relation to STIs and HIV.
   • Service providers should have adequate communication and counseling skills to assist clients to discuss issues related to their sexuality freely.

5. Barriers to Communication and Enhancing Effective Communication (15 - 25 mins)
   The purpose of this activity is to discuss barriers to effective communication.
   [NB: see also Activity 6 below, which addresses a similar topic in a more active way.]

   Materials:
   newsprint/flip chart sheets and markers, or whiteboard and markers

   Procedure, Option A (25 mins)
   1. Divide participants into two groups.
   2. Ask each group to select a group leader to lead the discussion, a reporter to take notes and a presenter to present the group’s results.
   3. Group 1 will discuss and list ‘Barriers to effective communication.’
   4. Group 2 will discuss and list ‘Factors enhancing effective communication.’
   5. Ask each group to present its findings.
   6. Lead a discussion on the findings. Add more barriers or factors if needed.

   See Box below for some examples of barriers to communication and factors that enhance it. Note that these are examples only, not a comprehensive list.

<table>
<thead>
<tr>
<th>Barriers to Communication</th>
<th>Factors that Enhance Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative body language</td>
<td>Being genuine and warm</td>
</tr>
<tr>
<td>Shouting</td>
<td>Listening</td>
</tr>
<tr>
<td>Ignoring people</td>
<td>Empathy</td>
</tr>
<tr>
<td>Hectoring/lecturing/ranting</td>
<td>Politeness/courtesy</td>
</tr>
<tr>
<td>Interrupting</td>
<td>Respecting the other person</td>
</tr>
<tr>
<td>Looking bored</td>
<td>Eye contact</td>
</tr>
<tr>
<td>Looking out of the window</td>
<td>Non-judgmental approach</td>
</tr>
<tr>
<td>Talking too fast</td>
<td>Patience</td>
</tr>
</tbody>
</table>
- Information overload
- Technical terms/jargon
- Bad temper
- Not listening/not understanding the other person
- Untidy physical environment

- Tolerance
- Shared purpose
- Humour
- Language that takes into account the other person’s level of education
- Welcoming physical environment

Points for discussion
• Different barriers and factors influence effective communication.
• Participants must recognize the barriers to effective communication and overcome them.
• Service providers must also recognize the factors that enhance effective communication and ensure they apply these factors in order to help and guide clients to make informed choices.

Procedure, Option B (15 mins)
Instead of dividing participants into two groups, conduct the activity as a plenary brainstorm. Use either two flip charts sheets (one headed ‘Barriers to Communication’, the other headed ‘Factors that Enhance Communication’) or a whiteboard divided into two columns.

6. Communication in Personal Relationships (30 mins)
The purpose of this activity is to reflect on the importance of communication and how much is communicated by tone, gesture and manner rather than actual words.

Procedure:
1 Ask for five volunteers. The five persons position themselves to form a wall. Explain that each of them will take turns facing the other four and trying to pass ‘through’ the wall.
2 Each of the five volunteers should think of a phrase that will help them get through the wall. For example a participant may chose the phrase “Excuse me please” or “Hello, I’m in a bit of a hurry” etc., any of which can be said in a variety of ways: pleading, demanding, polite, assertive etc. Once they choose the phrase, they CANNOT change it. What they can do is repeat it, using different tones of voice and body language.
3 Next, the volunteer stands in front of each of the four remaining persons that form the wall and uses the chosen phrase to try and convince the person to let him/her pass. The volunteer can only pass through the wall when s/he obtains the permission of all four members.
4 Allow all five volunteers to have their turn at trying to get through the wall.
5 Thank the volunteers for participating and facilitate a discussion with the following questions.

Ask the volunteers:
- How did you feel when you went through the wall?
- What attitudes did you adopt when you were the wall? (collaboration, openness, willingness, indifference, competition).
- What strategies did you adopt to get through the wall? What made the persons in the wall allow you to pass through?
- In the case of someone who was unable to get through the wall, ask: Were you really convinced that you would get through the wall, or did you foresee that you were not going to succeed? How did you feel not getting through?
**Ask the observers:**

- What did you observe?
- How did you feel in the role of observers?
- Did this exercise tell us anything about how we express ourselves and get what we need in life?
- In our everyday lives, do we use different ways to express ourselves, or usually just one or two?

Close the exercise by explaining that good interpersonal communication is achieved by recognizing the desire of others to know something about us. It also involves knowing the other person better, without interpreting or judging what that person is telling us. (Ask open-ended questions, using active listening, paraphrasing and empathy.)

7. **Communication Styles – Passive, Aggressive, Assertive** (1 hour)

   The purpose of this activity is:
   - To recognize different ways of expressing oneself.
   - To develop assertiveness skills.

   **Procedure – Stage one:**

   - Ask the full group what comes into their heads when they hear the word ‘communication.’ As they are talking, note what they say on flip chart.
   - Ask everyone to choose a partner and relate to them a situation where communication felt satisfactory. When they have finished, ask them to join another pair and share their examples. When they have finished, ask the whole group what conclusions they reached about what is required for good communication.
   - Write the words “Passive,” “Assertive,” and “Aggressive” on flip chart. Ask for volunteers to explain each of the three types of communication:

   **PASSIVE**
   - Giving in to others without thought for yourself.
   - Hoping to get what you want without actually having to say it.
   - Letting others guess what you want or letting them decide for you.
   - Taking no action to assert your rights.
   - Remaining silent when something bothers you.
   - Apologizing a lot.
   - Acting submissive: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face with hands, looking at the floor.

   **AGGRESSIVE**
   - Expressing feelings, opinions or desires in a way that threatens or punishes the other person.
   - Standing up for your own rights with no consideration for the other person.
   - Overpowering or belittling others.
   - Reaching your goals at the expense of others.
   - Dominating by shouting, demanding, not listening, calling others name, blaming, threatening, fighting.

   **ASSERTIVE**
   - Telling someone exactly what you want without being ‘pushy’.
   - Standing up for your rights without putting others down.
- Respecting yourself and the other person.
- Listening and talking.
- Staying balanced and firm: using “I” statements, talking face to face, staying calm and focused.
- Win/win situation.

Procedure – Stage Two:

Ask the participants to form four groups. Ask each group to role play one of the following situations. In the role play, each group should illustrate the three forms of communication: aggressive, passive and assertive.

Role-Play 1:
_A husband introduces the female condom into a marriage._

Role-Play 2:
_An woman living with HIV introduces the male condom into her relationship with a man living with HIV._

Role-Play 3:
_A girlfriend introduces the female condom into a relationship with a married man._

Role-Play 4:
_A pregnant or breastfeeding woman introduces the male condom into a marriage._

[If any of these role plays do not relate closely to the situations of your participants, design more relevant ones.]

Give the groups about 10 minutes to discuss and develop their role play and then 5 minutes to present it to the other groups.

As a full group, facilitate a discussion on how participants felt doing the exercise:

- When was one type of communication more effective than another?
- How did gender roles influence the type of communication used? (Refer back to the session on Gender if one has already been conducted.)
- Which type of communication felt most comfortable to you?

END OF MODULE 10
Module 11
Counseling
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Presentation on Counseling (Tool 11A)</td>
<td>30-40 Minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Nine Rights of a FP or Dual Protection Client</td>
<td>20-30 Minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Motivating and Assisting Clients in Successful Condom Use (case studies discussion)</td>
<td>1 hour</td>
</tr>
</tbody>
</table>

**Total Time**
- 2 hours.

**Learning objectives:**

By the end of this module participants should be able to:
- Explain key principles of counseling.
- State the rights of a client seeking FP/Dual Protection services.
- Demonstrate good counseling techniques.

**Preparations in advance:**
- Study the activities/options in this module and ensure that you have all the appropriate materials for the activities you plan to use.
- Make enough copies of relevant handouts for participants.
- Make an OHP or flip chart of Participant Handout 11B (Nine Rights of a Family Planning or Dual Protection Client).
- If you intend to use the alternative methods of presentation for Activities 2 and/or 3, prepare the necessary flip charts and/or sets of cards.

**Handouts:**
- Counseling (Participant Handout 11A).
- Nine Rights of a Family Planning or Dual Protection Client (Participant Handout 11B).

**Equipment and other materials:**
- Overhead projector and/or PowerPoint equipment, power cable(s)
- Flip chart or newsprint and markers
- Whiteboard and markers
- Masking tape or similar to put flip chart sheets on the wall

**Activities/Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.
2. Presentation and Discussion on Counseling (Facilitator Resource 11.1) (30-40 mins)

The Counseling presentation deals with the following topics:
- Principles for counseling.
- Criteria for effective counseling.
- The SOLER principle.
- Counseling norms: the GATHER approach.
- Free and informed choice

For further information on Counseling please refer to the handout Handout 11A.

Note
As in Module 10 on Communication, you may wish to consider using a series of flip charts, prepared in advance, instead of a PowerPoint for this presentation. Using flip charts gives the possibility of eliciting contributions from participants and adding them to the flip charts during the presentation. Each sheet can be put up on the wall, so that the trainer can refer back to them as the session goes on, reinforcing points already made. However, be aware that this method will take more time. This additional time is justified if you think this topic is important for your participants, because counseling is a skill, and skills cannot be acquired simply by following a presentation. For effective learning to take place, participants need to engage in activities which help them to process the points being taught.

Option 1. For Slide No. 4 (Criteria for Effective Counseling) a more participatory activity may be more effective than showing the PowerPoint and reading from the handout. Instead, and to act as an energizer, try this activity:
- Write each heading (Individualization, Confidentiality, etc) on separate index cards, and the explanations, from Handout 11A, Pages 1 and 2, also on separate index cards (total 18 cards).
  [Note: the simplest way is to cut up a copy of the handout and paste the sections onto the cards. Cutting up an enlarged photocopy is even better.]
1. Mix up the cards.
2. Give one card to each participant. Tell them not to show their card to anyone else.
3. Give the following instruction: “Read your card - Remember it – Hide it.”
4. Ask them to stand up, move around and speak aloud what was written on their card (a summary or paraphrase of the text is fine), and also listen to what others are saying aloud. The task is to form matching pairs (heading + explanatory text).
5. When they think they have found their partners, they can check by looking at each other’s cards.
6. The pairs then form a circle, displaying their cards.
7. Each pair reads aloud their card: the title and the explanation. Other participants can ask questions if the explanation is not clear. The facilitator helps answer if necessary.
8. The pairs of cards can be stuck onto a flipchart and displayed on the wall for reference.

Option 2. A less active but faster version of the above is to give similar sets of mixed-up cards to participants seated in groups, and ask them to sort the cards and then present the content to the plenary.

At the end of the presentation, distribute copies of the Counseling handout (Handout 11A) if you consider it relevant and useful for your participants. If so, ask them to read it overnight so that they can ask any questions during the Reflections session next morning.
3. Clients’ Rights (Participant Handout 11B) (20-30 mins)

- Use one of the two Options described above in Activity 2 to present the Nine Rights of a Client seeking FP or Dual Protection services by writing the heading (Information, access, choice etc) on separate index cards, and the explanations, also on separate index cards (total 18 cards).

You can also show an OHP of the Rights (11B).

Give out copies of Handout 11B. Urge participants to do all they can to ensure that client's rights are acknowledged and fulfilled.

Ask participants to discuss how they can implement these rights in practice in their real work situations. Discuss what practical difficulties they might have, and encourage them to suggest possible solutions.

For some groups, it may be appropriate to extend this into a small group activity in which participants identify constraints on fulfilling clients’ rights in their projects (e.g. overcrowding, work load, time constraints) and then develop action plans for the implementation and monitoring of clients’ rights. The action plans should address the identified constraints. The groups could then share their ideas and action plans. You will need to allocate additional time if you want to do such an extended activity.

4. Motivating and Assisting Clients in Successful Condom Use (1 hour)

Divide participants into groups of three. Within each group one person should assume the role of Client, Healthcare Provider and Observer. Give each group a copy of the three role plays and explain that they will have an opportunity to role play each scenario. As they change scenarios, the group members should take turns being the client, the healthcare provider and observer. The role of the healthcare provider is to discuss the situation with the client and motivate him/her to use a male or female condom. The role of the observer is to give feedback to the healthcare provider and add suggestions.

Role plays

- Jalsa is 24 years old. She would like to use protection with her husband who she believes is having sex with other women but he is reluctant to wear a condom and she is scared he will abandon her if she insists.

- Geeta is a young FSW. Several of her clients refuse to use condoms and she is losing money because of this. They have offered her more money for unprotected sex which she desperately needs.

- Sanjeev is 26-years old and married. He sometimes visits sex workers and does not always wear a condom because he does not like them.

If these role plays are not relevant to your country context then they should be adapted.

As a full group, generate a discussion using the following the points:

Client:
- How did you feel when the Healthcare Provider was speaking to you?

Healthcare Provider:
- How did it feel to be the Healthcare Provider?
- Which clients were most challenging to motivate?
- What challenges did the clients face?
- What did you do to help them to overcome these challenges?
- Did you consider gender & power dynamics?

Observers:
- What did you notice as an observer?
- Did the counseling improve with different situations?
- What myths, fears and misperceptions were encountered?
- What problems were encountered and how were they addressed?
- How practicable and feasible were the approaches or strategies used?

END OF MODULE 11
Module 12
Introduction to FC2
Female Condom
### Learning objectives:

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

- Locate and describe the main female reproductive organs.
- Have an understanding of FC2 Female Condom.
- Describe the characteristics and advantages of FC2 and who can use it.

### Preparations in advance:

- Study the activities in this module and ensure that you have all the necessary materials for those you decide to use.
- Make enough copies of relevant handouts for all the participants.
- Obtain samples of FC2 female condoms for participants to examine. (If available, include a few with expired dates and/or slightly damaged packaging.) Also obtain the other items listed below under equipment and other materials.

### Handouts:

- Female reproductive organs (Participant Handout 12A).
- Information leaflet About FC2 (Participant Handout 12B).
- What do we know about FC2? (Participant Handout 12C).

### Equipment and other materials:

- Overhead projector, PowerPoint equipment, power cables
- Samples of FC2 female condoms for participants
- Tissues and/or wipes for cleaning hands
- Flip chart and markers and/or whiteboard and markers
- Model of female torso and reproductive organs, or apron with diagrams of these, or other relevant visual aid, as available.

### Activities/Process:

1. **Introduction.** Present the objectives of the module on a flip chart or PP.
2. Female Reproductive Organs (Facilitator Resource 12.1)  

(20 mins)

**Materials:**
- PowerPoint or OHP of Resource 12.1 (Female Reproductive Organs)
- Copies of Handout 12A (Female Reproductive Organs) for participants
- If available, model of female torso (or apron, or similar).

See Handout 12A for general information on the female reproductive organs.

**Procedure:**

From the following options, choose the one most appropriate for your participants (or use a combination of them).

**Option A:**
Give each participant a copy of Handout 12A (Female Reproductive Organs). Talk them through each organ. Where possible and appropriate, ask participants to locate the organ on their own bodies and explain the organ's functions at the same time. (For the more intimate organs, ask participants to complete the activity for homework.)

You can use the presentation on the female reproductive organs (12.1) on PowerPoint or OHP to summarize, or give a print copy to anyone who wants one.

**Option B:**
Show the presentation on Powerpoint (12.1), OHP or flip chart.

(If a model of the relevant organs is available, use it instead of the presentation. A model is preferable to a diagram.)

Point out the name of each organ and explain its function.

Then give out Handout 12A and ask participants to read it and locate the organs on their own bodies for homework.

**Option C:**
- Give participants printed copies of Handout 12A with the words blanked out from the diagram and written as a list at the bottom of the page.
- Ask them to work in pairs to copy the words in the correct places on the diagram.
- Use a PowerPoint (12.1) or OHP of the reproductive organs to show the correct answers.

3. Overview of FC2 Female Condom (Facilitator Resource 12.2)

(45 mins to one hour, depending on methods used and how wide-ranging a discussion you want to have)

For detailed information about FC2 female condom please study the information leaflet (Participant Handout 12B) and What do we know about FC2? (Participant Handout 12C).

**Materials:**
- Samples of female condoms.
- Supply of tissues and/or hand wipes.
- PowerPoint or OHP of Resource 12.2 (An introduction to FC2 female Condom).
- Information leaflet (Participant Handout 12B).
- What do we know about FC? (Participant Handout 12C).

**Procedure:**

1. Start by passing around samples of female condoms. Ask participants to check that the condoms are not date-expired and that the packaging is intact. (It is best to include a small number of samples that are expired and/or in damaged packaging, to make the point that this is a genuine precaution. This will also help to wake people up! If you know exactly how many faulty condoms you have distributed, you can ensure that all participants check their samples thoroughly.)

2. Ask participants to spread the lubrication inside the packet around by rubbing the packet with their hands. Ask them to open the packets AND take out the condoms, unroll them, explore them, play with them, make funny noises with them - anything to make them familiar, comfortable and interested. Also pass round tissues or wipes so that people can wipe their hands whenever they want to.

3. Elicit from participants words they would associate with female condoms - how they feel, how they look, etc. Write responses on a flipchart.

4. When participants have adequately explored what a real female condom is, start the power-point presentation (Resource 12.2).

   This presentation deals with the following topics:
   - Description.
   - Advantages of the female condom.
   - Noted Issues.
   - Helpful hints.
   - Who can use the female condom.

   The presentation contains a lot of information. It will be important to avoid boredom and help participants actively process the information that you want them to remember and be able to use. It is also valuable to get the benefit of participants’ own ideas and experience. The following are therefore some suggestions for making this presentation more participatory:

   **Slide 4 - 5 (Characteristics of FC2):**
   - Tell participants that the next two slides mention 12 specific characteristics of FC2 female condom.
   - Read them the first TWO only as examples.
   - Then ask participants to work in buzz groups (three or four people per group) to make a list of more features of FC2 that they consider important for potential users to know about.
   - Allow the groups several minutes to work on this. Monitor the groups to check the task has been understood (if necessary, give another example).
   - When the groups have finished, ask for one suggestion in turn from each buzz group. Record these on flipchart or whiteboard.
   - Then show Slides 4 and 5 and compare with the buzz group suggestions. Discuss any major differences.
Slide 6 (FC2 Registration): Show this slide and explain it if it is relevant to your participants; if not, omit it.

Slide 8 (Advantages of the female condom): ask participants to work in pairs and brainstorm a list of advantages of the female condom. Then show slide 8. Ask participants if they came up with any additional ideas. (Some may have already been mentioned under Characteristics, in the exercise on slides 4-5.)

Slides 9–10 (Noted Issues, Helpful Hints): these two slides are probably best discussed in plenary.

Slide 11-13 (Who can use FC2?): elicit suggestions from participants (plenary brainstorm). Record their suggestions on flip chart or whiteboard. Then show slides 11 and compare with participants’ responses. (You could tick off each suggestion on the flipchart or whiteboard as it appears on the PowerPoint.)

Finally, distribute copies of the information leaflet (Participant Handout 12B) and What do we know about FC2? (Participant Handout 12C) to participants. Ask them to read them carefully for homework and be ready to raise any questions or make comments at the Reflections session next morning.

END OF MODULE 12
Module 13
Using and Promoting FC2 Female Condom
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>40 Minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Presentation on How to Insert FC2 Female Condom</td>
<td>20 Minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Race exercise</td>
<td>30 Minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Presentation/discussion on How to Explain the Female Condom to Potential Users</td>
<td>40 Minutes</td>
</tr>
<tr>
<td>5.</td>
<td>Female Condom: Myths, Perceptions &amp; Fears</td>
<td>40 Minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Counseling Users - Female condom role play</td>
<td>40 Minutes</td>
</tr>
</tbody>
</table>

**Total Time**
- 2 - 3 hours, depending on which activities/methods you choose to use.

**Learning objectives:**
*By the end of this module participants should be able to:*
- Demonstrate correct use of the female condom
- Explain the use of the female condom to clients
- Be familiar with myths and fears regarding the female condom
- Be able to address common questions, concerns and provide solutions for successful FC2 use

**Preparations in advance:**
- Study the various activities in this module and ensure that you have all the necessary materials for those you decide to use.
- Make enough copies of relevant handouts for all participants.
- Samples of FC2 (for Activity 2, Step 1, slightly damage the packaging on a few samples).
- Make one copy of Participant Handout 13B (correct answers to Female Condom Race) on OHP.

**Handouts:**
- Female condom race Questions (Participant Handout 13A) and Answers (Participant Handout 13B).
- Explaining FC2 female condom to potential users (Participant Handout 13C).
- Solving Potential Issues with FC2 use (Participant Handout 13D).
- Myths, Perceptions and Fears handout (Participant Handout 13E).
- All about the FC2 female condom (Participant Handout 13F).
- Checklist rating sheet for female condom demonstration (Participant Handout 13G).
- Instruction Card How to use FC2 female condom (Participant Handout 13H)

**Equipment and other materials:**
- Overhead projector, PowerPoint equipment, power cables.
- Samples of female condoms for participants.
- Tissues and/or wipes for cleaning hands.
- Flip chart and markers and/or whiteboard and markers.
- Three flipchart sheets, each with one of the following headings:
Activities / Process:

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **How to insert FC2 Female Condom (Facilitator Resource 13.1)** (40 mins)

   **Materials:**
   - PowerPoint presentation (How to Use FC2 Female Condom).
   - Samples of FC2 female condoms (including a few with damaged packaging).
   - Supply of tissues and/or hand wipes.

   **Procedure:**
   
   Start by passing around samples of FC2 female condoms. Ask participants to check that the packaging is intact.

   **Notes:**
   - It may be a good idea to include a small number of samples that are in damaged packaging, to make the point that this is a genuine precaution. If you know exactly how many damaged packages you have distributed, you can ensure that all participants check their samples thoroughly.
   - Ask participants to check the dates on the packages.

   (2) Ask participants to spread the lubrication inside the packet around by rubbing the packet with their hands. Ask them to open the packets and take out the female condoms, being careful not to damage them with long nails or rings, etc. Also pass round tissues or wipes so that people can wipe their hands when they want to.

   (3) Show the PowerPoint presentation (Facilitator Resource 13.1) and use the notes at the foot of each slide to explain the procedure for correct insertion of FC2. Use a model to demonstrate FC2 insertion or a clenched fist if a model is not available. Encourage participants to relate what they see on the PowerPoint to the actual FC2 samples in their hands.

   Ask participants if they have any questions or comments. Return to earlier slides as needed.

3. **Female Condom Race exercise (Participant handouts 13A and 13B, Facilitator Resource 13.2)** (20 mins)

   The purpose of this exercise is to ensure that participants have accurate knowledge of correct female condom use, and also the confidence to counsel, promote, motivate and give information on female condoms.

   **Materials:**
   - Female Condom Race questions (Participant Handout 13A).
   - Female Condom Race answers (Participant Handout 13B).
   - Female Condom Race answers PowerPoint (Facilitator Resource 13.2).

   **Procedure:**
   - Explain the purpose of the exercise (as above) and how it works:
     - The female condom race has jumbled up instructions on correct use of the female condom. The task is to work out the correct...
sequence of instructions, and write the letters for each step in the blocks at the foot of the sheet.

- Although the exercise is a race to try and finish first, the most important thing is to get all the steps in the correct sequence.
- Therefore there will be penalty points deducted for wrong answers!

2. Hand out copies of the Female Condom Race (13A) to the participants. Make sure everyone has a pen or pencil; if anyone doesn’t, provide one.

[Alternative: Ask participants to work in pairs for the race. In that case, give one copy of the FC2 Race Questions (13A) to each pair rather than to each individual. The advantage of this method is that participants will discuss any items they are not sure about, and so be better ‘primed’ to learn the correct answer.]

3. Give a signal for all participants to start the race at the same time.
4. When all participants have finished the exercise, use Resource 13.2 and Handouts 13B to show the correct answers.
5. Finally, acknowledge the participant(s) who finished first with all answers correct (a round of applause from the group).

4. How to Explain the Female Condom to Potential Users (Facilitator Resource 13.3) (30 mins)

Materials:
- PowerPoint presentation (Facilitator Resource 13.3)
- How to explain FC2 to potential users (Participant Handout 13C)
- Solving Potential Issues with FC2 Use (Participant Handout 13D)

The presentation deals with the following topics:
- Explaining the female condom to potential users.
- Specific issues on female condoms.
- Barriers to promoting female condoms.
- Motivating clients to use female condoms.

For detailed information on this topic please refer to the notes on How to Explain the Female Condom to Potential Users (Participant Handout 13C) and Solving Potential Issues with FC2 use (Participant Handout 13D).

Suggestions for using the PowerPoint presentation (Resource 13.3)

Slide 3 (Explaining FC2 to Potential Users). This is a list of five items; first elicit some ideas from participants by asking: “What general suggestions do you have for explaining the Female Condom to potential users?” Then show Slide 3 and note any points which were not suggested by participants.

Slide 5 (Barriers to FC2 Promotion). Elicit some ideas from participants by asking: “What barriers can you identify to promoting FC2?” Then show Slide 5 and note any points which were not suggested by participants.

To conclude, distribute the Handouts on How to explain FC2 to potential users (13C) and Solving Potential Issues with FC2 use (13D).

Ask participants to read it for homework and be ready with comments, new ideas or additional suggestions at the Reflections session next morning.

5. Myths, Perceptions and Fears exercise (40 - 60 mins)

Aims of the exercise:
- To familiarize participants with the myths, perceptions and fears they are likely to confront when promoting FC2.
- To provide participants with facts and skills to dispel myths, negative perceptions and fears.
Materials:
- 3 flip charts, headed respectively: Myths, Perceptions, Fears.
- Flip chart marker pens for each of three groups. (Use three different colour markers if you have them.)
- Myths, Perceptions and Fears (Participant Handout 13E)
- All about the FC2 female condom (13F).
- Instruction Card How to use FC2 female condom (13H).

Procedure:

1. Fix the flip charts headed Myths, Perceptions and Fears on the wall or on easels/stands. You need to be able to write on them.
2. Ask the participants to call out common myths, negative perceptions and fears associated with the female condom. Write their responses on the appropriate flip chart, leaving plenty of space after each response for the answers. (Use extra flip charts for each heading if needed.)
3. Divide participants into three groups. Give each group one of the flip charts.
4. Ask the groups to write on the flip chart information, ideas, etc that will dispel the myths, clarify the negative perceptions or alleviate the fears.
5. Bring participants back together and ask each group to present its completed flipchart.
6. Discuss which issues they think will be the most difficult to address with potential users. How will they best prepare themselves to address these issues?
   Some points to raise in discussion:
   - Most obstacles to the successful use of FC2 can be overcome with high quality counseling, support and follow-up.
   - Women should feel respected; building trust is an important step in introducing FC2 and counseling about FC2 use.
   - While it is the individual’s responsibility to make a decision and carry it out, healthcare providers can help women better assess their prevention and contraceptive needs and the challenges they may face in carrying out their decisions.
   - Counseling and support must be personalized for the individual woman by exploring her needs. This means asking questions and listening carefully.
   - A good counselor will avoid overloading a woman with too much information. Figure out what the woman may need and then help her to determine how to meet her needs.
   - Help women explore the medical, social and cultural context of their risks and their decisions. This context includes the ability of an individual to carry out their decisions.
7. To conclude, distribute the Handouts Myths, Perceptions and Fears (13E), All about the FC2 female condom (13F) and the Instruction Card (13H). Ask participants to read them for homework and be ready with comments, new ideas or additional suggestions at the Reflections session next morning.

6. Female Condom Role Play exercise (Participant Handout 13G) (40 Mins)

In this exercise, participants view and discuss a female condom demonstration, and evaluate aspects of the demonstration.

Materials:
- FC2 Female Condoms.
- Handout on Checklist Rating Sheet (Participant Handout 13G)
**Procedure:**

1. Hand out copies of the Checklist Rating Sheet (13G). Ask participants to read it. Allow enough time for this.
2. Ask for two volunteers. Explain that one volunteer will role-play a client and the other will role-play a healthcare provider/counselor demonstrating correct use of the female condom. The other participants will assess the demonstration, using the rating sheet.
3. The ‘healthcare provider/counselor’ demonstrates correct use of the female condom, with supporting explanations, to the client. The other participants observe, and complete the rating sheet.

**Note**

This is actually a quite difficult exercise for the person playing the counselor role, because there is a lot to remember. If the counselor is missing a lot of points, the facilitator should consider helping, perhaps by dropping some hints, or miming, or even acting as an assistant who comes in with an ‘important message’ and shows the counselor the rating sheet…whatever will be most helpful. The two aims are:

(i) ensure learning and
(ii) avoid embarrassment.

**Points for discussion:**

1. When the demonstration is complete, thank the volunteers. Ask the other participants to give comments, based on the rating sheet. Urge them to give constructive feedback on the role plays and avoid negative criticisms.
2. Lead a Q&A session with participants. Include elements of female condom demonstration that were omitted or incorrect. Emphasize that counselors and service providers need to be knowledgeable on all aspects of female condom use in order to effectively promote it to clients.

**Points for discussion:**

1. High client turnover may mean that service providers have to demonstrate correct female condom use in rushed circumstances. How can we do this?
2. Sex is spontaneous and sometimes hurried. It is important that clients understand how to correctly use a female condom in these situations.

**END OF MODULE 13**
Module 14
Male Condoms
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Presentation on the Male Reproductive Organs</td>
<td>20 Minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Male Condom Information – Demonstration, Presentation and Discussion</td>
<td>25 Minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Presentation on Male Condom Use</td>
<td>15 Minutes</td>
</tr>
<tr>
<td>5.</td>
<td>Male Condom Race Exercise</td>
<td>15-30 Minutes</td>
</tr>
<tr>
<td>6.</td>
<td>Male condom role play and checklist</td>
<td>30-45 Minutes</td>
</tr>
<tr>
<td>7.</td>
<td>Condoms: Myths &amp; Facts</td>
<td>30 Minutes</td>
</tr>
</tbody>
</table>

**Total Time**

- 2 to 2.5 hours, depending on how new the topic is to participants and how much practice is needed.

**Learning objectives:**

*By the end of this module participants should be able to:*

- Demonstrate correct use of the male condom.
- Instruct others in correct use of the male condom.
- Dispel myths and misconceptions about the male condom.

**Preparations in advance:**

- Study the activities in this module and ensure that you have all the necessary handouts and materials.
- Make enough copies of relevant handouts for all participants.
- Make copies of Participant Handout 14A-1 (Male reproductive organs with deleted words).
- Make copies of Participant Handout 14E (correct answers to Male Condom Race) for all participants.
- Obtain samples of male condoms for participants to examine. (If possible, include a few with expired dates and/or slightly damaged packaging.)
- Experiment with inflating some male condoms, filling them with water, etc, in preparation for Activity 3, Step 3.

**Handouts:**

- Male reproductive organs with deleted words (Participant Handout 14A-1).
- Male reproductive organs (Participant Handout 14A).
- General male condom information (Participant Handout 14B).
- How to use the male condom correctly (Participant Handout 14C).
- Male Condom Race questions and answers (Participant Handouts 14D and 14E).
- Checklist rating sheet for male condom demonstration (Participant Handout 14F).

**Equipment and other materials:**

- Overhead projector and/or PowerPoint equipment, power cable(s).
- Flip chart and markers.
- Pens for participants.
Activities/Process:

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Male Reproductive Organs (Facilitator Resource 14.1) (20 mins)**

   **Materials:**
   - PowerPoint or OHP of Resource 14.1 (the male reproductive organs).
   - A set of print copies of Participant Handout 14A-1.
   - If you want to make the task easier, give the deleted words as a list below the diagram (or on a separate sheet, or on the whiteboard or flip chart).

   [See Participant Handout 14A for general information on the main male reproductive organs.]

   **Procedure:**
   1. Ask participants to work in pairs or threes for this activity. Give a copy of Participant Handout 14A-1.
   2. Explain that the words for each organ have been blanked out on the diagram, and that their task is to write in the names of each organ at the end of each of the lines pointing to an organ.
   3. If you want to make this activity more lively, do it either as a competition (ask which pair got the most labels correct?) or, if you provided the words in a list, as a race (which pair finished first?).
   4. When the pairs have finished, show the PowerPoint (Resource 14.1) or OHP and ask participants to check how many organs they named correctly.
   5. Finally, give a copy of the print version of Participant Handout 14A to all participants.

3. **Male condom information (Facilitator Resource 14.2) – Demonstration, Presentation and Discussion (25 mins)**

   **Materials:**
   - PowerPoint or OHP of Resource 14.2 (The Male Condom)
   - The Male Condom (Participant Handout 14B)
   - Samples of male condoms, tissues or hand wipes
   - Bucket of water (unless there is a tap in the training room).

   **Procedure:**
   1. Start by passing around samples of condoms. Ask participants to check that the condoms are not date-expired and that the packaging is intact. It is best to include a small number of samples that are expired and/or in damaged packaging, to make the point that this is a genuine precaution. This will also help to wake people up! If you know exactly how many faulty condoms you have distributed, you can ensure that all participants check their samples thoroughly.
Ask participants to open the packets and take out the condoms, unroll them, explore them, play with them, inflate them, make funny noises with them - anything to make them familiar, comfortable and interested. Also pass round tissues or wipes so that people can wipe their hands whenever they want to.

2. Elicit from participants words they would associate with condoms - how they feel, how they look, etc.

3. While participants still have condoms in their hands, demonstrate the strength of a condom by filling one with water (but stop before it bursts - conduct a trial experiment before the actual training). Keep the outside of the condom dry (or dry it with a towel). Take the water-filled condom around for participants to confirm that the outside is dry.

4. Point out that water molecules are far smaller than viruses (a water molecule contains only three atoms – H₂O), so if water cannot pass through the condom then it is clearly impossible for a virus to do so.

5. When participants have adequately explored what a real male condom is, start the PowerPoint presentation (Facilitator Resource 14.2). Refer to the actual condoms whenever relevant.

   The presentation deals with the following topics:
   - Description.
   - Characteristics of the male condom.
   - Latex condoms.
   - Efficacy.
   - Who can use the male condom.
   - Advantages.
   - Disadvantages.
   - Common myths/misconceptions.

6. If you think it is relevant give out Participant Handout 14B (The Male Condom) to participants.

4. Correct use of the male condom (Facilitator Resource 14.3) (15 mins)

   **Procedure:**
   - Distribute copies of Handout 14C (Male Condom Use).
   - Ask participants to look at the sheet of diagrams attached as the 2nd page.
   - Show Resource 14.3 (PowerPoint) on male condom use and talk through it.
   - Ask participants if they have any questions or need any points clarified.
   - Ask them to read the handout for homework.

5. Male Condom Race exercise (Participant Handouts 14D and 14E, Facilitator Resource 14.4) (15 - 30 mins)

   The purpose of this exercise is to ensure that participants have fully accurate knowledge of correct condom use, and also the confidence to counsel, promote, motivate and give information on male condoms.

   **Materials:**
   - Male Condom Race Questions (Handout 14D)
   - Male Condom Race answers (Handout 14E)
   - Male Condom Race answers PowerPoint (Facilitator Resource 14.4).

   **Procedure:**
   - Explain the purpose of the exercise (as above) and how it works:
The male condom race has jumbled up instructions on correct use of the male condom. The task is to work out the correct sequence of instructions, and write the letters for each step in the blocks at the foot of the sheet. Although the exercise is a race to try and finish first, the most important thing is to get all the steps in the correct sequence. Therefore there will be penalty points deducted for wrong answers!

(2) Hand out copies of the male condom race questions (14D) to the participants. Make sure everyone has a pen or pencil; if anyone doesn’t, provide one.

[Alternative: Ask participants to work in pairs for the race. In that case, give one copy of Handout 14D to each pair rather than to each individual. The advantage of this method is that participants will discuss any items they are not sure about, and so be better ‘primed’ to learn the correct answer.]

(3) Give a signal for all participants to start the race at the same time.

(4) When all participants have finished the exercise, use Resource 14.4 to show the correct answers. Give all participants a copy of Handout 14E.

(5) Finally, acknowledge the participant(s) who finished first with all answers correct (a round of applause from the group).

6. Male Condom Role Play exercise   (Participant Handout 14F)   (30 - 45 mins)

In this exercise, participants view and discuss a male condom demonstration, and evaluate aspects of the demonstration.

Materials
Checklist rating sheet for male condom demonstration (Handout 14F)

Procedure:
1. Hand out copies of the Checklist Rating Sheet (Handout 14F). Ask participants to read it. Allow enough time for this.
2. Ask for two volunteers. Explain that one volunteer will role-play a client and the other will role-play a counselor demonstrating correct use of the male condom. The other participants will assess the demonstration, using the rating sheet.
3. The ‘counselor’ demonstrates correct use of the male condom, with supporting explanations, to the client. The other participants observe, and complete the rating sheet. These observers should be instructed to record both the good aspects and negative aspects of the role play.

Note
This can be a difficult exercise for the person playing the counselor role, because there is a lot to remember. If the counselor is missing a lot of points, the facilitator should consider helping, perhaps by dropping some hints, or miming, or even acting as an assistant who comes in with an ‘important message’ and shows the counselor the rating sheet…whatever will be most helpful. The two aims are: (i) ensure learning and (ii) avoid embarrassment.

4. When the demonstration is complete, thank the volunteers. Ask the other participants to give comments, based on the rating sheet. Urge them to give constructive feedback on the role plays, highlighting demonstration aspects or responses that were well made and avoiding criticisms.
5. If necessary, repeat Steps 2 – 4 with another pair of participants.

6. Lead a Q&A session with participants. Include elements of male condom demonstration that were omitted or incorrect. Emphasize that counselors and service providers need to be knowledgeable on all aspects of male condom use in order to effectively promote it to clients.

   **Points for discussion:**
   - High client turnover may mean that service providers have to demonstrate correct male condom use in rushed circumstances. How can we do this?
   - Sex is spontaneous and sometimes hurried. It is important that clients understand how to correctly use a male condom in these situations.

7. Condoms: Myths and Facts  (30 mins)

   **Aims of the activity are:**
   - To familiarize participants with the myths, perceptions and fears they are likely to confront when promoting condoms.
   - To provide participants with facts and skills to dispel myths, negative perceptions and fears.

   **Materials:**
   - Three flip chart sheets each with the following headings: Myths – Perceptions – Fears.
   - Flip chart marker pens for each of the three groups. (Use three different colour markers if you have them).

   **Procedure:**
   (i) Fix the flip charts headed Myths, Perceptions and Fears on the wall or on easels/stands. You need to be able to write on them.
   (ii) Ask the participants to call out common myths, negative perceptions and fears associated with the male condom. Write their responses on the appropriate flip chart, leaving plenty of space after each response for the answers. (Use extra flip charts for each heading if needed.)
   (iii) Divide participants in three groups. Give each group one of the flip charts.
   (iv) Ask the groups to write on the flip chart information, ideas, etc. that will dispel the myths, clarify the negative perceptions or alleviate the fears.
   (v) Bring the participants back together and ask each group to present its completed flip chart.
   (vi) Discuss which issues they think will be the most difficult to address with potential users. How will they best prepare themselves to address these issues?
   (vii) Ask participants if there are any additional myths or misconceptions prevalent in their community or country. If there are, discuss how to address or correct these.

**END OF MODULE 14**
Module 15
Emergency Contraception
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>20-30 Minutes</td>
</tr>
<tr>
<td>2.</td>
<td>Information on emergency contraception</td>
<td>20 Minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Discussion on counseling clients needing emergency contraception</td>
<td>30-45 Minutes</td>
</tr>
<tr>
<td>4.</td>
<td>Role plays on counseling clients</td>
<td></td>
</tr>
</tbody>
</table>

An external Resource Person may be needed to explain national policy and/or guidelines on emergency contraception in countries where emergency contraception is available.

**Total Time**
- 70 – 95 minutes, depending on complexity of situation and amount of role-play practice and discussion.

**Learning objectives**

By the end of this module participants should be able to:
- State country policy on emergency contraception.
- Explain country guidelines on emergency contraceptives.
- Explain currently available emergency contraceptives to potential clients.
- Know what information to discuss with clients or users in the case of unprotected sex, condom slipping or breaking.

**Preparations in advance:**
- If necessary, identify and invite an external Resource Person to speak on this topic.
- Study the guidelines and country policy on emergency contraceptives.
- Study the activities in this module and ensure that you have any necessary materials.
- Print a set of the role-play scenarios (Facilitator Resource 15.1) for each group of participants. Fold them so they cannot be seen, and put each complete set in a separate envelope.

**Handouts:**
- Any available appropriate guidelines or information on emergency contraception services available in the country concerned.

**Equipment and other materials:**
- Whiteboard or flip chart, and markers.
- Small envelopes for sets of role-play scenarios.

**Activities / Process:**

1. **Introduction.** Present the objectives of the module on a flip chart or PP.

2. **Information on Emergency Contraception** (20 - 30 mins)

   The Facilitator explains what emergency contraception is and when it is appropriate to use it.

   The Facilitator or other Resource Person presents facts of government policy, national guidelines and method(s) available (10 mins).
Distribute any relevant handouts or information sheets. Allow participants time to read them (if they are not too long). Answer any questions.

3. Discussion on what to advise clients (20 mins)

Lead a plenary discussion on what to advise clients in cases of male or female condom slipping or tearing. Write any suggestions agreed by the group (or by a significant number of participants) on flip chart. Acknowledge that if there are no clear national guidelines then there may be differences of opinion, and these need to be respected. Try to achieve a consensus on at least a minimum number of agreed points.

4. Role plays on counseling clients (Facilitator Resource 15.1) (30 - 45 mins)

1. Tell participants that we will now do some role plays to practice counseling clients in cases of male or female condom slipping or tearing.
2. Start with a brief recap of some key counseling principles (e.g. SOLER and GATHER). Refer to Module 11 on Counseling for details.
3. Ask participants to work in groups of 3 people per group, each taking turns at the following roles:
   - Role A: Client
   - Role B: Counselor
   - Role C: Observer
4. Give each group an envelope containing 3 scenarios. The participant playing Role A takes one scenario. She should read the scenario and then role-play the character (without showing the card). The participant playing Role B should respond. After each role play, the Observer gives feedback on the Role B performance. This feedback should be based on two aspects:
   - the quality of the counseling, in terms of what was learned in the modules on Communication and Counseling,
   - the appropriateness of the information or advice, in terms of how well it reflected, what was agreed in Activity 3 above (the discussion on what to advise clients).
   [At the feedback stage, the scenario paper can be shared with the group.]
5. Then the next participant to play Role A takes their scenario from the envelope.

The scenarios in Facilitator Resource 15.1 are reproduced below. If any of the role-play scenarios do not relate closely to the situations of your participants, change them or write more relevant ones.

Remind participants that the person seeking help in each scenario may also need counseling on SRH issues other than just emergency contraception, for example Voluntary Counseling and Testing, and hence a return visit at a later date.

Scenario 1

You are a woman aged about 30. You left your husband some time ago because he had begun to drink large amounts of alcohol, spent all the household money and became violent. You were pregnant with your second child when you left him. You are now unemployed with two young children. You are in a relationship with a man who is married. He is quite rich, and quite generous. You depend on his financial support. He always uses a condom with you, because he says he cannot stay with you if you get pregnant. But last night the condom broke
during intercourse. Your partner was drunk and you think he probably damaged the condom while taking it out of the package. You are afraid of getting pregnant. You are midway through your menstrual cycle. You want to know what you should do. You are very shy and don’t talk much; however, you will answer direct questions truthfully.

**Scenario 2**
You are a female student. You have a steady boy friend. You have been using a female condom, but last night you and your boy friend were both rather drunk and he made love and his penis went in by the side of the female condom. By the time you stopped him it was too late. Your parents will be very shocked if you get pregnant, and so will your boy friend’s parents. You think that he will probably have to leave you. You are midway through your menstrual cycle. You want to know what you should do. You are very worried and upset and tend to talk a lot. You are mostly focused on what you should say to your parents and on whether you should have an abortion or have the baby adopted.

**Scenario 3**
You are a female sex worker. You insist your customers always use condoms; if they refuse, you try to use a female condom. But last night a customer’s condom broke inside you. You are midway through your menstrual cycle, and afraid of getting pregnant. You want to know what you should do. You are worried about getting pregnant because then you will have to tell your parents what you do for a living, and they think you are working in a restaurant.

6. Optional: Ask volunteers to perform some of the role-plays for the whole group. (Remind participants to give constructive feedback, focusing on the positive aspects of the role plays and avoiding negative criticism.)

7. Discuss any issues arising from the role plays. If necessary, amend the flip chart from the Activity 3 to take account of any problems that emerged from the role plays.

**END OF MODULE 15**
Module 16
Negotiating Safer Sex
Activity # | Content | Time:
--- | --- | ---
1. | Introduction | |
2. | Presentation on Negotiating Safer Sex | 20 minutes |
3. | Strategies for Negotiating Condom Use | 30 Minutes |
4. | Negotiating Safer Sex and Condom Use Exercise | 30 Minutes |
5. | Dealing with Aggression and Violence | 1 hour |

**Total Time**
- 2 hours 20 Minutes

**Learning objectives:**
*By the end of this module participants should be able to:*
- Conduct productive negotiations for safer sex, and help others develop skills for doing so.
- Discuss ways in which condoms (male and female) can affect sexual pleasure, both positively and adversely.
- Use effective negotiation strategies in trying to deal with aggression or violent behaviour in a sexual partner, and help others develop skills for doing so.

**Preparations in advance:**
- Study the activities in this module and ensure that you have all the necessary materials for those you decide to use.
- Make enough copies of relevant handouts for all the participants.
- Print the role play scenarios for Activity 5 (Facilitator Resource 16.2) on separate cards, or print on paper and paste onto cards.

**Handouts:**
- Tips for Communicating with your Partner about Sex (Participant Handout 16A).
- Talking to your partner (Participant Handout 16B).

**Equipment and other materials:**
- Whiteboard or flip chart, and markers
- A stick (for Activity 4)

**Activities/Process:**
1. **Introduction.** Present the objectives of the module on a flip chart or PP.
2. **Discussion on Negotiating for Safer Sex** *(Facilitator Resource 16.1 and Participant Handout 16A) (20 mins)*
The presentation deals with the following topics:

- What is negotiation?
- Factors that enhance negotiation for safer sex.
- Tips for communicating with your partner.

It will be important to help participants actively process the information that you want them to remember and be able to use. It is also valuable to get the benefit of participants’ own ideas and experience. The following are therefore some suggestions for making this presentation more participatory:

**Slides 2 – 3 (Negotiation)**
- Ask participants what they understand by the term negotiation? How might this be applied in the context of safe sex?

**Slide 4 (Factors that enhance negotiation for safer sex)**
- Elicit suggestions from participants (plenary brainstorm). Record their suggestions on flip chart or whiteboard. Then show slide 4 and compare with participants’ responses.

**Slides 5 – 8 (Tips for Communicating with your Partner)**
- These four slides list tips to enhance communication, in this case for safe sex. Ask participants in plenary to suggest factors that may enhance communication for safer sex. Record their responses on a flip chart or whiteboard.

Then show slides 5 - 8 and compare with participants’ responses. (You could tick off each suggestion on the flipchart or whiteboard as it appears on the PowerPoint.)

Distribute copies of Handout 16A (Tips for communicating with your partner about sex) to participants.

### 3. Strategies for Negotiating Condom Use (30 mins)

**Procedure:**
1. Divide participants into groups of three or four people. Give each group flip chart paper and markers.
2. Assign half of the small groups to discuss How Condoms May Enhance Sexual Pleasure.
3. Assign the other half of the groups to discuss How Condoms May Diminish Sexual Pleasure.
4. Tell the groups they have 15 minutes to write their ideas on a flip chart.
5. When the time is finished, bring the groups together and have each group post their flip chart on a wall.
6. Invite all of the groups who discussed How Condoms Enhance Pleasure to review their ideas, followed by the groups who discussed How Condoms Diminish Pleasure.
7. Facilitate a discussion based on the following questions and suggestions:
   - How would you discuss the use of condoms objectively with one of your clients, and talk about how condoms affect sexuality?
   - Is it possible to have a fulfilling and pleasurable sexual experience using condoms? Do male and female condoms offer different pleasures in sexual relationships?
• In our role as providers, what can we do to help our clients appreciate the positive aspects of condom use (both male and female) while we acknowledge and address the potentially difficult aspects?
• How can people make condoms more attractive, fun and desirable?

4. **Negotiating Safer Sex and Condom Use**  (30 mins)
The aim of this Activity is to practice negotiating safer sex, incorporating the arguments for using condoms.

**Procedure:**
1. Divide participants into four groups:
   - **Group 1:** Men who do not want to use the female condom
   - **Group 2:** Men who do not want to use the male condom
   - **Group 3:** Women who want to use the male condom
   - **Group 4:** Women who want to use the female condom

2. Tell the whole group that having sexual intercourse is the desired outcome. Now, Group 1 (men who do not want to use FC2) negotiates with Group 4 (women who want to use the FC2). After negotiating, ask them how they felt and what types of communication or what phrases were helpful. Ask the other two groups who were observing to present their comments.

3. Next, the second negotiation takes place - Group 2 (men who do not want to use the male condom) with Group 3 (women who want to use the male condom). The discussion is considered in the same way as above.

4. Lead a discussion with the whole group, using the following discussion questions:
   - How was the negotiation similar to real life?
   - What are the consequences of unsuccessful negotiation?
   - What are the options when someone is sure about wanting safe sex, but the other person does not accept it?
   - What other aspects of the person in the group were involved? (Gender, power, communication styles, attraction, self-esteem, fear, etc.)
   - When is the best timing to negotiate condom use?

5. Close the activity by reminding participants that negotiating safer sex does not mean a win-lose situation, but finding the best situation for both partners. When it comes to sex, things can be complex because of all the human emotions and feelings involved.

Distribute copies of the Handout 16B (Talking to your Partner) to participants.

5. **Dealing with Aggression and Violence (Facilitator Resource 16.2)**  (1 hour)

The Aims of the Activity are:
• To explore situations that could lead to violent behavior.
• To link counseling with mutual respect and a balance of power.
Materials
- Each scenario from Facilitator’s Resource 16.2 should be written on a separate card or paper.
- A stick.

Note to facilitator
In the scenarios below, each partner is vulnerable to HIV. Remind participants to avoid labeling people, for example, the ‘guilty’ man and ‘vulnerable’ woman.

Procedure:
1. Explain to participants that in some situations, discussion of safer sex can lead to aggression. Whenever one person is attacked or hurt in a sexual way, it is sexual assault. Rape is one kind of sexual assault. Women may fear introducing condoms into a relationship because of potentially aggressive or violent outcomes.

2. Let the participants know that they will be doing role plays to practice dealing with aggressive behaviour. For each scenario, one volunteer will play the role of the “Client” and another volunteer will be the “Counselor”. The person who plays the Client will be provided with information about the client s/he will be playing, and must NOT show this information to the other volunteer (the Counselor).

3. Give the scenario card to the volunteer who will play the Client. Allow a few minutes for the volunteer to read the scenario and get into the “Client” role. [The scenarios are reproduced below for reference, but can be printed from Facilitator Resource 16.2]

4. After a few minutes, stop the role play and allow another volunteer to step in as the Counselor (with the client remaining the same.) Continue until each scenario is given 10 minutes.

Scenario A
You are a 25-year old woman in a relationship with a 30-year old man. He buys you nice dresses and gifts. He feels strongly about not using male condoms because they interrupt his pleasure. Last night you suggested using a female condom but he threatened to hit you. You went ahead and had unprotected sex.

Scenario B
Your husband travels for work and you suspect he might be having sex with other women while he is away. You recently asked him to start using a condom. He accused you of being unfaithful and threatened to sleep with other women saying, “since you are sleeping around, why shouldn’t I?”

Scenario C
Your husband was sick for some time and not interested in sexual relations. He has just started taking anti-retroviral medicine and is looking and feeling healthier. Your only child died and now your husband insists on having unprotected sex with you in order to have another child.

[If these scenarios are not completely relevant to the people in your group, please change them or develop more locally relevant ones.]

5. Explain to the group that for the next 20 minutes you are going to discuss the different role plays using a ‘Talking Stick.’ The talking stick contains the right to be heard by others. In order to speak, participants need to request the stick.

To start, the facilitator holds the stick, but after that, the stick should be passed directly between the members of the group, so they control the discussion. Begin by posing the following discussion questions:
• How could aggression or violence have been avoided?
• Who was vulnerable in each situation?
• If the situation will not change, who should the person turn to?
• For those who played the role of counselor, what were the most challenging aspects? What felt most comfortable?
• When and how should negotiation on safer sex take place?

6. Close the session by explaining that relationships, such as the ones in the scenarios and even the one between client and counselor, can have an imbalance of power. Ask participants if using the talking stick helped create a feeling of shared power.

- How did they feel when holding the stick, or when someone else asked to speak?
- Did holding the stick increase their sense of power?
- How did it feel to ask for the stick?
- What lessons did they learn about improving the balance of power in relationships? (For example active listening, not interrupting, etc.)

**Important Note:** Dealing with a client who’s STI may be due to sexual abuse or rape requires great sensitivity and may be very difficult. It may be wise to involve a service provider who has the necessary training, skills and experience to handle such situations correctly.

**END OF MODULE 16**
Module 17 Condoms
Commodity Management
## Activity # | Content | Time:
--- | --- | ---
1 | Introduction | 10 min
2 | Presentation on commodity management | 20 min
3 | Presentation on inventory management | 30 min
4 | Presentation of LMIS and reporting tools | 45 min
5 | Discussion | 15 min

### Total Time
- 2 hours

### Learning Objectives
By the end of this module, participants should be able to:
- Understand basic concepts of the commodity management cycle.
- Describe inventory management systems and their various forms and records
- Be familiar with the various reporting tools for condoms supply

### Preparations in advance
- Study the activities in this module and ensure that you have all necessary materials for those you decide to use.
- Make enough copies of relevant handouts for all the participants
- Obtain copies of the reporting tools for participants to use for practice.

### Handouts
- Participant handout on condoms commodity management (participants handout 17A)
- Reporting tools

### Equipment and other materials
- Overhead projector, Power Point equipment, power cables
- Flip chart and markers and/or white board and markers

### Activities/Processes
- **Introduction**: Present the objectives of the module on a flip chart or PP (10 min)
- **Presentation on commodity management**: Give a presentation on commodity management (20 min)
- **Presentation on inventory management**: Give a presentation on inventory management and show the participants various tools to use during each stage (30 min)
- **Presentation on LMIS**: Give a presentation on LMIS and the tools used in condom reporting. Participants will have a chance to see the tools used for reporting and/or fill them in, and ask any questions concerning condom resupply through the national mechanisms. (45 min)
- **Discussion** (15 min)

**END OF MODULE 17**
Module 18
Planning Future Condom Training
<table>
<thead>
<tr>
<th>Activity #</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Planning Future Training (Tool 17A)</td>
<td>2 - 3 hours</td>
</tr>
<tr>
<td>3.</td>
<td>Sharing Training Plans</td>
<td>1 - 2 hours</td>
</tr>
</tbody>
</table>

**Total Time**
- 3 - 5 hours, depending on how important you consider this Module to be for your participants, and how much time you can afford. The ideal would be to devote one whole training day to this Module, but that may not always be possible.

**Learning objectives:**
*By the end of this Module, participants should be able to:*
- Identify the likely learning needs of people to whom they will pass on condom training in the future (outreach workers, community based organizations, colleagues within their own organizations or partner organizations…and so on)
- Identify the topics they will need to cover in their own future trainings
- Select the most appropriate topics, activities and materials from this manual
- Design appropriate condom training workshops to meet the needs of people with whom they will work in the future.

**Preparations in advance:**
- Review the activities in this Module and ensure that you have the necessary handouts and materials.
- Make enough copies of the Participant Handout 17A (Planning Future Training) for all the participants.
- Make an OHP of Handout 17A if you wish (it's also available in PowerPoint: Facilitator Resource 17.1).

**Handout:**
- Tasks for Planning Future Training (Participant Handout 17A)

**Equipment and other materials:**
- Overhead projector and/or PowerPoint equipment, power cable.
- Flip chart or newsprint and markers.
- Tape to display flip charts on walls.

**Activities/Process:**

1. **Introduction.**
   Present the objectives of the module on a flip chart or PP.

2. **Planning Future Condom Training (Participant handout 17A, Facilitator Resource 17.1) (2 – 3 hours)**

For the activities in this module, organize participants to work either in groups or individually, in whichever of the ways suggested below is most appropriate for your group. The basic aims in organizing the groups are:
1. Participants will work on developing training ideas and plans specifically aimed at their future work;
2. Participants will be able to share ideas and get feedback from colleagues (as well as from the facilitator/co-facilitator) on their own ideas

Therefore choose whichever of the following best suits your participants:

- Organize participants in groups of 3 – 5 people who have similar jobs and/or work for the same (or similar) organization(s)
- OR
- Organize participants in groups of 3 – 5 people who are likely to conduct similar kinds of training in the future and/or who have similar professional qualifications.
- OR
- If you have participants who will be doing very different kinds of training in the future, ask them to work on individual projects but still organize them in small groups to share ideas and get feedback on their training plans within their group. In this case, very small groups of just 3 people (or even pairs) will probably work best.

Ask participants to work through the set of tasks listed below. For each task, they should produce a written statement (or set of statements) that they can put on flip chart and share with the plenary.

The set of tasks for the groups or individuals is listed in Participant Handout 17A and is shown below for reference. Handout 17A should be given to participants and explained. Or you can also show it on OHP or PowerPoint (Resource 17.1). Remind participants that these tasks are the first stages of developing a training plan; they are not a complete plan.

**TASKS FOR PLANNING FUTURE CONDOM TRAINING**

1. **Who will you be training?** Write or record a brief description of the kind of people with whom you will share condom training, and the reasons why they need this training.

2. **Who will be responsible for coordinating the training?**

3. **How will the training be organized?** Write or record a brief description of how the training time will be organized (e.g. a workshop, occasional short sessions spread over a longer period, informal peer education) and where it will take place.

4. **When do you plan to commence the training and how many training sessions will you conduct over a year?** Indicate if your training will be on-going.

5. **What resources will you have available?** Write or record a list of training resources that you will be able to use. This could be anything from just some simple visual aids or condom samples to a fully equipped training room.

6. **What will your participants need to learn?** Write or record a list of what you feel your future participants will need to learn. Organize this list in three sections:
   - Most important
   - Very useful but not essential
   - Useful but could be left out if there is not enough time

   If you are writing on flip chart you might want to make 3 columns, with the flip chart horizontal, like this:
7. Which Modules/Activities/Handouts from this workshop do you think will be most useful for your future participants? Review the present workshop and identify the modules, activities and materials that you think will be most useful for the training that you will do in the future. Write or record a list of these.

8. How will you sequence the modules and activities in your own training? Once you have decided what topics/activities you will include, decide how you will arrange them in sequence. This might be the same as in the present workshop - or, you might want to change some around. In that case, check that your proposed new sequence will still work effectively.

9. How will you follow up and monitor participants to ensure that the knowledge, skills and attitudes learnt in training sessions are being implemented?

**ADDITIONAL POSSIBLE TASKS**

*The following tasks could be added for participants who are able to do them, if there is enough time available, or for people who finish work early on the previous tasks.*

10. Write overall goals for your training.

11. Develop a rough draft of a training schedule/workshop agenda/timetable.

12. Make a list of tasks to be done in order to prepare for your training – e.g. resources needed, materials to be produced, external resource persons, venue, invitations, how you will evaluate etc.

3. **Sharing Training Plans** (1 – 2 hours)

   The purpose of this Activity is for participants to share their ideas with each other and get feedback and suggestions. Remind participants to give constructive feedback and suggestions, and avoid negative criticism. Depending on the time available and the number of groups or individuals, choose one of the following methods:

   - **Presentations by Groups.** Each group in turn presents their work on flip charts to the plenary. The other participants can ask questions or make suggestions.

   - **Exhibition.** Participants display the flip charts of their work on the walls. Ask participants to walk around and view each other’s work. (It is best if participants take turns to stay by their flip charts to answer questions and take notes of suggestions.)

   - **Sharing within small groups.** If a lot of participants have been working individually, it may be most useful for them to share their work and receive feedback within their small groups, or perhaps to combine small groups of three people into groups of six.

   - The person coordinating training in-country needs to keep a copy of all the training plans. If this is not possible during the workshop, then participants should forward these plans to the person responsible for training. Implementation of these plans needs to be followed up by the responsible person/s.

**END OF MODULE 18**
Module 19 Evaluation & Close of Workshop
### Activity # | Content | Time
--- | --- | ---
1. | Introduction | 25 minutes
2. | Post-Course Questionnaire | 30 - 45 minutes
3. | Workshop evaluation | 5 minutes
4. | Contacts list | 15 minutes
5. | Presentation of certificates | 10 minutes
6. | Thanks | 5 minutes
7. | Close of workshop | ? minutes
8. | Any remaining administrative matters | |
9. | Evaluation by facilitation team | |

Special Guest to present certificates and/or make a closing speech, if desired.

**Total Time**

- 1 – 1.5 hours

**Objectives:**

*By the end of this Module, we will have:*

- Obtained participants’ feedback on the training and shared ideas for improving future trainings.
- Completed the post-course questionnaire and compared results with the pre-course questionnaire.
- Administered and collected the participants’ workshop evaluation forms.
- Exchanged contact information.
- Presented certificates.
- Thanked everyone involved in the training.
- Closed the workshop in a positive way/finished on a high note.

**Preparations in advance:**

- Review the activities for this Module and ensure that you have any necessary tools and materials.
- Make enough copies of relevant handouts for all participants.
- Make an OHP of the evaluation form if you think it needs explaining for your participants (it’s also available in PowerPoint: Facilitator Resource 18.2).
- Make a copy of the Attendance Register (*Completed Facilitator resource 1.1 from Module 1*) for all participants if appropriate.

**Handouts:**

- Post-Course Questionnaire (Participant Handout 18A)
- Workshop Evaluation Form (Participant Handout 18B)
- Contacts list (Copies of Completed Facilitator Resource 1.1)

**Equipment and other materials:**

- Overhead projector and/or PowerPoint equipment, power cable(s).
- Flip chart and/or whiteboard; a flip chart marker for each participant.
- Tape for sticking flip charts on wall.
- Post-it notes or small papers and blu-tak or similar material for sticking
Activities/Process:

1. Introduction
Present a flipchart with the content of this session, OR, tell the participants what we will be doing.

2. Post-Course Questionnaire (Participant Handout 18A) (25 mins)
Distribute copies of the post-course questionnaire. This is the same questionnaire that participants completed on the first day of the training workshop. Ask participants to use the same anonymous number that they used in the pre-course questionnaire. Once they have completed the questionnaire, gather the forms and enter the information onto the Individual and Group Learning Matrix (Facilitator Resource 18.1). As entering responses may take some time, complete the Matrix while the participants are filling out their evaluation forms and then show results to the group and compare with those from the pre-course questionnaire. Any topics that have been poorly answered as a group should be addressed.

3. Workshop Evaluation (Participant Handout 18B) (30 – 45 minutes)
Depending on the time available, you could choose any of the following evaluation activities (or an activity of your own), either instead of or in addition to using the evaluation form (Handout 18B).

- **Charts and post-its.** Put two flip charts on the wall, one headed with a smiling face and the other with a frowning face. Give participants some Post-it stickers. Ask them to write comments on the workshop (organization, content, sessions, facilitation - any aspect they want) and stick them on the appropriate chart. Participants can do this individually or in small groups.

You can also add a third flip chart, headed ‘Suggestions for future trainings’. If you haven’t got Post-its, use small pieces of paper and ‘blu-tak’ or other sticky material, or ask participants to write their comments directly on the flip charts.

- **Small group discussions.** Ask participants to discuss in small groups (about 4 participants per group) their evaluation of the workshop. Ask them to list aspects they liked, aspects they felt needed improvement, and suggestions for future workshops.

An alternative is to ask each group to evaluate a particular aspect of the workshop (e.g. content, organization, training methods and materials, etc).

- **Talking Wall.** Put up on the wall a series of flip chart sheets, each headed with a particular aspect of the workshop, or a particular topic/session/group of sessions. Give each participant a marker. Ask them to walk along the wall and write their comments on the flip charts.

- **Tossing a ball.** Participants stand in a circle and toss a ball from one participant to another, until all participants have had a chance to express one essential thing they learned from the workshop. This activity has two advantages: first, it is fun and creates a sense of group solidarity; secondly, it goes some way towards assessing what participants have learned.

- **Distribute the workshop evaluation form (Handout 18B).** Remind participants that the evaluation form is anonymous and they should NOT write their names.
Check that all participants understand how to fill in the form (it’s also available in PowerPoint: Facilitator Resource 18.2).
Resource 18.2).

- Allow participants 15 minutes to complete the form.
- Collect all the evaluation forms.

3. Contacts List - Copies of Completed Attendance Register (Facilitator Resource 1.1) (5 minutes)

If appropriate, a photocopy can be made of the completed Attendance Register and distributed to all participants. This will allow program managers to contact participants to check on the progress of further training workshops and participants to keep in touch with each other, if they so wish.

Circulate this while participants are filling in the workshop evaluation form.

4. Certificates (15 minutes)

Present participants with certificates if available. This can be done either by the facilitator or by an invited guest.

5. Thanks (5 minutes)

Thank everyone for their participation. This could include:
- all participants.
- co-facilitators.
- any invited guests.
- host organization and/or sponsoring organizations.
- ancillary staff (such as admin/finance assistants, drivers).
- caterers for refreshments, etc.
- anyone else you want to include.

6. Closing the workshop (10 minutes)

If you have not already done this as part of Activity 2, you could have a final feedback activity in which participants stand in a circle and toss a ball from one participant to another, until all participants have had a chance to express one essential thing they learned from the workshop (or alternatively one special quality they admired or appreciated in another participant).

Finally, thank all participants for their full participation.

7. Administrative matters (time needed will vary)

This will include any payments for reimbursement of travel expenses or similar matters.

8. Workshop Review and Evaluation by facilitation team.

In addition to the participants’ evaluation of the workshop, it is also important for the facilitation team to meet and formally review and evaluate the workshop, including making their own recommendations for changes and/or improvements to future training events. Depending on the time available, this meeting could be held immediately at the end of the workshop, or else at a later date (but not too much later), perhaps after the participants’ evaluation comments/evaluation forms have been collated and processed.

END OF WORKSHOP
APPENDICES

A) Trainee Needs Assessment Form

B) Sample Agendas for Training Workshops

C) Daily Training Evaluation Form

D) Warm-Ups and Energizers
Appendix A
Trainee Needs Assessment Form

Name:

Position/Organization:

Length of time working in this position:

Position responsibilities (1 or 2 sentences):

(I) Course expectations:

1. What skills do you want to learn or improve during this course? Please be as specific as possible.

2. How do you expect this training will help you at work?

3. Do you anticipate any difficulties during the course? If so, what?

2. Training experience:

1. Do you consider yourself a: ___ beginner, ___ intermediate, or ___ advanced trainer. (Check one ✓)

2. How long have you been conducting training of any kind?

3. Have you ever trained others in;
   - HIV prevention Yes/No
   - Condom use (male or female condom) Yes/No
   - Condom negotiation Yes/No
   - Safer sex Yes/No

   Yes/No (Circle one)

If yes, please describe:

In what specific areas?

With what specific groups of people?
3. Training Course

This training will include applying principles and theories of adult education, creative training methods and facilitation techniques. Based on this, please respond to the following questions:

1. What two specific things could you contribute to this training?

   1)
   2)

2. What two specific things do you want to take away from this training?

   1)
   2)

What, if any, concerns do you have about participating in this training?

3. Please rate your present level of knowledge and competence by checking (ü) the appropriate number using the following rating scale:

   1 - No experience
   2 - Insufficient — need supervision
   3 - Just competent — still need some coaching
   4 - More than competent
   5 - Highly competent — can teach others

<table>
<thead>
<tr>
<th>TOPIC AREA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult learning styles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using participatory training Methods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using training aids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designing a training workshop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing feedback to trainees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting technical training on condom use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting technical training on interpersonal communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection, management and analysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom logistics Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Technical Knowledge

All persons responsible for condom training should:

- Be knowledgeable and supportive of the role of condoms as a method of dual protection.
- Be knowledgeable about the proper use of male and female condoms, their advantages and disadvantages and the role of both male and female condoms in comprehensive condom programming (vaginal and anal use).
- Be skilled in effective interpersonal communication and counseling on sexual and reproductive health, especially condom use.
- Be knowledgeable about the inter-relationships of gender, sex, power, risk taking and decision making.
- Have a good understanding of HIV, STIs and risk of unintended pregnancy and able to answer the concerns of clients and users.

Please rate your present level of knowledge and competence by checking (✓) the appropriate number using the following rating scale:

1 - No experience
2 - Insufficient — need supervision
3 - Just competent — still need some coaching
4 - More than competent
5 - Highly competent — can teach others

<table>
<thead>
<tr>
<th>TOPIC AREA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness of condoms as method of dual protection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper use of female condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper use of male condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advantages and disadvantages of male and female condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common questions and concerns about condom use – both male and female condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal communications skills such as GATHER, REDI or other counseling and Behaviour Change Communication techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender, power, risk taking and decision making – evidence and experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical knowledge of HIV, STI and pregnancy risk and facts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B
Sample Agendas for Training Workshops

Two Day Training Workshop

**DAY ONE**

<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1:</td>
<td>Climate Setting (45 mins)</td>
</tr>
<tr>
<td>Session 2:</td>
<td>Values Clarification (1 hour)</td>
</tr>
<tr>
<td>Break:</td>
<td>(15 mins)</td>
</tr>
<tr>
<td>Session 3:</td>
<td>Communication and Counseling (45 mins)</td>
</tr>
<tr>
<td>Session 4:</td>
<td>Factors contributing to the spread of STIs and HIV (1 hour)</td>
</tr>
<tr>
<td>Session 5:</td>
<td>Risk Assessment (1 hour)</td>
</tr>
<tr>
<td>Session 6:</td>
<td>Behaviour Change (30 mins)</td>
</tr>
<tr>
<td>Session 7:</td>
<td>Barrier Methods and Dual Protection (30 mins)</td>
</tr>
<tr>
<td>Session 8:</td>
<td>Male condom exercise, demonstration, practice and role play (45 mins)</td>
</tr>
<tr>
<td>Break:</td>
<td>(15 mins)</td>
</tr>
<tr>
<td>Session 9:</td>
<td>Barriers to condom promotion (30 mins)</td>
</tr>
<tr>
<td>Session 10:</td>
<td>Homework and end of day evaluation (15 mins)</td>
</tr>
</tbody>
</table>

**DAY TWO**

<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 11:</td>
<td>Reflections from previous day’s training (30 mins)</td>
</tr>
<tr>
<td>Session 12:</td>
<td>Female condom: Demonstration and Role Plays (1 hour 30 mins)</td>
</tr>
<tr>
<td>Break:</td>
<td>(15 mins)</td>
</tr>
<tr>
<td>Session 13:</td>
<td>Practicing female condom use and promoting FC2 (2 hours)</td>
</tr>
<tr>
<td>Session 14:</td>
<td>Emergency Contraceptive (15 mins)</td>
</tr>
<tr>
<td>Session 15:</td>
<td>Training Plans and Presentations and Course Evaluation (45 mins)</td>
</tr>
<tr>
<td>Session 16:</td>
<td>Official Closure of Workshop (30 mins)</td>
</tr>
</tbody>
</table>
### Five Day Training Workshop

*Example from a workshop on Training of Trainers for comprehensive condom programming (CCP) in Ethiopia*

#### DAY ONE

<table>
<thead>
<tr>
<th>Morning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Climate Setting (1 hour)</td>
<td></td>
</tr>
<tr>
<td>Session 2: Official Opening of Workshop (30 mins)</td>
<td></td>
</tr>
<tr>
<td>Break: (15 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 3: Strategic Framework and HIV status in Ethiopia (1 hour)</td>
<td></td>
</tr>
<tr>
<td>Session 4: Energizer (15 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 5: Comprehensive Condom Programming (45 mins)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 6: Reproductive Health Commodity Security (1 hour)</td>
<td></td>
</tr>
<tr>
<td>Session 7: Logistics Management Information Systems (45 mins)</td>
<td></td>
</tr>
<tr>
<td>Break: (15 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 8: Female Condom Situation Analysis in Ethiopia April-May 2005 (30 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 9: End of Day Discussion and Evaluation (30 mins)</td>
<td></td>
</tr>
</tbody>
</table>

#### DAY TWO

<table>
<thead>
<tr>
<th>Morning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 10: Reflections from previous day’s training (30 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 11: Communication and Counseling (1 hour 30 mins)</td>
<td></td>
</tr>
<tr>
<td>Break: (15 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 12: Factors contributing to the spread of STIs/HIV and Risk Assessment and Behaviour Change (2 hours)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 13: Barrier Methods and Dual Protection (30 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 14: Male condom exercise and demonstration (30 mins)</td>
<td></td>
</tr>
<tr>
<td>Break: (15 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 15: Practicing male condom use (30 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 16: Homework (15 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 17: End of Day Evaluation (15 mins)</td>
<td></td>
</tr>
</tbody>
</table>

#### DAY THREE

<table>
<thead>
<tr>
<th>Morning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 18: Reflections from previous day’s training (30 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 19: Female condom – myths and misconceptions, discussion, demonstration and role-play (1 hour 30 mins)</td>
<td></td>
</tr>
<tr>
<td>Break: (15 mins)</td>
<td></td>
</tr>
<tr>
<td>Session 20: Practicing Female Condom Use (1 hour 30 mins)</td>
<td></td>
</tr>
</tbody>
</table>
### DAY FIVE

#### Morning

<table>
<thead>
<tr>
<th>Session 34:</th>
<th>Reflections from previous day's training (30 mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 35:</td>
<td>Identification of IEC and Training Material Needs (1 hour 30 mins)</td>
</tr>
<tr>
<td>Break:</td>
<td>(15 mins)</td>
</tr>
<tr>
<td>Session 36:</td>
<td>Identification of IEC and Training Material Needs (2 hours)</td>
</tr>
</tbody>
</table>

#### Afternoon

<table>
<thead>
<tr>
<th>Session 37:</th>
<th>Training Evaluation and Way Forward (1 hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 38:</td>
<td>Official Closure (1 hour)</td>
</tr>
</tbody>
</table>

### DAY FOUR

#### Morning

<table>
<thead>
<tr>
<th>Session 26:</th>
<th>Reflections from previous day's training (30 mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 27:</td>
<td>Male and Female condom logistics (45 mins)</td>
</tr>
<tr>
<td>Session 28:</td>
<td>Teach backs by group on topics from the training (45 mins)</td>
</tr>
<tr>
<td>Break:</td>
<td>(15 mins)</td>
</tr>
<tr>
<td>Session 29:</td>
<td>Teach backs continued (1 hour)</td>
</tr>
<tr>
<td>Session 30:</td>
<td>Development of Training Plans</td>
</tr>
</tbody>
</table>

#### Afternoon

<table>
<thead>
<tr>
<th>Session 31:</th>
<th>Presentation of Training Plans (1 hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Break:</td>
<td>(15 mins)</td>
</tr>
<tr>
<td>Session 32:</td>
<td>Review of current IEC and Training Materials (1 hour 15 mins)</td>
</tr>
<tr>
<td>Session 33:</td>
<td>End of day evaluation</td>
</tr>
</tbody>
</table>

### Afternoon

<table>
<thead>
<tr>
<th>Session 21:</th>
<th>Promoting FC to males and male condoms to females and community involvement in Female Condom use (1 hour)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 22:</td>
<td>Role plays and risk assessment, male, female condom promotion and demonstration (45 mins)</td>
</tr>
<tr>
<td></td>
<td>Emergency Contraception discussion (15 mins)</td>
</tr>
<tr>
<td>Session 23:</td>
<td>Characteristics of an effective trainer and presentation skills (45 mins)</td>
</tr>
<tr>
<td>Session 24:</td>
<td>Homework and end of day evaluation (15 mins)</td>
</tr>
<tr>
<td>Session 25:</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C:
Daily Training Evaluation Form

DAY OF WORKSHOP: ________________  DATE: ________________

1. WHAT DID YOU FIND MOST USEFUL OR INTERESTING TODAY?


2. WHAT DID YOU FIND LEAST USEFUL TODAY?


3. COMMENTS ON PRESENTATIONS AND / OR ACTIVITIES:


4. AREAS THAT NEED MORE INFORMATION OR MORE CLARITY?


5. GENERAL COMMENTS


108  An Integrated Condom Training Manual
Appendix D:
Warm-Ups and Energizers

1. SUPER MODEL EXERCISE
Space requirements - big enough for participants to form a circle.

How to do it:
Arrange participants in a circle.
Explain to participants that they have to act out your instructions when you point at them. Read out each of the examples below to ensure that participants understand the nature of the exercise.

“Super Model” - participant should immediately pose as a fashion model. The two participants on either side of the participant acting as a super model (the one on the left and the right) take the role of photographers and mimic gestures of taking a photo.

“Elephant” - participant poses as an elephant by immediately thrusting two hands held together in front to represent the elephant’s trunk. The two participants on either side form a circle with their hands and place them on the side of the participant to serve as “ears” of the elephant.

“Queen Bee” - participant turns around and puts his or her hands together behind the back (just above the buttocks) and flutters them back and forth to mimic a bee’s tail. The two participants alongside thrust their arms away from the bee and flutter them like wings.

“Donkey” - participant and those on either side of him/her should freeze and not move at all

Expect that people will be confused and make mistakes. Such mistakes generate laughter and fun. To make the exercise competitive, participants who make a mistake (both the one pointed to and the two participants alongside him/her) can be eliminated from the game.

2. THE LAST WORD
Space requirements - big enough for participants to form a circle.

How to do it:
Arrange participants in a circle. Explain to participants that one person will move and stand randomly in front of another. He/she will make a statement (e.g., “It is such a lovely day”). The person spoken to moves to another person and makes a statement starting with the last word in the statement he/she received (e.g., “Day one of the course was very tiring”). Each participant takes turns to ensure that everybody gets a chance to participate.

3. THE TELEPHONE
Space requirements - big enough for participants to form a circle.

How to do it:
Arrange participants in a circle. Explain to participants that you will whisper a message to the participant standing next to you. He/she quickly passes the message in a whisper to the next person and so on. The last person shouts out the message. Chances are the final message will be different from the original. An example of an initial message might be: “I had rice for dinner and then dressed in blue to go dancing.” Select a message that is appropriate for your audience.
4. **TOSSING THE BALL**

Space requirements - big enough for participants to form a circle.

**How to do it:**

Arrange participants in a circle. Explain to participants that you will select a topic e.g. a holiday, the sea, shopping etc. and each participant must shout out something related to the topic and then toss the ball to someone else.

To make the exercise competitive, participants who cannot think of an associated word quickly can be eliminated from the game.

5. **BOOM**

Space requirements - big enough for participants to form a circle.

**How to do it:**

Ask participants to sit in a circle. Each participant will count out loud around the circle. Each person whose number is a multiple of 3 (3-6-9-12-15-18 etc.) or a number that ends with 3 (13-23-33, etc.) must say BOOM! instead of the number. The next person continues the normal sequence of numbers.

Example: The first person starts with 1, the next one says 2, and the person who should say 3 says BOOM! instead, and the next person says 4.

Anyone who fails to say BOOM! or who makes a mistake with the number that follows BOOM! is disqualified.

The numbers must be said rapidly (5 seconds maximum); if a participant takes too long to say her/his number, s/he is disqualified.

The last two participants left are the winners.

6. **PERSONALITY TYPES**

**How to do it:**

Distribute Personality Types below to participants or show them to the group.

**PERSONALITY TYPES**

Choose the shape that best suits your personality

![Shapes for Personality Types]
Participants should choose the shape that best suits their own personality without influence or consultation with colleagues and stand in a group e.g. all participants who choose the SQUARE stand together.

The Facilitator then follows the sequence of the shapes and reads out the following information to each group. He/she needs to ask each group if they think this information is true and most will agree. She/he continues with all the shapes until the circle. Note: Most participants will choose the circle. Why? We don’t know! When the facilitator reads out their characteristics which says “YOU ARE ALL PREOCCUPIED WITH SEX”, there is a lot of laughter which creates a positive energy in the room.

Note: None of these descriptions are true!

PERSONALITY TYPES

1. **Square**

You are a very stable and hardworking individual. At times you can get irritated with people who are slow. You are very romantic, your family is the centre of your life. You like sport and watching TV.

2. **Triangle**

You are a go-getter and risk-taker always reaching for a better life. You never give up even in the most difficult situation. You are adventurous and love having fun. Family is very important to you.

3. **Hexagon**

You are very loving and care about everybody. You are always willing to help and sometimes you can be over accommodating of others. You are romantic and need to feel loved by your partner.

4. **Circle**

You are all always preoccupied with SEX.
## Appendix E

### Facilitator Resources

<table>
<thead>
<tr>
<th>Session</th>
<th>Handout Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.1 Attendance Register</td>
</tr>
<tr>
<td></td>
<td>1.2 Pre and Post-Course Questionnaire - Answers</td>
</tr>
<tr>
<td></td>
<td>1.3 Group Learning Matrix</td>
</tr>
<tr>
<td>3</td>
<td>3.1 PowerPoint Presentation on Dual Protection</td>
</tr>
<tr>
<td>5</td>
<td>5.1 Information on Values</td>
</tr>
<tr>
<td></td>
<td>5.2 PowerPoint Presentation on Values Clarification</td>
</tr>
<tr>
<td>7</td>
<td>7.1 Strategies to use at each level of Piot’s Pyramid</td>
</tr>
<tr>
<td></td>
<td>7.2 Diagram on Sexual Networking</td>
</tr>
<tr>
<td>8</td>
<td>8.1 PowerPoint Presentation on Risk Assessment</td>
</tr>
<tr>
<td>9</td>
<td>9.1 PowerPoint Presentation on Stages of Behaviour Change</td>
</tr>
<tr>
<td>10</td>
<td>10.1 PowerPoint Presentation on Communication</td>
</tr>
<tr>
<td>11</td>
<td>11.1 PowerPoint Presentation on Counseling</td>
</tr>
<tr>
<td>12</td>
<td>12.1 PowerPoint Presentation on Female Reproductive Organs</td>
</tr>
<tr>
<td></td>
<td>12.2 PowerPoint Presentation: An Introduction to FC2 Female Condom</td>
</tr>
<tr>
<td>13</td>
<td>13.1 PowerPoint Presentation on How to Use FC2 Female Condom</td>
</tr>
<tr>
<td></td>
<td>13.2 PowerPoint Presentation Correct Answers to Female Condom Race</td>
</tr>
<tr>
<td></td>
<td>13.3 PowerPoint Presentation on Explaining FC2 Female Condom to Potential Users</td>
</tr>
<tr>
<td>14</td>
<td>14.1 PowerPoint The Male Reproductive Organs</td>
</tr>
<tr>
<td></td>
<td>14.2 PowerPoint Presentation on The Male Condom</td>
</tr>
<tr>
<td></td>
<td>14.3 PowerPoint How to use the Male Condom</td>
</tr>
<tr>
<td></td>
<td>14.4 PowerPoint Correct Answers to Male Condom Race</td>
</tr>
<tr>
<td>15</td>
<td>15.1 Emergency Contraceptive: Scenarios for Role-Plays</td>
</tr>
<tr>
<td>16</td>
<td>16.1 PowerPoint Presentation on Negotiating for Safer Sex</td>
</tr>
<tr>
<td></td>
<td>16.2 Role Play Scenarios – Dealing with Aggression and Violence</td>
</tr>
<tr>
<td>17</td>
<td>17.1 PowerPoint Planning Future Training</td>
</tr>
<tr>
<td>18</td>
<td>18.1 Group Learning Matrix</td>
</tr>
<tr>
<td></td>
<td>18.2 PowerPoint Workshop Evaluation Form</td>
</tr>
</tbody>
</table>
Facilitator Resource 1.1

Attendance Register

Title of Training:_____________________________________________

Country: ________________    Venue: ________________

Dates: ________________    Total no. of Participants: ____

<table>
<thead>
<tr>
<th>#</th>
<th>Name, Surname and Designation</th>
<th>Organization</th>
<th>M</th>
<th>F</th>
<th>Address and Email</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facilitator Resource 1.2

Pre and Post-Course Questionnaire - Answers

The correct answers to the Pre and Post-Course Questionnaire are marked with a check (√).

Compare participant responses with these answers and assign each participant an individual mark out of 50.

<table>
<thead>
<tr>
<th></th>
<th>VALUES AND ATTITUDES</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>a. Perceptions of service providers may create bias and judgmental attitudes towards some clients.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Prejudices of service providers can negatively affect their interaction with clients.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. The personal values and attitudes of service providers can impact negatively on clients’ decisions.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Women living with HIV and AIDS should be discouraged from becoming pregnant.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Service providers need to distinguish between their personal and professional views when communicating with clients.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>GENDER &amp; HIV / AIDS</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Biological differences between men and women do not contribute to women's higher risk of HIV infection.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Society often defines our gender roles i.e. how we should act as a man or a woman.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Many women find it difficult to negotiate safer sex.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Violence against women is an important factor in HIV transmission.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Attitudes about the way men and women should behave can influence the promotion of the female condom.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.</th>
<th>CHARACTERISTICS OF GOOD COMMUNICATION AND COUNSELING ARE:</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Ask open-ended questions.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Listen actively all the time.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Create an environment where the client can remain quiet and listen.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Counseling should be personalized for each individual.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. It is important to give lots of information during counseling.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Counseling is giving advice to another.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. It is easy for clients to discuss issues related to sex.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>RISK ASSESSMENT AND BEHAVIOUR CHANGE</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. HIV positive couples do not need to use condoms.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Risk assessment should only be carried out with clients who have an STI.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. All clients presenting with an STI must have Voluntary Counseling and Testing (for HIV).</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Risky sexual behaviours are easy to change.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
### Male Condoms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>c.</td>
<td>Giving information on STI/HIV prevention is adequate for sexual behaviour change.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Service Providers need to insist that sexually active clients use condoms.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Unprotected sex is the main factor contributing to the increase in STI and HIV infections.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

### Male Condoms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Male condoms may interrupt sexual intercourse.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Male condoms can be used with a female condom.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Latex can cause an allergy.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Oil based lubrication cannot be used with male condoms.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>A man should be the one to initiate male condom use.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Condoms provide dual protection.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Condoms must be used regularly to prevent pregnancy and STIs.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Male condoms can be stored anywhere.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Clients using the condom for dual protection can access emergency contraception if the condom slips or bursts.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>The man must withdraw his penis from the vagina while it is still erect when using male condoms.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

### Female Condoms

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Female condoms prevent pregnancy, STIs and HIV.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Silicone is the water based lubrication used in the female condom.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Female condoms can be inserted in advance of sexual intercourse.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>The female condom is the same length as the male condom.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>The inner ring is only used for inserting the condom into the vagina.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>The female condom can be used during pregnancy, menstruation and post hysterectomy.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>The female condom is noisy.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Female condom insertion requires some practice.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Female condoms can increase sexual pleasure for both partners.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>The female condom does not need to be removed immediately after ejaculation.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>Female condoms should not be reused.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>Only the women should insert and remove the female condom.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>The female condom can disappear inside a woman’s body.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>n.</td>
<td>The female condom can only be used in the missionary position.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>o.</td>
<td>The female condom is made from a material that warms to the body’s temperature so sex can feel quite natural.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
## INDIVIDUAL AND GROUP LEARNING MATRIX

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Correct Answers From Participants</th>
</tr>
</thead>
</table>

### Values and Attitudes

1a.  
1b.  
1c.  
1d.  
1e.  

### Gender and HIV/AIDS

2a.  
2b.  
2c.  
2d.  
2e.  

### Characteristics of Good Communication and Counseling

3a.  
3b.  
3c.  
3d.  
3e.  
3f.  
3g.  

### Risk Assessment and Behaviour Change

4a.  
4b.  
4c.  
4d.  
4e.  
4f.  
4g.  

### Male condoms

5a.  
5b.  
5c.  
5d.  
5e.  
5f.  
5g.  
5h.  
5i.  
5j.  

### Female condoms

6a.  
6b.  
6c.  
6d.  
6e.  
6f.  
6g.  
6h.  
6i.  
6j.  
6k.  
6l.  
6m.  
6n.  
6o.  

---

*An Integrated Condom Training Manual*
Facilitator Resource 5.1 – Values

A value is that which directs our lives. A value is that on which we place special importance and worth, in which we believe, and which is part of our lifestyle.

There may be a discrepancy between our lifestyle and the values which we profess, or which we think we hold; a discrepancy between what we say and what we do, e.g. we say we love reading but we may not read a book for months. Our actions reflect our real values. Too often there is a contradiction between our actions and our values.

We may have incorporated into our own values, values which belong to others and are not our own. We may regard them as our own without having examined their origin, questioned their validity or consciously chosen them as truly our own.

We are influenced in the development of our value system by our parents, our teachers (in and out of school) our friends, and (ideally) by our own experience. For our value system to be authentic we need to arrive at it independently of outside pressures, freely and without being pressured to conform. It is for us to choose how we wish our lives to be directed.

In order that the values which direct our lives become authentic and give us a sense of well-being and congruence, it is necessary to examine and re-examine them, confirm them if we choose to do so, or else update them. We may find that those values which we had unconsciously incorporated into our value system as a result of paternal conditioning may, on examination, need to be rejected, discarded and replaced; on the other hand examination of those values may result in confirming them and consciously adopting them as truly our own. We could find, on examination of the origin of our values that we have adopted them simply because they are the direct opposite of those values our parents attempted to instil in us. Updating our values may mean bringing them into line with our most recent experiences and so they need constantly to be reviewed as we grow in perception.

Helping others to examine their values

Firstly, we need to respect the values of others, regardless of whether we agree or disagree with them. We have no right to impose our values on anyone else. Our role is to help others honestly to assess the authenticity of their values and the effect upon their lives, to realize that they are free to change and update those values, and to accept responsibility for the here and now. We can help others to realize that although the past has determined their values now, the choice and responsibility are open for them to respond to the present and affect the future.

We will need to help others to view the options, polarize the alternatives and draw on their own resources when taking a decisive step.

There are three important areas we can focus on to help others in assessing their existing values, in establishing new values and in taking a decision to act on these values:

1. Choosing: Questions

(a) Looking at alternatives: What were the alternatives? What else have you considered? What made you decide on this particular choice?
(b) Looking at consequences: What will be the result of your choice?
What will be the result of each possible alternative?
What assumptions are you making?
(realistic/unrealistic – how much thought has been given to the result of the choice?)

(c) Looking at freedom of choice: How did you arrive at that idea?
Did anyone suggest that to you?
What do your parents/friends/partner feel about that?

2. Prizing:

(a) How satisfied are you? Are you glad you’ve chosen that?
Is that something you really consider important to you?

(b) How sure are you? (affirmation) Would you be prepared to stand up and say that in public? Would you put it in writing?

3. Acting:

(a) Have you achieved anything? How definite is your decision – what have you achieved?
What are the first steps you’re going to take?
(air of reality about it)
Have you made definite plans?

(b) Have you done this repeatedly? Is this something you do regularly?
Have you been consistent in your actions?

Polarizing choices is a useful method whereby we open up alternatives and scope, e.g. either you could go to work (then examine all the effects of so doing) or you could not go to work (then look at these effects and possibilities). This way you can open up new options and carefully consider every aspect of each choice, perhaps reaching a satisfactory compromise.

LOOKING AT ONE’S VALUES

Some ways of re-assessing

Evolution
Values, beliefs and attitudes change as I grow older and have more experience and maturity.

Substitution
The outcome of re-assessment is more meaningful or satisfying, gradually replacing the old values.

Re-framing
I change the context or perspective, and see something in a completely new way.

Re-programming
Something serves to remind me, again and again, to think or act differently.

Re-positioning
I integrate new information which causes me to re-evaluate what I knew.
Facilitator Resource 7.1

Strategies to use at each level of Piot’s pyramid

[To use this Tool with the Piot’s Pyramid diagram, cut along the lines and mix up the slips so they are no longer in sequence]

Reach people before they become sexually active

Increase awareness amongst the sexually active of factors contributing to STIs

Reach those at high risk – strategies for prevention and for treatment

Increase awareness of STI symptoms

Reach people with asymptomatic STIs

Encourage appropriate health seeking behaviour

Ensure clinicians have skills to diagnose correctly

Ensure skills and resources for correct management

Encourage compliance and prevention of re-infection

Ensure partner management

Referral strategies for people not cured
Facilitator Resource 15.1

Emergency Contraception: Scenarios for Role-Plays

Instructions to Facilitator: Make one copy of this page for each group of 3 participants. Cut out each scenario and fold the paper so the contents cannot be seen. Put each complete set in a separate envelope. Give one set in an envelope to each group of 3 participants. Tell them to take one scenario each. They should NOT let the other participants see their scenario. [If any of the scenarios do not relate to the situations of your participants, design more relevant ones.]

Scenario 1: You are a woman aged about 30. You left your husband some time ago because he began to drink large amounts of alcohol, spend all the household money and became violent. You were pregnant with your second child when you left him. You are now unemployed with two young children. You are in a relationship with a man who is married. He is quite rich, and quite generous. You depend on his financial support. He always uses a condom with you, because he says he cannot stay with you if you get pregnant. But last night the condom broke during intercourse. Your partner was drunk and you think he probably damaged the condom while taking it out of the package. You are afraid of getting pregnant. You are midway through your menstrual cycle. You want to know what you should do. You are very shy and don’t talk much; however, you will answer direct questions truthfully.

Scenario 2: You are a female student. You have a steady boy friend. You have been using a female condom. But last night you and your boy friend were both rather drunk, and he made love the wrong side of the condom. By the time you stopped him it was too late. Your parents will be very shocked if you get pregnant, and so will your boy friend’s parents. You think he will probably have to leave you. You are midway through your menstrual cycle. You want to know what you should do. You are very worried and upset, and tend to talk a lot. You are mostly focused on what you should say to your parents and on whether you should have an abortion or have the baby adopted.

Scenario 3: You are a female sex worker. You insist your customers always use condoms; if they refuse, you try to use a female condom. But last night a customer’s condom broke inside you. You are midway through your menstrual cycle, and afraid of getting pregnant. You want to know what you should do. You are worried about getting pregnant because then you will have to tell your parents what you do for a living, and they think you are working in a restaurant.
DEALING WITH AGGRESSION AND VIOLENCE

Note to trainer: If these scenarios do not relate well to the people in your group, please change them or develop more locally relevant ones.

[Cut out the scenarios and paste each onto a separate card]

------------------------------------------------------------------------------------------------------------

Scenario A: You are a 25-year old woman in a relationship with a 30-year old man. He buys you nice dresses and gifts. He feels strongly about not using male condoms because they interrupt his pleasure. Last night you suggested using a female condom but he threatened to hit you. You went ahead and had unprotected sex.

------------------------------------------------------------------------------------------------------------

Scenario B: Your husband travels for work and you suspect he might be having sex with other women while he is away. You recently asked him to start using a condom. He accused you of being unfaithful and threatened to sleep with other women saying, ‘since you are sleeping around, why shouldn’t I?’

------------------------------------------------------------------------------------------------------------

Scenario C: Your husband was sick for some time and not interested in sexual relations. He has just started taking anti-retroviral medicine and is looking and feeling healthier. Your only child died and now your husband insists on having unprotected sex with you in order to have another child.

------------------------------------------------------------------------------------------------------------
## Facilitator Resource 18.1 – Group Learning Matrix

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Correct Answers From Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td></td>
</tr>
<tr>
<td>3d</td>
<td></td>
</tr>
<tr>
<td>3e</td>
<td></td>
</tr>
<tr>
<td>3f</td>
<td></td>
</tr>
<tr>
<td>3g</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td></td>
</tr>
<tr>
<td>4e</td>
<td></td>
</tr>
<tr>
<td>4f</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>5d</td>
<td></td>
</tr>
<tr>
<td>5e</td>
<td></td>
</tr>
<tr>
<td>5f</td>
<td></td>
</tr>
<tr>
<td>5g</td>
<td></td>
</tr>
<tr>
<td>5h</td>
<td></td>
</tr>
<tr>
<td>5i</td>
<td></td>
</tr>
<tr>
<td>5j</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td></td>
</tr>
<tr>
<td>6e</td>
<td></td>
</tr>
<tr>
<td>6f</td>
<td></td>
</tr>
<tr>
<td>6g</td>
<td></td>
</tr>
<tr>
<td>6h</td>
<td></td>
</tr>
<tr>
<td>6i</td>
<td></td>
</tr>
<tr>
<td>6j</td>
<td></td>
</tr>
<tr>
<td>6k</td>
<td></td>
</tr>
<tr>
<td>6l</td>
<td></td>
</tr>
<tr>
<td>6m</td>
<td></td>
</tr>
<tr>
<td>6n</td>
<td></td>
</tr>
<tr>
<td>6o</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix F Participant Handouts

<table>
<thead>
<tr>
<th>Session</th>
<th>Handout Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1A Name sign for Desk&lt;br&gt;1B Introducing Yourself&lt;br&gt;1C Pre-Course Questionnaire</td>
</tr>
<tr>
<td>3</td>
<td>3A Barrier Methods and Dual Protection</td>
</tr>
<tr>
<td>4</td>
<td>4A What are Sexual and Reproductive Health Rights?&lt;br&gt;4B Examples of Sexual and Reproductive Health Rights</td>
</tr>
<tr>
<td>5</td>
<td>5A Controversial Statements Exercise</td>
</tr>
<tr>
<td>6</td>
<td>6A WHO Gender Matrix (adapted)</td>
</tr>
<tr>
<td>7</td>
<td>7A Factors Contributing to the Spread of STIs/HIV&lt;br&gt;7B Impact of STIs on Women&lt;br&gt;7C Piot’s Pyramid&lt;br&gt;7D STI Prevention and Control&lt;br&gt;7E Sexual Networking Exercise&lt;br&gt;7F Partner Management&lt;br&gt;7G STI Key Messages and Facts</td>
</tr>
<tr>
<td>8</td>
<td>8A Risk Assessment Behaviour Checklist Rating Sheet&lt;br&gt;8B Risk Assessment Process</td>
</tr>
<tr>
<td>9</td>
<td>9A Steps towards Sustained Behaviour Change&lt;br&gt;9B Creating Risk Awareness&lt;br&gt;9C Promoting Behaviour Change</td>
</tr>
<tr>
<td>10</td>
<td>10A Communication Skills</td>
</tr>
<tr>
<td>11</td>
<td>11A Principles of Counseling&lt;br&gt;11B Nine Rights of a Family Planning or Dual Protection Client</td>
</tr>
<tr>
<td>12</td>
<td>12A Female Reproductive Organs&lt;br&gt;12B Information leaflet About FC2&lt;br&gt;12C What do we know about FC2?</td>
</tr>
<tr>
<td>13</td>
<td>13A FC2 Female Condom Race – Questions&lt;br&gt;13B FC2 Female Condom Race – Answers&lt;br&gt;13C How to Explain FC2 Female Condom to Potential Users&lt;br&gt;13D Solving Potential Issues with FC2 Use&lt;br&gt;13E Myths, Perceptions and Fears about FC2 Female Condom&lt;br&gt;13F All about the FC2 female condom&lt;br&gt;13G Checklist Rating Sheet for FC2 Demonstration&lt;br&gt;13H Instruction Card How to use FC2 female condom</td>
</tr>
<tr>
<td>14</td>
<td>14A-1 The Male reproductive organs with deleted words&lt;br&gt;14A The Male Reproductive Organs&lt;br&gt;14B The Male Condom&lt;br&gt;14C How to Use the Male Condom&lt;br&gt;14D Male Condom Race – Questions&lt;br&gt;14E Male Condom Race – Answers&lt;br&gt;14F Checklist Rating Sheet for Male Condom Demonstration</td>
</tr>
<tr>
<td>15</td>
<td>15A Tips for Communicating with Your Partner about sex&lt;br&gt;15B Talking to your Partner</td>
</tr>
<tr>
<td>16</td>
<td>Condoms Commodity Management Module</td>
</tr>
<tr>
<td>17</td>
<td>18A Planning Future Condom Training</td>
</tr>
<tr>
<td>18</td>
<td>19A Post-Course Questionnaire</td>
</tr>
<tr>
<td>19</td>
<td>19B Workshop Evaluation Form</td>
</tr>
</tbody>
</table>
Participant Handout 1A – Name Sign

Turn this paper upside down, write your name in this space, then fold it and hang it over your desk so that your name can be seen (the right way up!)

__________________fold sign here_____________________

GOOD MORNING LADIES AND GENTLEMEN!

HOW TO GET THE MOST OUT OF YOUR WORKSHOP
1. This is your workshop, and the results depend on your contribution
2. Participate actively in the discussions
3. Be willing to share your experience with other participants
4. Keep to the subject matter
5. Express your thoughts and ideas to the other participants
6. Only one person to speak at a time
7. Avoid private discussions
8. Be an active listener
9. Be patient with other participants
10. Appreciate others’ viewpoints
11. Be punctual
12. Be flexible - and have fun!

WE WISH YOU AN EXCITING, UNFORGETTABLE AND ENJOYABLE LEARNING EXPERIENCE!
Participant Handout 1B - Introducing yourself

NAME: __________________________________________________________________________________
________________________________________________________________________

PLACE OF WORK: ________________________________________________________________________
________________________________________________________________________

RESPONSIBILITIES: ______________________________________________________________________
________________________________________________________________________

POSITIVE COMMENT(S) ABOUT CONDOMS: ________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

CONCERN(S) ABOUT CONDOMS: __________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

REASON(S) FOR COMING TO THE TRAINING WORKSHOP: ___________________________________
________________________________________________________________________________________
________________________________________________________________________________________
**Participant Handout 1C – Pre-Course Questionnaire**

**DATE:** __________________________________________________

**TIME:** 25 Minutes                                                          **Total Mark ---- 50**

**INSTRUCTIONS:**
1. Do not write your name
2. Enter your selected number
3. Please indicate your response to the questions below by checking (✓) True or False

**Number:** ____________________________________________

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>VALUES AND ATTITUDES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Perceptions of service providers may create bias and judgmental attitudes towards some clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Prejudices of service providers can negatively affect their interaction with clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The personal values and attitudes of service providers can impact negatively on clients’ decisions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Women living with HIV and AIDS should be discouraged from becoming pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Service providers need to distinguish between their personal and professional views when communicating with clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <strong>GENDER &amp; HIV / AIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Biological differences between men and women do not contribute to women’s higher risk of HIV infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Society often defines our gender roles i.e. how we should act as a man or a woman.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Many women find it difficult to negotiate safer sex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Violence against women is an important factor in HIV transmission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Attitudes about the way men and women should behave can influence the promotion of the female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>CHARACTERISTICS OF GOOD COMMUNICATION AND COUNSELING ARE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Ask open-ended questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Listen actively all the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Create an environment where the client can remain quiet and listen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Counseling should be personalized for each individual.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. It is important to give lots of information during counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Counseling is giving advice to another.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. It is easy for clients to discuss issues related to sex.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. **RISK ASSESSMENT AND BEHAVIOUR CHANGE**
   a. HIV positive couples do not need to use condoms.
   b. Risk assessment should only be carried out with clients who have an STI.
   c. All clients presenting with an STI must have Voluntary Counseling and Testing (for HIV).
   d. Risky sexual behaviours are easy to change.
   e. Giving information on STI/HIV prevention is adequate for sexual behaviour change.
   f. Service Providers need to insist that sexually active clients use condoms.
   g. Unprotected sex is the main factor contributing to the increase in STI and HIV infections.

5. **MALE CONDOMS**
   a. Male condoms may interrupt sexual intercourse.
   b. Male condoms can be used with a female condom.
   c. Latex can cause an allergy.
   d. Oil based lubrication cannot be used with male condoms.
   e. A man should be the one to initiate male condom use.
   f. Condoms provide dual protection.
   g. Condoms must be used regularly to prevent pregnancy and STIs.
   h. Male condoms can be stored anywhere.
   i. Clients using the condom for dual protection can access emergency contraception if the condom slaps or bursts.
   j. The man must withdraw his penis from the vagina while it is still erect when using male condoms.

6. **FEMALE CONDOMS**
   a. Female condoms prevent pregnancy, STIs and HIV.
   b. Silicone is the water based lubrication used in the female condom.
   c. Female condoms can be inserted in advance of sexual intercourse.
   d. The female condom is the same length as the male condom.
   e. The inner ring is only used for inserting the condom into the vagina.
   f. The female condom can be used during pregnancy, menstruation and post hysterectomy.
   g. The female condom is noisy.
   h. Female condom insertion requires some practice.
   i. Female condoms can increase sexual pleasure for both partners.
   j. The female condom does not need to be removed immediately after ejaculation.
   k. Female condoms should not be reused.
   l. Only the women should insert and remove the female condom.
   m. The female condom can disappear inside a woman’s body.
   n. The female condom can only be used in the missionary position.
   o. The female condom is made from a material that warms to the body’s temperature so sex can feel quite natural.
Participant Handout 3A - Barrier Methods and Dual Protection

Barrier methods

Barrier methods (male or female condoms) are methods of contraception that prevent pregnancy physically by blocking the entry of sperm into the uterine cavity. They also protect against infections by similarly blocking the transmission of infection microbes between couples. Condoms are the only barrier method that protect against both pregnancy and STIs (including HIV), provided they are used correctly and consistently.

How condoms work

The condoms create a physical barrier that prevents semen or vaginal fluids and micro-organisms (e.g. those which cause gonorrhea, herpes and HIV) from passing from one partner to the other during sex (vaginal, anal and oral). They also prevent contact with genital ulcers on the penis, vagina and anus where these exist.

Indications for barrier methods (male and female condoms).

Male and female condoms can be used:

- By all persons who are sexually active, regardless of age, marital status, sexual orientation or gender who want to protect themselves from STIs and HIV.
- By women who wish to avoid contraceptive methods that have systemic effects i.e. methods which affect the body as a whole.
- For extra protection with emergency contraception.
- For extra protection when commencing other contraceptive methods that may take a while before providing full protection.
- By women who have contraindications to other contraceptive methods
- As a dual protection method.
- As extra protection when women have defaulted on other contraceptive methods.

Dual protection

Dual protection means a contraceptive method that prevents both pregnancy and sexually transmitted infections including HIV.

Some contraceptive methods are very effective in preventing pregnancy but do not protect against sexually transmitted infections (STIs) or HIV e.g. the oral contraceptive, injectables, IUDS and sterilization. However barrier methods protect against both. So they are called ‘dual protection’ methods.

Barrier methods (male or female condoms) can be used alone to protect against both pregnancy and infection. A male condom and a female condom should never be used together since this may cause friction creating rips and tears. However, either condom can be used together with other contraceptive methods. Their main purpose then is to protect against STIs, whilst the hormonal method is used to prevent pregnancy.

Examples of condom use in combination with other methods include: a condom and a pill, a condom and an injectable, a condom and intrauterine device (IUD) and a condom during emergency contraception use or after female sterilization, a hysterectomy or vasectomy.

Why it is important for condoms to be accepted as an effective FP method?

- To protect against unintended pregnancies while also protecting against STIs and HIV.
- Men and women, especially youth, may be more concerned about the immediate consequences of pregnancy, but also at risk of acquiring STIs including HIV.
Participant Handout 4A
What are Sexual and Reproductive Health Rights?

❖ **Sexual Health**
  • healthy sexual development
  • equitable and responsible relationships
  • sexual fulfillment
  • freedom from illness, disease, disability, violence and other harmful practices related to sexuality.

❖ **Sexual Rights.** The rights of all people to decide freely and responsibly on all aspects of their sexuality including:
  • protecting and promoting their sexual health;
  • freedom from discrimination, coercion or violence in their sexual lives and in all sexual decisions;
  • expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships;
  • have the right to say ‘no’ to sex if they do not want it.

❖ **Reproductive Health.** The complete physical, mental and social well-being in all matters related to the reproductive system including:
  • a satisfying and safe sex life;
  • the capacity to have children and, freedom to decide if, when and how often to do so.

❖ **Reproductive Rights.** The rights of couples and individuals to decide freely and responsibly with regard to:
  • the number and spacing of their children
  • having the information, education and means to do so
  • attaining the highest standards of sexual and reproductive health
  • making decisions about reproduction free of discrimination, coercion and violence.

❖ **Reproductive care.** Includes, at a minimum:
  • family planning services
  • counseling and information
  • antenatal, postnatal and delivery care
  • health care for infants
  • treatment for reproductive tract infections and sexually transmitted infections
  • safe abortion services where legal, and management of abortion-related complications
  • prevention and appropriate treatment for infertility
  • information, education and counseling on human sexuality, reproductive health and responsible parenting and discouragement of harmful practices.
  • if additional services, such as the treatment of breast and reproductive system cancers and HIV/AIDS are not offered, a system should be in place to provide referrals for such care.

Adapted from definitions of SRR from the program for action resulting from the International Conference on Population Development (ICPD), 1994
Examples of Sexual and Reproductive Health Rights

- The right to be informed when a partner tests HIV positive
- The right of a partner to be protected from HIV infection
- The right to choose whether or not to have children
- The right to plan family size
- The right to choose a contraceptive method
- The right not to have children
- The right not to be coerced or forced into a sexual relationship
- The right not to be discriminated against in the workplace because of pregnancy or having children
- The right of health workers to be protected from HIV infection
- The right to choose one’s marriage partner, and not be forced into
- an arranged marriage
Participant Handout 5A
Controversial Statements Exercise

Fill in the blanks — A for “agree”, D for “disagree” or ? for ‘unsure’.

1. _____ Women living with HIV should not have children.

2. _____ People with HIV should be allowed to continue work.

3. _____ AIDS is mainly a problem of people with immoral behaviour.

4. _____ Men who have sex with men indulge in abnormal sexual behaviour.

5. _____ People living with HIV should be isolated to prevent further transmission.

6. _____ It is a collective responsibility to care for people living with HIV.

7. _____ I would feel uncomfortable inviting someone living with HIV into my house.

8. _____ Surgeons should screen all patients for HIV infection before surgery.

9. _____ I would feel uncomfortable discussing sexuality with a person of the opposite sex.

10. _____ Injecting drug users should be compulsorily tested for HIV.

11. _____ It is all right for men to have sex before marriage.

12. _____ School children should not be educated about safer sex.

13. _____ Women should never have extra-marital sexual relations.

14. _____ It is difficult for male counselors to talk to women clients about condom use.

15. _____ Pregnant women who are living with HIV should abort their foetus.

16. _____ HIV test results should not be disclosed to the spouse/partner.

17. _____ Males should produce an HIV-free certificate before marriage.

18. _____ Mothers living with HIV should breastfeed their infants.

19. _____ Unmarried persons should not have sex.

20. _____ Sexual partners who are both living with HIV don’t need to use condoms.
### Participant Handout 6A
WHO Gender Matrix (adapted)

<table>
<thead>
<tr>
<th>In relation to HIV &amp; unintended pregnancy…</th>
<th>How do gender specific norms, values and activities affect men’s &amp; women’s:</th>
<th>How do access and control over resources affect men’s &amp; women’s:</th>
<th>How do biological differences affect men’s &amp; women’s:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to health services?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention &amp; treatment options?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of health services and health providers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes (pregnancy, illness, death)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consequences (economic, social, attitudinal)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participant Handout 7A
Factors Contributing to the Spread of STIs/HIV

The factors that contribute to the spread of STIs can be divided into two broad categories:

- Factors contributing to risk behaviour
- Factors affecting effective diagnosis and treatment of those who are infected

Different factors will predominate in different areas and amongst different age groups. It is important to know the community with which you work so that you are aware of the factors impacting on STI/HIV spread in your area.

Factors contributing to Risk Behaviour

Factors affecting youth:

- Sexual drive
- Peer pressure
- Lack of appropriate information and accessible sources of information
- Inconsistent and incorrect condom use
- Lack of someone trusted and knowledgeable to approach with questions about sexual matters
- Not believing messages about the level of risk (“It's not going to happen to me!”)
- Inexperience in handling relationships with the opposite sex, e.g.
  - A girl may agree to have sex because her boyfriend says he loves her and she interprets this as an expression of commitment to her
  - A boy may not know how to resist the seductive advances of a girl, although he does not want to have sex
  - A girl may feel flattered by the attentions of an older man
  - A youngster may not know how to handle advances from a person in authority e.g. teachers
- Assumptions that everyone is sexually active
- The status of having a boyfriend/girlfriend, especially one who is popular or can offer more than the average (e.g. the 3 Cs – car, cell phone and cash!)
- Tendency to reject values of parents/society

Socio-economic factors:

- Poverty. This contributes to women becoming sex workers or exchanging sex for food or shelter
- Poverty also goes hand in hand with:
- Poor education, which contributes to a lack of knowledge about risk factors, ways of preventing STIs and how to recognize STIs
- Factors separating families. E.g. migrant labour and single sex hostels
- Unemployment, which contributes to loss of self-esteem often resulting in less responsible behaviour
- Abuse of alcohol and drugs contributing to less responsible behaviour
- Mixed messages about the cause of HIV or the efficacy of condoms

Cultural factors:

- Breakdown in traditional values and practices
- Parents don’t feel comfortable discussing these issues with their children
- Role of religion:
  - The topic of sexuality and sexual behaviour is often not mentioned
- If the topic is addressed it often is just the message “Don’t” with no guidelines on handling boy/girl relationships
  - Male expectations about multiple partners
  - Reluctance to use condoms
  - Gender inequality
  - Media messages which separate sex from committed relationships
  - In some cases STIs are seen as a mark of virility or being a ‘stud’
  - Dry sex
  - Sexual networking
  - Serial Monogamy

**Factors affecting diagnosis and treatment**

1) **Failure to recognise the presence of an STI**

Asymptomatic STIs (i.e. there are no symptoms)
- Many STIs are completely asymptomatic or have an asymptomatic phase
- There are not many readily available screening tests

Symptoms not recognized
- Women in particular may not recognise symptoms. Discharges may be considered normal; ulcers may be internal and painless

2) **Stigma associated with STIs**

  - Delay in seeking treatment.
  - Seeking treatment from inappropriate sources, e.g. a friend or herbalist
  - Reluctance to inform partners of their need for treatment

3) **Factors affecting health services**

  - Inaccessible health services – distance or opening hours
  - Judgemental attitudes of some health providers
  - Young people may be reluctant to go a clinic, especially if they think they will be reprimanded for being sexually active
  - Most clinicians are female and men often feel reluctant to speak to them about sexual issues
  - Shortage of drugs, condoms or other resources in some clinics
  - Clinicians lacking skills or knowledge of effective diagnosis and treatment
  - Inadequate treatment by some health providers e.g. traditional healers and some private practitioners who may not be updated with syndromic management or find the correct drugs too expensive.
  - Lack of trained health professionals’ to diagnose and treat STIs correctly
Impact of STIs on Women

There are a number of reasons why women are more vulnerable to STIs than men.

**Women are more easily infected with STIs than men**

- The anatomy and physiology related to sexual intercourse mean that women are more easily infected than men.
- Young women, pregnant women and many women using oral contraceptives are prone to develop a cervical ectopy – a condition in which delicate columnar epithelium of the cervical canal extends onto the cervix, giving an exposed area of tissue that is more vulnerable to STIs.

**Women have less control over their sexual lives**

- Many women are expected to comply whenever their partner wants sex. They are not expected to initiate sex and if they suggest condom use, they may be accused of having other partners.
- Although they are usually expected to have only one partner, the same is not true for men, thus putting women at higher risk of being infected by their partners than the other way around.
- There is no method of protection against STIs that a woman can use without her partner being aware of it.
- Sexual abuse of women in the form of rape or coerced sex is far too common, and the risk of STI transmission is increased in these instances.
- Sexual abuse is especially dangerous for adolescent girls, for whom violent sexual penetration can cause internal trauma that facilitates entry of infection through damaged blood vessels.

**Poverty increases the risk of STIs for women**

- Women who are not financially independent may use sex in exchange for money, food, shelter or protection.
- Poverty also makes it harder for women to have access to health care.

**Women are more likely to have asymptomatic STIs**

- Only about 50% of women with an STI have symptoms.
- 70% or more of women with Chlamydia and 30% of those with gonorrhea have no symptoms. For men these figures are 30% and 5% respectively.
- A genital ulcer (especially in the case of syphilis) may be painless and in the vagina where the woman is unaware of it.

**Symptoms in women are not as distinctive as in men**

- Because women have normal vaginal discharges, it is harder for them to recognize abnormal symptoms.
- Ulcers in the genital area would be harder for a woman to see than would be the case for a man.

**Women suffer more medical complications than men**

- Every aspect of child bearing can be adversely affected – infertility, ectopic pregnancy, abortions, stillbirths, premature labour, neonatal deaths. All these factors impact on women.
- Pelvic Inflammatory Disease which might lead to infertility or ectopic pregnancy may go completely undiagnosed, due to the high incidence of asymptomatic infections.
- Carcinoma of the cervix; the commonest form of carcinoma in women in many countries, is almost always associated with human papilloma virus infection. Genital carcinomas in men are rarer.
Piot’s Pyramid

Sexually active population, including people at high risk

Have an STI

Symptomatic

Go to health services

Correct diagnosis

Correct treatment

Comply and not re-infected

Cured

Total population
Participant Handout 7D
STI Prevention and Control

Based on Piot’s pyramid, the principles of STI prevention and control can be grouped into 3 main areas, although there is overlap between them.

Reducing infection rates in the community

This includes strategies for the following:

- Delaying the age young people start sexual activity.
- Disseminating information on risk and sexual behaviour.
- Encouraging behaviour change in people at risk. This includes strategies to empower women, and promoting negotiation skills for men and women – whether, when and how to have sex.
- Promoting the practice of dual protection.*
- Early and correct recognition of symptoms.
- Encouraging appropriate health seeking behaviour.
- Effective partner management.
- Targeted interventions amongst high risk groups. This might include providing specialized services at venues such as truck stops and hostels for migrant workers, or giving periodic presumptive treatment to sex workers.

* Dual protection means protection against both an unintended pregnancy and STIs. It may be achieved either by using one method that prevents both pregnancy and STIs (such as condoms) or by using dual methods – one method for pregnancy prevention (e.g. hormonal contraceptives) and another for STIs (male or female condoms).

When women come to the clinic for contraception, this is an ideal opportunity to establish their perception of STI risk and to discuss dual protection.

Understanding human sexual behaviour and the social and economic factors that influence it, such as poverty, urbanization and the disruption of traditional social structures is essential if primary prevention interventions are to succeed.

Identifying the presence of STIs

- **Awareness campaigns**
  Disseminating information about STIs such as signs and symptoms, where to seek appropriate treatment, the importance of early health-seeking behaviour.

- **Screening**
  At present the only common screening program is the screening of pregnant women for syphilis using serological tests. Voluntary counseling and testing (VCT) for HIV is an important strategy for preventing HIV and for providing support to those who are infected.
  Improving rates of partner management would also result in treatment of some people with asymptomatic infection.
  Verbal screening of people attending health services for other reasons is also an important way of identifying those who are not actually asymptomatic, but who may have symptoms they do not think of reporting.

**Correct management of people with STIs**

Effective diagnosis and treatment must be provided for people with symptoms. Correct diagnosis and treatment are aimed both at preventing complications and preventing the spread of STIs to other sexual partners.
1. WHICH PARTNERS NEED TO BE NOTIFIED?

- **Main partners.** *This means:* 
- **Regular partners.** *This means:* 
- **Casual partners.** *This means:* 
- **Contractual partners.** *This means:* 

2. WHY IS IT IMPORTANT TO NOTIFY PARTNERS?
   
   There are 5 main reasons:
   
   i. 
   ii. 
   iii. 
   iv. 
   v. 

3. HOW CAN IT BE DONE?
   
   There are 2 main approaches to partner management:
   
   A. 
   B.
Participant Handout - 7F
Partner Management

The Importance of Partner Management

Whenever someone presents at a health service with an STI, there is at least one other person who also needs to be treated. Effective partner management is one of the most challenging aspects of STI prevention and control. It is important in order to:

- Reach people with asymptomatic STIs
- Interrupt the cycle of infection and re-infection
- Prevent complications
- Impact on STI prevalence
- Reduce the risk factors for HIV transmission.

Approaches to Partner management

A. Provider Referral

This approach requires the client to give the health provider the names and contact details of all recent sexual partners, so that someone from the health services can contact the partners and inform them of their need for treatment.

But this approach is not feasible in many places. There are issues of confidentiality, reliability of information and difficulties of finding the partners. Also it is time-consuming and would require extra staff.

B. Client Referral

In this approach, the client is asked to contact all his/her recent sexual partners and refer them.

The advantage of this approach is that clients do not need to reveal the identity of their partner/s and can contact them personally.

Disadvantages are that there is no control over who is notified, or whether anyone at all is notified, and there is little control over the message that is delivered – unless a letter with some explanation is provided to the client.

Which Partners need to be Notified?

Ideally every person the index client has had sex with over the previous 3 months should be contacted. This length of time is to cover STIs with longer incubation periods.

Partners have sometimes been described according to 4 different categories:

- **Main partners:** This would include spouses and long term committed relationships.
- **Regular partners:** Those with whom there is an ongoing relationship, but is more the partner ‘on the side’ in addition to the main partner.
- **Casual partners:** These may be ‘one night stands,’ but may also be partners of convenience – someone who is willing to provide sex, but there is no commitment to one another.
- **Contractual partners:** Where sex is exchanged for money, food, shelter or protection.

Clients would be more likely to notify main and regular partners than casual or contractual partners.

This is one of the reasons why targeted interventions for high risk groups are important. These groups would include sex workers, truck drivers, and migrant workers.
Participant Handout 7G  
STI Key Messages and Facts

1. Sexually transmitted infections and diseases are mainly transmitted through sexual contact.
2. Some STIs, including HIV, can also be transmitted through blood transfusions, sharing contaminated needles and other skin piercing instruments, and from an infected mother to her unborn baby.
3. It is possible to have more than one infection at a time, and mixed infections are common.
4. Common symptoms of STIs include: fever, chills and aches, swollen lymph glands in the genital area, itching around genital organs, blisters, bumps, sores or rash around the penis, swollen scrotum, warts around the genital area; unusual anal/rectal itching or pain or discharge; pain and/or burning sensation and/or difficulty in urinating.
5. People with any of these signs and symptoms need to go to a clinic to get treatment as soon as possible. Don’t just go the pharmacist or the traditional healer because the STI may get worse if it is not treated correctly.
6. It’s important to realize that in women the symptoms are usually not as obvious as with men, and sometimes there aren’t even any symptoms. This makes females more vulnerable to infections. When there are symptoms, they may include pain in the lower abdomen.
7. Untreated STIs in women may lead to serious damage to sexual and reproductive organs, infertility, problems during pregnancy, paralysis and even death.
8. People with multiple partners need regular check-ups.
9. A number of safer sex options exist if people want to be sexually active and avoid STIs. These options can be pleasurable and can help avoid re-infection.

Diagnosis and treatment:

1. STIs are caused by different things. One can never tell what kind of STI someone has just by looking or second-guessing, even if they have the same symptoms as other people.
2. Different tests or treatment may be needed. Don’t guess, don’t ask a pharmacist to guess - a sexual health doctor is the best person to decide what the correct treatment is.
3. Medicines must be taken as prescribed and as directed, even if the symptoms go away.
4. STI treatment drugs may be expensive, but untreated STIs can be more expensive in the long run.
5. When possible, people with STIs need to bring their partner/s for diagnosis and treatment. Otherwise, re-infection may occur.
6. Health care providers do NOT judge people! It is not the health care provider’s job to judge a person who has an STI, but rather to encourage people to use health services if they have any sexual health problem.

* * *
INFORM CLIENT THAT THE DISCUSSION IS PRIVATE AND ALL INFORMATION IS HELD IN CONFIDENCE

For each of the statements below, tick YES or NO in the appropriate column.

### DID THE PROVIDER:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask the client if he/she has any concerns about STIs or HIV/AIDS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ask the client if he/she thinks that he/she could be at risk of becoming infected with an STI/HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explore measures that the client takes to protect him/herself against STIs and HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ask the client if he/she has ever used a male or female condom? If the client says “yes”, did the provider establish if the client is able to use the condom correctly? Is condom use consistent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Ask the client if he/she has had an STI in the last six months? One year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Explore with the client if his/her partner has had an STI in the last six months / one year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Ask the client if he/she has any concerns about his/her regular partner’s sexual behaviour?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Ask the client the number of partners he/she has had in the last six months? One year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ask the client if he/she has lived apart from his/her partner in recent times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Ask the client if he/she has had sex with a non-regular sexual partner in recent times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Show great sensitivity when asking the risk assessment questions and in discussing the answers and conclusions?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The process for assessing a client’s risk is as follows:

i) Assess client risk level

ii) Counsel and inform client of risk

iii) Identify barriers to change and discuss course of action

iv) Give information on dual protection

v) Discuss options for behaviour change

vi Encourage Voluntary Counseling and Testing
Participant Handout 9B
Creating Risk Awareness

Many people who are at risk of STI infections (including HIV), do not perceive themselves to be at risk. Health providers should therefore assist people to become aware of these risks before they become infected.

Clients who might be at risk

- Any person who is sexually active, not in a mutually faithful relationship and not using condoms correctly and consistently.

Specific Situations:

- **Clients using contraceptives.** They are sexually active but may not be using condoms. Health providers should make them aware of the need for dual protection – i.e. protection against unintended pregnancy AND protection against STIs.

- **Antenatal clients.** These clients are also sexually active and not using condoms. In most clinics the majority of these pregnancies are unintended. Unless these women are in a mutually monogamous relationship they are at risk of STIs. Studies have shown STI rates in pregnancy can be very high.

- **Youth.** Many young people are sexually active by the time they reach their mid-teens. They often do not consider themselves to be at risk of STIs or don’t feel able to suggest condom use to their partner.

- **Mothers bringing babies to the clinic.** These are the same people who were at antenatal clinics a few months previously.

- **Discordant couples.** Where one partner is HIV positive and not using condoms.

- **HIV Positive couples** not using condoms may be reinfected with other strains of the virus.

- **Married men and women** who don’t see the need to use condoms in their relationship.

Suggestions for helping clients become aware of their risk

Explore one or more of the following areas with the client:

- Find out whether the client is aware of any risks associated with STIs. For example, do they know that STIs are one of the most common causes of both infertility and carcinoma of the cervix?

- Ask the client whether they think they are at risk of HIV infection. Then find out why – what aspect of their behaviour does the client think puts her / him at risk?

- Ask the client if s/he has ever thought of having an HIV test?

Studies have shown that there is a correlation between HIV testing and the likelihood of reducing risk behaviour. The following list ranks the likelihood of behaviour change in descending order:

- Those who are counseled and tested and have a positive result.
- Those who are counseled and tested and have a negative result.
- Those who are counseled but decide not to be tested.

This means that the policy of offering HIV counseling and testing plays a role in behaviour change. Even if clients do not want to be counseled for HIV testing, the very fact of asking if they would like to be tested will make them consider the possibility of being at risk.
1. Seek to establish where the client is

It is important to try and establish where someone is on the behaviour change cycle in order to promote behaviour change. Many clients are not even at the beginning of this cycle – that is, they are not even aware of the problems arising from their behaviour. It may be necessary to first discuss issues with them that will create risk awareness.

2. Encourage movement from knowledge to motivation

Awareness of a problem may still be at the level of ‘head’ knowledge. That awareness needs to shift to a desire to take steps to reduce or overcome the problem.

- Does the client want to do anything to change?
- Does she/he know what steps can be taken to reduce the risk?
- Does she/he feel able to take those steps?

This may well involve negotiating some change with the sexual partner. Does the client have the skills to do this?

3. Provide support for trying new behaviour

Until the client is both aware of the problem and motivated to address that problem, there is little value in telling them what to do to change their behaviour. Once they are motivated to change, you can find out what knowledge they have about how to reduce the problem. You can then provide any additional relevant information and help them explore which of those behaviour changes they feel they would be able to implement.
Remember that scolding people does not usually encourage positive behaviour change.

4. Help evaluate the benefits of a new behaviour

The client may have introduced condoms into a relationship.
Do both partners feel satisfied with condom use? Are there any problems that they experience? If so, does the client have any suggestions for resolving these problems?
Remember that the benefits of a new sexual behaviour may not be easy to assess, and are measured more in the avoidance of health problems.

5. Encourage sustained behaviour change

Remember that behaviour change is not easy, especially when it involves sexual behaviour where another person is part of that behaviour.
Sustained behaviour change is even more difficult to achieve.

IN SUMMARY:

Clients need Knowledge about:
- what puts them at risk of STIs, including HIV
- what the options are for reducing that risk

Clients need the Attitude of wanting to change their behaviour

Clients need the Skills to:
- change behaviour
- improve communication within relationships
- negotiate risk reduction with existing and future partners

In encouraging behaviour change in clients, assess whether you need to be aiming at the head (knowledge), the heart (attitude) or the hands and genitals! – (skills).
Participant Handout 10A
Communication Skills

1. INTRODUCTION
Communication is familiar to us all - we communicate daily with those in our immediate environment and beyond to express our thoughts, emotions and needs. However, because of its very familiarity we often pay little attention to how effectively we communicate with others in our daily lives.

For health care providers, sensitive and fluent communication is key to effective work. Consensus seeking, problem solving and non-verbal interaction are just a few of the communication skills which health care workers will need to master. Understanding the different types of communication such as one-way or two-way communication and factors that support or hinder good communication are valuable tools in empowering health care workers in their daily interaction with clients as well as their own lives. Communication is, therefore, an important area that should be covered in all-training activities of health care workers, outreach workers and peer educators.

1.1. What is communication?
Communication is the process where there is an interchange of messages between two or more persons. These messages can be conveyed verbally or non-verbally – for example, by bodily gestures and tone of voice.

1.2. Types of communication
Communication can be one-way or two-way. It may be verbal or non-verbal.

One-way communication is a process where messages are relayed in only one direction, i.e. from the source to the recipient(s). The way it is delivered does not allow for questions, discussion or interaction, so this can make it less effective. Examples of one-way communication in daily life include orders, instructions and also health promotion – for example written pamphlets or radio messages. The advantage of one-way communication is that information can reach a greater audience in a short space of time, and it can be less expensive than face-to-face communication.

Two-way communication is a process where messages are relayed between two or more persons with active interaction between them. Messages can be exchanged both verbally and non-verbally, through bodily gestures and tone of voice. These non-verbal cues can send very powerful messages. (For example, if a person says “That’s very interesting”, but says it in a bored tone of voice while looking out of the window, then the actual message received will probably be the opposite of the verbal message that was spoken!)
Two-way communication is the type of communication used in consultation and counseling sessions.

Verbal communication means communication through spoken words. So this requires a common language that is understood by the persons involved in the exchange of messages. It also requires good listening skills for communication to be effective. It is therefore essential for the health care provider to be able to understand the clients’ language or dialect.

Non-verbal communication does not involve the use of spoken words; it may be body language, facial gestures, and tone of voice. As noted above, these can be very powerful in communicating attitudes and may even have more impact than the spoken word in a conversation, consultation or counseling session. Health care workers therefore need to be very aware of this factor; they need to avoid giving non-verbal signals that could adversely affect their relationships with their clients, and hence the effectiveness of service delivery.
2. EFFECTIVE COMMUNICATION SKILLS

People communicate in different ways in different situations. Effective two-way communication requires that both the communicator and the respondent have good listening skills, so that there is genuine interaction and exchange of thoughts between them. The health care worker has to know, understand and be sensitive to the different factors that affect communication.

2.1. Body language

Body language has an impact on the relationship between the health worker or counselor and the client. Body language can convey subtle but powerful messages to the client. Research has shown that people make an initial judgment based on how another person looks, behaves, moves, etc. rather than on what the person actually says. Body language can therefore facilitate or hinder communication during a consultation or counseling session.

2.2. Listening skills

It is important not to make assumptions or underestimate the client’s concerns, values, reactions or level of knowledge. Good listening skills, together with the utmost attentiveness, need to be applied in all sessions when interacting with clients. This will help the health care worker to establish or detect whether verbal explanations are understood by the other person, as reflected in the client’s facial expressions or other non-verbal gestures.

The following are some tips for effective listening:

- Give full attention and listen carefully to what your client is saying (rather than thinking of what you are going to say next!)
- Acknowledge the other person’s feelings and concerns. This may be expressed through body language, e.g. nodding your head to show that you agree or understand, or making a comment like “I see”, etc.
- Keep silent sometimes, to give the other person a chance to ask questions. And respect a client’s silence - don’t rush him/her, but move at his/her speed.
- Paraphrase and clarify now and then, by repeating what you have heard, so that you both know whether you have understood each other correctly.
- Ask the same question in different ways if you think your client has not understood.
- Be careful with questions that begin with the word ‘why’, because this can sound judgmental to the other person.
- Reassure your client.

3. KINDS OF COMMUNICATION IN FAMILY PLANNING

There are three main types of communication patterns used in family planning programs. Although they are distinct patterns, they can overlap. So the health care provider or counselor should be aware of which pattern s/he is using at any particular point in a session. Using the communication most appropriate to your purpose can influence your client’s decision whether or not to use family planning or dual protection, and what method to use.

The three communication patterns are: motivational (for promotional activities), information giving, and counseling.

3.1. Motivational communication (for promotional activities)

Motivational activities are used to persuade and influence behaviour in a particular direction. Motivation can be done orally by an individual, or in written form (e.g. information and education material), or through an organized event, or through radio, and at any location. It is a process with a pre-determined goal; it aims to influence and encourage (or motivate) people to consider using family planning or dual protection contraceptive methods, to control their fertility and their reproductive health.
issues. The following are limitations of this method:
- Its biased nature (it has a pre-determined aim)
- Its persuasive nature, to influence and encourage people towards family planning / dual protection
- Its lack of two-way interaction with clients.

3.2. Information giving

The information-giving communication activity is a process that provides facts, corrects myths and deals with concerns that clients might have. It can be in a face-to-face or group session, and can use oral communication or other means such as printed materials, radio or video (visual, audio, or audio-visual).

3.3. Counseling

Counseling is defined as a one-to-one process, where a counselor and a client talk with specific goals, namely:

- The counselor helps the client to explore issues, to discover and identify their problems as well as their family planning or dual protection needs, and to make their own informed decisions.
- It enables clients to apply information to their particular circumstances, and to make informed choices in order to improve the quality of their lives.
- Counseling should be a process that encourages the client to become confident and independent.

Who can be a counselor?

A counselor can be any health care worker who is responsible for family planning or dual protection services. To be an effective counselor one needs to have, or to learn, certain skills, including:

- Appropriate behaviour with clients
- Interest in working with clients
- Good interpersonal and communication skills
- Training and practice in the concepts, skills and principles of counseling
1. PRINCIPLES OF COUNSELING

There are pre-requisites for the counseling relationship. They guide the practice and behaviour of the counselor as s/he forms a relationship with the client.

In any counseling situation, a good counselor needs to be:

- **Respectful and not judgmental** – Give the client space to express themselves without interfering. Acknowledge clients who do not want to talk about particular issues since they may not yet be ready to do so.
- **Genuine** – Be true to yourself. Acknowledge your prejudices and how to relate to your clients, and show empathy. Counselors need to understand the client’s world as the client experiences and feels it.
- **Warm** – It is important to display unconditional acceptance and respect for your client, to be a good listener and convey to the client that you have understood what they have said.

The SOLER Principle

The acronym SOLER stands for five important points to follow in a counseling session. These five points are designed to overcome barriers to communication:

- Sitting squarely and facing the client at a comfortable distance.
- Open posture, showing you are open and non-threatening.
- Leaning forward, expressing closeness and interest.
- Eye contact, making a connection.
- Relaxing, reducing the client’s anxiety.

The following are some further principles of good counseling technique:

1.1. **Individualization**

The client has the right to be treated as an individual. Every client is unique, experiences problems differently and has different needs.

1.2. **Purposeful expression of feelings**

Clients need to be able to express their true feelings, whether negative or positive. So the counselor needs to create an atmosphere where the client feels free to do this. Counselors should encourage clients to express their feelings.

1.3. **Controlled emotional involvement**

Counselors need to respond carefully and sensitively to what a client is sharing. Responses should communicate to the client that the counselor is with him/her, and understands what he/she is saying. Responses can be both verbal and non-verbal.

But avoid responding too quickly, as this can give a client the message that s/he is not being fully understood.

1.4. **Non-judgmental attitude**

Counselors need to be careful of the feedback they give to clients. Be aware of the client’s behaviour and reactions. Always project a non-judgmental attitude.
1.5. Client self-determination
Help every client exercise their right to make their own decisions. The counselor needs to understand that people do not change when they are told to change, but only when they make their own decision to do so. To reach such a decision may take some time, so the counselor must learn to have patience.

1.6. Acceptance
Separate behaviour from the person. The client as a person must always be accepted for who s/he is, but this does not mean that what s/he does should not be challenged. Rather, it means that the client should be given feedback that relates to their situation or their circumstances, not their character.

1.7. Confidentiality
Confidentiality is the cornerstone of all counseling sessions. This point should be communicated and emphasized to the client. Explain to the client that professionals are bound by a code of conduct which they have to follow.

1.8. The counseling environment
Does the setting encourage discussion and privacy? The client must be made to feel secure that the communication between her/himself and the counselor will not be heard by persons outside the consultation room. (This relates again to the confidentiality principle.) Seating arrangements should be conducive to good two-way communication, with comfortable chairs and no barriers between counselor and client. Also, try to ensure that the counseling room is neat and free of distraction, and that the temperature is comfortable.

1.9. Dress code
Dressing neatly is a sign of respect. Be aware of how different clothing styles may be perceived by clients from different population groups. Dress can send powerful non-verbal messages about what sort of person the client thinks is counseling her or him.

2. COUNSELING NORMS
A good counselor builds a warm relationship with the client from their first counseling session together, by adhering to the norms summarized in the acronym: GATHER Technique.

The following are the six steps of the GATHER Technique:
G – Greet
A – Ask/Assess
T – Tell
H – Help
E – Explain
R – Return visit

GREET
The counselor greets the client in a warm and friendly manner that puts the client at ease. Use their local dialect or language where possible. Introduce yourself and offer the client a seat. This shows respect to the client and helps create trust.

Assure the client that all information discussed during the counseling session will be held in the strictest of confidence.
Ask how you can help, i.e. the reason for the client’s visit.

ASK / ASSESS
• The counselor asks the client relevant questions. S/he uses open-ended, closed or probing questions as appropriate to get information and to assess the client’s needs. Questions are used to make an assessment of, for example, the client’s knowledge of contraceptives and risks of contracting STIs/HIV. Careful assessment of each individual
client is essential because each person is unique and has different needs. This is the step in which the counselor tries to learn more about the client’s thoughts, knowledge, feelings and beliefs.

- Open questions are used to learn more about the client’s thoughts, knowledge, feelings and beliefs. Example: “How do you feel about this?”
- Probing questions are used to help the counselor clarify the client’s responses to open-ended questions. This technique is used to clarify a point that did not come out clearly during the session. Example: “Do you mean you’re not certain how your partner might react?”
- Closed questions are questions that can be answered by ‘yes’ or ‘no’, a number or a few words. They can be used at the beginning of a counseling session to break the ice or when asking for information such as age, number of children, etc.

**TELL**

In this stage of the technique, the counselor gives information to the client on the various aspects identified during the assessment. The information may be to clarify and correct misconceptions, or to fill gaps in the client’s knowledge.

*Encourage the client to ask questions and provide feedback to ensure that s/he understands and follows your explanations.*

**HELP**

This step involves helping the client make decisions about, for example, their contraceptive needs, risk of contracting STIs/HIV, or negotiating condom use.

Listening and questioning skills are important in this step.

- Clarify any issues or points that the client does not seem to understand well.
- Provide clear information that is tailor-made for the particular client according to your assessment. Do not overwhelm him/her with too much information.
- Invite the client to return if s/he experiences any problems or if s/he has any questions or needs further information or explanations.

**EXPLAIN**

This requires the counselor to be knowledgeable about all the products and services that her/his facility provides. S/he must be able to provide information clearly, in language that the client can understand. Knowledge of a person’s culture and taboos is very important so that the counselor can use acceptable terms, especially when talking about sexuality.

The counselor explains to the client issues and methods like the ‘female condom’. This includes:

- Explaining how to use it.
- Asking the client to repeat the instructions.
- The counselor should listen carefully, so as to ensure that the client understands.

**RETURN VISIT**

This is the last step in the GATHER Technique.

The counselor should ask the client questions about her/his experiences with their chosen method(s):

- Ask how s/he feels and whether s/he has any problems.
- Determine what the problem is, if any.
- Listen and note concerns very carefully. Never dismiss any of the client’s concerns as minor. Deal with misconceptions gently.
• Demonstrate the method again if needed.
• Review with the client any risk factors for contracting STIs / HIV, and ways to protect against these infections.

**REMEMBER: GOOD COUNSELING IS AN INVESTMENT.**
**THE RETURNS ARE HAPPY CLIENTS,**
**BETTER AND HIGHER COMPLIANCE.**

### 3. FREE AND INFORMED CHOICE

Counseling is an important tool. When used properly and effectively it helps clients to apply information about contraceptive methods and choose the best options to suit their own needs and circumstances. This is only possible when clients have full information on all the options open to them.

What is free and informed choice?

**Free** means a decision made voluntarily, without coercion, constraints or any form of pressure.

**Informed** means making decisions based on access to full information on methods, their benefits, risks and other options. It also means understanding a health care matter from the client's perspective.

**Choice** means that the client can decide whether or not to use contraceptives, and can choose any method they want from among the range available. It also means that the client can change the method if they are not happy with it or if it is not suitable for them.

Providing information, demonstrating use and correcting misconceptions and myths can often remedy a client’s unhappiness or dissatisfaction. If the client is still unhappy and adamant that s/he does not want the method any more, it is her right to choose another option, without any undue pressure.

**Hint:** The importance of the providers’ knowledge and awareness of myths and misconceptions around family planning methods is very important.

**Informed consent**

Informed consent confirms that the client has agreed of her/his own free will to receive a method or medical treatment. This consent can only be made voluntarily when the client **understands** the method, its benefits, risks, and alternatives available. It is important that providers adhere to these ethical and legal requirements, regardless of the fact that no written form is used. Verbal consent is required for any method the client uses.

+++ 

**References**

2. Communication Skills: Weinstein et al
4. GATHER Guide to counseling, Population Report: (Internet)
In order to ensure quality care for clients in service delivery, the International Planned Parenthood Federation has drawn up a list of clients’ rights. These have been adapted and are applicable to all clients globally. When applied to service delivery they ensure quality care for clients.

Every family planning or dual protection client has the following rights:

1. **Information**: the right to learn about the benefits and availability of family planning.
2. **Access**: the right to obtain services regardless of gender, creed, colour, marital status, or location.
3. **Choice**: the right to decide freely whether to practice family planning and which method to use.
4. **Safety**: the right to be able to practice safe and effective family planning.
5. **Confidentiality**: the right to be assured that any personal information will remain confidential.
6. **Dignity**: the right to be treated with courtesy, consideration and attentiveness.
7. **Comfort**: the right to feel comfortable when receiving services.
8. **Continuity**: the right to receive contraceptive services and supplies for as long as needed.
9. **Opinion**: the right to express their views on the services offered.

* * * * * * *
Participant Handout 12A
Female Reproductive Organs

INTERNAL

- **OVARIIES**: The ovaries are the two female glands or sex glands. Ovaries are the “store-room” for human eggs. The ovaries produce female hormones and mature eggs. When a girl baby is born she already has thousands of eggs and these eggs will begin to mature when the girl reaches puberty. Each egg is capable of producing a child if a man’s sperm fertilizes it. **Women - Place your hands on the spots where you think your two ovaries are.**

- **FIMBRIA and FALLOPIAN TUBES**: Each month an egg develops and leaves the ovary. The fimbria, which is somewhat like a hand with fingers, is attached to the end of the fallopian tube. The fimbria motions the egg into the fallopian tube and the egg then proceeds down the tube until it reaches the uterus.

- **UTERUS**: The uterus is a hollow muscular organ shaped like a pear. It is the place where a baby grows before birth. Each month the uterus prepares to receive a fertilized egg. Inside the uterus there is a build-up of tissue and blood that will make a soft lining where the fertilized egg can attach and grow. Even though a woman releases an egg each month, that egg will not become a baby unless it meets with a man’s sperm (fertilization). If there is no baby growing in the uterus, it is about the size of your closed fist. When a woman is pregnant, the uterus stretches and grows to contain the baby. **Women - Put your hand on the spot where your uterus is.**

- **CERVIX**: The cervix is a semi-hard tissue that separates the uterus from the vagina. It has a very small opening (only 1-2mm) where menstrual blood comes out. This small opening enlarges when a baby is about to be born. **If you put your finger into your vagina you can feel the cervix deep at the end of the vagina.**

- **VAGINA** (vaginal canal): The vagina is a muscular canal which passes upwards and downwards. It is very elastic (it can stretch). It has three functions:
  - It is a passageway for menstruation
  - It can stretch to provide a place for the man to put his penis during sexual intercourse
  - It can stretch to become the channel through which a baby is born. If you have never felt the inside of your vagina, you can try it in private. **For women—try putting your finger into your vagina, and feel the soft tissue and the size of your vagina.**

EXTERNAL

- **VULVA**: The vulva is the name for the entire outside part of the female genitals. There are 5 separate parts of the vulva: i) labia majora ii) labia minora iii) clitoris iv) urethra opening and v) vaginal opening

- **LABIA MAJORA**: The Labia Majora are two thick folds of skin which form the boundary of the vulva. They are covered with hair on their outer surfaces.

- **LABIA MINORA**: The Labia Minora are two smaller folds of skin and fatty tissue which lie between the labia majora. Where the labia minora meet is a small “peak” about the size of a small groundnut. This is the clitoris.

- **CLITORIS**: The clitoris is the most sensitive and erotic part of a woman’s body. It plays a very important role during sexual excitement.

- **URINARY OPENING OR URETHRA**: The urinary opening or urethra is a small opening just below the clitoris. This is where urine is passed out from the bladder.

- **VAGINAL OPENING**: The Vaginal Opening is just below the urinary opening.

- **HYMEN**: The Hymen is a thick layer of mucous membrane which covers the opening of the vagina. It has an opening which allows the menstrual flow to escape. The hymen is usually torn when sexual intercourse takes place and may also be torn by a finger or tampon or use of a female condom.
FEMALE REPRODUCTIVE ORGANS - INTERNAL

FEMALE REPRODUCTIVE ORGANS – EXTERNAL
Participant Handout 12B
Information leaflet About FC2

The FC2 female condom
for enjoyable safer sex

The FC2 female condom prevents
- unintended pregnancy
- sexually transmitted infections (STIs), including HIV.

Are you planning a pregnancy? Or do you want to wait to have your next child? The FC2 female condom is a safe and enjoyable family planning method. It also protects against sexually transmitted infections (STIs), including HIV.

What is the FC2 female condom?
The FC2 female condom is a soft, smooth condom. It is easy to insert in the vagina. FC2 has an inner and an outer ring that hold it in place during sex. FC2 has a perfect fit. It lines the walls of the vagina, allowing the penis to move freely inside the condom during sex, the silicone-based lubricant giving a natural sensation.

Safe
Just like a male condom, the FC2 female condom completely blocks sperm and the bacteria or viruses that cause STIs. The outer ring provides added protection against STIs by covering the woman's external sex organs and the base of the penis. FC2 is for single use only.

Enjoyable
Both men and women enjoy sex with the FC2 female condom. FC2 has many advantages:
- The material is smooth and soft.
- It feels natural because it quickly warms up to body temperature.
- The female condom isn't tight around the penis and gives the man a natural sensation.
- FC2 can be inserted either a few hours or just before sex.
- FC2 can be used by people who are allergic to latex. It is made of a synthetic material called nitrile.
- You don't need to see a doctor before you start using female condoms. FC2 doesn't affect your body and it doesn't contain hormones.

Zawadi: It’s great that I can use FC2 without having to see a doctor. In the beginning I practised inserting the condom on my own. It was easier than I'd expected. Now I feel very comfortable using it with my boyfriend.

Noa: I’m totally in control. No risk of pregnancy. No risk of STIs. No problems with boyfriends who refuse to wear a condom. The female condom is my first choice for safe sex!

Marie Claire: My family is complete with three children. With FC2 female condoms I’m not worried about getting pregnant again. I have no stress and can completely relax during sex. FC2 feels very natural.

Patrick: After having struggled with male condoms, I’m very happy my girlfriend and I switched to FC2 female condoms. It feels like there’s no condom at all. Sex is great again!

Jonathan: My erection often disappears when I put on a male condom. That’s why I introduced the FC2 female condom to my wife. She is using it now. We’re both happy. Our sex life is much more exciting.
Be sure you’ve got the real FC2!
When you decide to use a female condom, make sure it is an FC2 female condom. FC2 female condom meets high quality standards set by international health agencies like WHO (World Health Organization) and FDA (US Food and Drug Administration). You can see whether the female condom pack contains a real FC2 by checking that at least one of the following is visible on the packaging:

- A small FC2 logo <<insert FHC/FC2 logo here>>.FC2.
- Information on the manufacturer, which is the Female Health Company (FHC).

More information
For additional information, please visit our website at www.supportworldwide.org.

FC2 female condom is manufactured by The Female Health Company (FHC).
Chicago USA/London UK/Malaysia

www.supportworldwide.org
Participant Handout 12C
What do we know about FC2?

The FC2 female condom is a strong, soft, transparent synthetic nitrile sheath inserted in the vagina before sexual intercourse, providing protection against both pregnancy and STIs, including HIV. It forms a barrier between the penis and the vagina, cervix and external genitalia. It is non-allergenic and, unlike latex, may be used with both oil-based and water-based lubricants. It is not dependent on the male erection and does not require immediate withdrawal after ejaculation. With correct and consistent use, FC2 is as effective as other barrier methods, including the male condom, in protecting against STIs, including HIV, and unintended pregnancy, and has no known side effects or risks.

1. FC2 is acceptable to women and men

The Reproductive Health and HIV Research Unit at the University of the Witwatersrand in South Africa conducted a multisite, double blind, randomised, crossover trial comparing the acceptability of the polyurethane FC1 (first generation FC condom) with the new synthetic nitrile female condom, FC2. Two hundred and seventy six women in Durban, South Africa, were enrolled for the acceptability research study. Overall experience of use was reported as good by more than half the participants for both female condoms. Over 80 per cent of the study subjects found that FC1 and FC2 were comfortable to use. The same study found that approximately 80 per cent of the enrolled women’s partners liked FC1 and FC2. There was a marginal preference for FC2.

2. FC2 prevents unintended pregnancies

FC2 is a barrier method of contraception that extends the choice of contraceptive methods available and provides protection from the risk of unintended pregnancy.

3. FC2 prevents the transmission of STIs, including HIV

FC2 provides significant protection from the transmission of STIs, including HIV, and forms an effective barrier to organisms smaller than those known to cause STIs including HIV.

4. Expanding choice increases protection

Importantly, the introduction of female condoms alongside male condoms has been found to increase the overall number of protected sex acts, with no substitution effect observed over time.

5. Practice makes FC2 use easier

A consistent finding in all female condom programs is that practice makes a great difference in how women feel about FC2. Most programs now suggest that women try FC2 three times before deciding whether they like it or not. The occasional complaints about FC2, such as it seems too long, or it is a little difficult to insert the first time, are mostly reduced or solved by continued use.

6. Distribution needs to be integrated into existing reproductive health and HIV prevention programs

For successful distribution and consistent use of female condoms it is crucial that men and women have both knowledge of and consistent access to FC2. Already existing reproductive health or other programs that address sexual health and provide information and supplies of male condoms and other types of contraceptives should integrate FC2 as an additional choice for men and women.

7. Distribution must be supported by community outreach programs

Educational outreach programs are important in promoting the female condom. Research has consistently indicated that the people most likely to use and continue to use female condoms are those with access to community outreach. While mass media can be an important tool to raise awareness of female condoms, interpersonal communication has a greater impact on an individual’s decision to use female condoms.
8. Training is essential for service providers
Service providers, peer educators and pharmacists must be trained so that they in turn can counsel potential FC2 users and demonstrate the use of FC2.

9. Multi-sectoral collaboration is key
Successful programs incorporate all stakeholders at the earliest phase of programming. Stakeholders include governments, NGOs, INGOs, grassroots organizations, social marketing organizations, national/local businesses and donor agencies.

10. FC2 provides additional emotional comfort, sense of security and control
In many places, women have little or no say in sexual matters, and they are in no position to ask their partner to abstain from sex with others or to negotiate the use of a male condom. FC2 is currently the only method over which women themselves exercise some control in gaining protection against STIs, including HIV, and in preventing unintended pregnancies. FC2, therefore, contributes to women’s sense of personal control and empowerment, increases their knowledge about their bodies and improves communication between men and women.

11. Lessons learned about FC2 introduction and distribution
FC2 is an important addition to the choices that men and women have to protect themselves from STIs including HIV and unintended pregnancy. There are a few key lessons that have been learnt about how to ensure men and women get this choice:

- There is a significant demand for female condoms amongst women and men that stretches beyond an initial “novelty demand”.
- It is important to assess the actual use of FC2 over time.
- Although FC2 is more expensive than a male condom, FC2 is a cost-effective intervention since it enhances prevention by increasing the number of overall protected sexual acts.
- The cost per HIV infection averted through increased FC2 distribution and use appears to be less than the medical costs to care for people living with HIV.
- Where FC2 supply or funding is limited, it is more effective to prioritise distribution to a target audience (or audiences) than to fail to provide FC2 at all. In time this targeted distribution will indicate FC2’s importance as a key barrier method protection for all populations – this finding will be the key to securing increased funding and demand for supplies.
- It is important to ensure that all FC2 users have access to a consistent supply.
- Practice makes perfect – there is a need to provide samples of the product and good education on correct use of FC2.
- FC2 use is not complicated, so it is important not to overcomplicate its introduction.
- Service providers may have a bias against barrier methods and female condoms, and it is important that these biases are addressed so they don’t negatively influence potential users. This can be achieved through training clinicians, educators and program managers.
- It is crucial not just to involve men in female condom promotion but to ensure that female condoms become a choice of barrier method protection for men and women.

It is important that the distribution of female condoms is completed within an existing reproductive health or HIV prevention program. This program must include education, specifically an outreach program, and a distribution strategy, alongside a procurement plan for FC2 that ensure supplies are available when promotion starts.
Participant Handout 13A
FC2 Female Condom Race – Questions

Place female condom instructions in correct sequence by writing the numbers in the blocks below

1. Place female condom in packet or wrap in paper and throw in garbage
2. Do not re-use
3. Remove female condom from pack
4. When ready gently guide penis into female condom
5. Separate lips of vagina
6. Ensure packet is intact
7. Check expiry date
8. Find the notch on top right of packet and tear downwards
9. Grasp female condom with one hand and squeeze inner ring with thumb and fingers of other hand to form a point
10. Choose a position that you are comfortable with
11. Place index finger inside female condom and push ring as far as it will go into the vagina
12. Gently insert female condom into vagina using the inner ring
13. After use when ready to remove, twist outer ring and gently remove female condom before standing
14. Spread lubrication

ANSWERS
Participant Handout 13B
FC2 Female Condom Race – Answers

1. Ensure packet is intact
2. Check expiry date
3. Find the notch on top right of packet and tear downwards
4. Remove female condom from pack
5. Spread lubrication
6. Grasp female condom with one hand and squeeze inner ring with thumb and fingers of other hand to form a point
7. Choose a position that you are comfortable with
8. Separate lips of vagina
9. Gently insert female condom into the vagina using the inner ring
10. Place index finger inside female condom and push ring as far as it will go into the vagina
11. When ready gently guide penis into female condom
12. After use when ready to remove, twist outer ring and gently remove female condom before standing
13. Do not re-use
14. Place female condom in packet or wrap in paper and throw in garbage
Participant Handout 13C
How to Explain FC2 Female Condom to Potential Users

FC2 female condom is the first and only female-controlled contraceptive barrier method with the advantage of also providing protection from STIs including HIV. FC2 female condom is safe and effective if used correctly and consistently and has high acceptability among both women and men in many countries. Because it is a new method, though, the way the product is presented to potential users is critical. Many people will be seeing the female condom for the first time and, at first glance, the female condom may look strange or hard to use. Introducing the female condom can be done in groups or in one-to-one sessions. Group sessions offer a friendly environment where women (and/or men) can share information, ideas and experiences. In one-to-one sessions, messages can be tailored to fit the specific needs of a user. In either case, the following are essential ingredients to successful introduction:

- maintaining a non-judgmental attitude;
- covering basic concepts;
- using plain language;
- encouraging interaction;
- humour.

The following is an outline of the way the female condom can be introduced. It is meant to be adapted and modified depending on the setting.

1. Describe the social context of HIV/AIDS and STIs in the community/country and the dynamics of sexual relationships.
2. Establish how much the person or group knows about safer sex, anatomy and the female condom.
3. Provide a brief overview of disease transmission.
4. Provide an overview of the reproductive system.
5. Discuss personal vulnerability and risk.
6. Explain protection, especially the idea of “dual protection” – protection from STIs/HIV and unintended pregnancy.
7. Let each person touch the female condom.
8. Highlight major anatomy points that relate to the female condom:
   - the difference between the vaginal canal and the urethra;
   - the vagina is a closed pouch;
   - the location of the pubic bone and cervix;
   - explain that the female condom will not interfere with normal bodily function.
9. Describe the female condom and compare it to the male condom and other contraceptive methods.
10. Demonstrate proper use and disposal.
11. Discuss partner negotiation skills and techniques.
### Participant Handout 13D
Solving Potential Issues with FC2 Use

<table>
<thead>
<tr>
<th>TYPE OF ISSUE</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis does not enter the female condom, but slips between the sheath and the</td>
<td>• Man should withdraw penis and start over again with same female condom</td>
</tr>
<tr>
<td>vagina wall</td>
<td>• Add lubrication</td>
</tr>
<tr>
<td></td>
<td>• Woman or her partner can hold the outer ring</td>
</tr>
<tr>
<td></td>
<td>• Woman can hold her partner’s penis and guide it into the condom</td>
</tr>
<tr>
<td>Outer ring slips inside the vagina or the condom is pushed into the vagina</td>
<td>• If this occurs during sexual intercourse, STOP! And insert a new Female</td>
</tr>
<tr>
<td></td>
<td>Condom</td>
</tr>
<tr>
<td>Inner ring discomfort</td>
<td>• Remove female condom &amp; reinsert to position differently</td>
</tr>
<tr>
<td>Condom riding out with penis</td>
<td>• Use more lubrication inside the female condom or directly on the penis</td>
</tr>
<tr>
<td></td>
<td>• If the female condom comes out during sex, insert a new condom</td>
</tr>
<tr>
<td>Condom slips out of hand during insertion</td>
<td>• Dab insertion fingers on tissue to remove excess lubrication</td>
</tr>
<tr>
<td>Noise</td>
<td>• Use more lubrication</td>
</tr>
</tbody>
</table>
Participant Handout13E
Myths, Perceptions and Fears about FC2 Female Condom

The correct information is written in bold and italics.
Note when users discuss these myths ask them to focus on the reason for choosing to use condoms.
Clients/Users should be encouraged to focus on the benefits and not give up condom use and expose themselves to a possible infection or an unintended pregnancy because of these myths, perceptions and fears.

**Myths**
Female condoms do not prevent HIV.
*FC2 female condom is made of nitrile, a synthetic rubber, and has been tested to show that the HIV organism cannot pass through it.*

Female and male condoms should be used at the same time for ‘double protection’.
*Female and male condoms should never be worn at the same time. Using both at the same time can cause tearing or slipping in either condom.*

Female condoms are for sex workers and casual sex, not married and long-term partners.
*Female condoms can prevent unintended pregnancy and HIV in marriages and long-term relationships.*

Female condoms can only be used in one sexual position – with the man on top and the woman on the bottom.
*FC2 can be used in different sexual positions as long as it is inserted correctly and the outer ring remains outside the vagina.*

The public sector female condoms are of inferior quality.
*All FC2 female condoms distributed in both the private and public sectors are tested to the same standards.*

**Negative Perceptions**
Female condoms look too big and baggy.
*Female condoms are about the same length as the male condom but wider so they fit the inside of the vagina more comfortably. Some men prefer the looseness of the female condom to the snugness of the male condom.*

Female condoms make too much noise.
*Just add more lubrication.*

Women will not be comfortable touching their vaginas in order to insert the female condom.
*People used to say the same thing when tampons were first introduced, but over time and with practice these perceptions changed.*

Condoms reduce spontaneity.
*Female condoms can be inserted some time before sexual intercourse so that sex can be spontaneous and pleasurable.*

**Fears**
Female condoms will get lost in the vagina or uterus.
*The vagina is a small closed pouch and the female condom cannot get lost in it. The opening to the cervix is far too small to allow a condom to pass through. The cervix only opens up during childbirth.*
Particpant Handout 13F
All about the FC2 female condom

All about the FC2 Female Condom
for enjoyable safer sex

When you talk to people about FC2 female condoms for the first time, they often have many questions about it. And when they actually start using FC2s, they may have many more questions. This brochure gives you the answers to all those questions. To help you access the right answers easily we have divided them into the following sections:
1. FC2 information
2. FC2 users
3. FC2 insertion
4. FC2 during sex
5. FC2 combined with other contraceptives

1. FC2 information

What is the FC2 Female Condom?
FC2 is a soft, smooth and strong condom, made from a synthetic material, which is worn inside the vagina. It’s a transparent sheath that is 17 centimetres or about 6.5 inches long, with a flexible inner ring and a rolled outer ring. The inner ring, at the closed end of the condom, is used to insert FC2. It also holds the condom in place during sex. The larger outer ring, at the open end of the condom, remains outside the vagina.

- FC2 lines the vagina and covers the cervix. It holds sperm after ejaculation, preventing unintended pregnancy, and acts as a barrier to viruses and bacteria that cause STIs, including HIV.
- FC2 also provides extra protection against STIs by covering the woman's external sex organs and the base of the penis.

Is FC2 safe?
- Testing has shown that FC2 is a safe and effective method for preventing unintended pregnancy and STIs, including HIV.
- FC2 is as effective as other barrier methods when used correctly and consistently.
- Each FC2 Female Condom is tested electronically to assure quality.
- FC2 has been tested to ISO 10993 which includes tests for biocompatibility, cytotoxicity (destructive action on certain cells), mutagenicity (causing cell mutation), sensitization, irritation and systemic toxicity (potential adverse effects on the body's organs and tissues).
- FC2 female condom meets high quality standards set by international health agencies like FDA and WHO.

Why should we use FC2?
There are lots of pleasurable and exciting reasons to use FC2; here are some of them:
- FC2 is a dual protection method. This means it provides protection against both pregnancy and sexually transmitted infections (STIs), including HIV. FC2 allows women and men to have relaxed sex without fear of negative consequences.
- FC2 can be inserted before sex. This means you don’t need to interrupt foreplay to put on a condom.
- FC2 is designed to fit inside the vagina and allows the penis to move freely inside the condom during sex.
• FC2 adjusts quickly to body temperature so it feels warm and natural.
• FC2 is lubricated. If you want to, you can add more oil or water-based lubricant either on the inside or outside of the condom or directly on to the penis. This can make insertion easier and allows the penis to move smoothly in and out during sex.
• FC2 is non-allergenic and a great option for men and women who have an allergy to latex.
• The penis doesn’t need to be erect to use FC2, and doesn’t have to be withdrawn immediately after sex.
• Men and women can have fun together inserting FC2. The two rings can also increase pleasure during sex. Some men enjoy bumping against the inner ring inside the condom, while women might like the feeling of the outer ring touching their clitoris.

Does FC2 require special storage conditions?
FC2 does not deteriorate in high temperatures or humidity so does not require special storage conditions.

Does FC2 come in different sizes?
No, FC2 fits all women regardless of their size or shape.

Why does FC2 look different from a male condom?
FC2 is designed to fit inside and line the wall of the vagina, allowing the penis to move freely inside it during sex. It also provides extra protection against STIs by covering part of the woman’s external sex organs and the base of the penis.

What type of lubricant can be used with FC2?
FC2 comes lubricated with a non-spermicidal, silicone-based lubricant. You can add extra oil or water-based lubricants either on the inside or outside of the condom or directly on the penis.

2. FC2 users

Who can use FC2?
FC2 is a great and enjoyable safer sex option for all women and men who are sexually active. Moreover FC2 can be used by:

• Men and women who are sensitive to latex.
• Women who are menstruating.
• Women who are pregnant.
• Women who have recently given birth.
• Women who are (pre or post) menopausal.
• Women who have had a hysterectomy.

Why does FC2 need to be available to women?
In many places, women have little or no say in sexual matters and they are in no position to ask their partner to abstain from sex with others or to negotiate the use of the male condom. The female condom is currently the only method that can be applied by women themselves to provide double protection against STIs, including HIV, and unintended pregnancies. FC2, therefore, contributes to women’s sense of personal control and empowerment and increases their knowledge about their bodies. FC2 helps improve communication between men and women.

Can FC2 be used by people who are sensitive to latex?
FC2 is made from nitrile polymer which is a synthetic material which has been tested extensively and shown to be
non-allergenic. It is a great option for men and women who are sensitive to latex.

**Can FC2 be used during menstruation?**
FC2 can be used during menstruation but you may want to insert it just before sex and remove it soon afterwards as it will not necessarily prevent the escape of menstrual fluid.

**Can FC2 be used during pregnancy?**
It is quite safe to use FC2 when you are pregnant.

**How soon can FC2 be used after giving birth?**
FC2 can be used as soon as you feel ready for sex after giving birth. It can be an especially good option at this time when some other contraceptives are not suitable.

**Can FC2 be used for anal sex?**
There has been no research on the effectiveness of FC2 for anal sex use and it is not approved for anal sex use. However, many public health organizations confidently promote FC2 for anal sex. These organizations advise to insert FC2 inside the anus and to remove the inner ring before having anal sex. It is also possible to first remove the inner ring and then put the condom over the erect penis. Some men put the ring over the penis for a better grip.

**Can FC2 be used when the man has a longer than average penis?**
FC2 has been tested in many clinical studies across several countries and ethnic backgrounds. It has been found that FC2 can accommodate all shapes and sizes of men and women.

### 3. FC2 insertion

**Is FC2 easy to use?**
Just like anything new, it may take a little practice but remember practice makes perfect. Try FC2 at least 3 times. Find a comfortable position to insert FC2. This may be standing, sitting, squatting or lying down. Either partner can insert FC2. Have fun putting it in!

**When can FC2 be inserted?**
FC2 can be inserted either a few hours or just before sex and does not need to be taken out immediately after sex.

**How do you know if FC2 is inserted correctly?**
You can feel whether it is comfortable. The outer ring should lie flat around the opening of the vagina. FC2 should be lying smoothly against the vaginal wall.

**Can FC2 disappear inside the body?**
No. FC2 can’t disappear inside the body. FC2 covers the cervix and the opening to this is so small that it is impossible for FC2 to pass through this space. The cervix only opens up during childbirth.

**What do I do if the inner ring does not feel comfortable?**
- Remove the female condom
- Reinsert the female condom.
- Try to do it in a different position. You can either do it standing, sitting, squatting or lying down.

**What do I do if the female condom slips out of my hand during insertion?**
Dab your fingers on a tissue to remove the excess lubrication and continue to insert the female condom.
Will FC2 break the hymen?
It is possible that FC2 may break the hymen when it is inserted.

Can you urinate once FC2 is inserted?
Yes, you can urinate when FC2 is inserted. Make sure the outer ring doesn’t cover the urethra. If necessary push the outer ring a bit backwards before urinating. Clean yourself afterwards and ensure the outer ring is repositioned correctly before sex.

4. FC2 during sex

Is it true that FC2 can increase pleasure during sex?
Yes. Some men find bumping the inner ring during sex exciting and erotic. Some women like the sensation of the outer ring rubbing against their clitoris. Either partner can insert FC2 which can be sexy. The material is also very soft and smooth and warms quickly to body temperature, making sex feel natural.

How does the inner ring feel during sex?
Many women and men say the inner ring increases pleasure for them during sex. If the inner ring feels uncomfortable, try repositioning or reinserting the condom.

Does the outer ring have to be held during sex?
No, once the penis is inside the condom, you don’t need to hold the outer ring.

Is FC2 noisy during sex?
No, FC2 is a very soft and smooth condom. If you hear noise and it bothers you, add extra lubricant either on the inside or outside of the condom or directly on to the penis. Also try inserting FC2 a few minutes before sex.

Can FC2 be used in different sexual positions?
Yes. You may want to try other positions once you’re comfortable using FC2.

Can FC2 be reused?
No. Use a new FC2 for every sex act.

Can FC2 break during use?
As with any condom, care should always be taken when inserting the female condom. Do not open the packet with scissors, a knife or your teeth, and handle the condom appropriately if you have long nails. Rips and tears are reported in FC2 less than 1% of the time. If FC2 breaks, remove it and immediately insert a new condom.

What do I do if the penis slips between the sheath and the vagina wall?
- The man should immediately withdraw his penis.
- It’s important to hold the outer ring in place as the man (or the woman) guides his penis back inside the condom. Once his penis is inside, you do not have to continue holding the outer ring.

What do I do if, during intercourse, the outer ring slips inside the vagina or the condom is pushed into the vagina?
- The man should immediately withdraw his penis.
- Remove the female condom.
- Insert a new FC2 female condom.
What do I do if the condom is slipping too far out of the vagina (riding with the penis)?
- Remove the female condom.
- Insert a new one.
- Use more lubrication inside the female condom or directly on the penis.

5. FC2 combined with other contraceptives

Can FC2 be used with other contraceptives?
Yes. FC2 can be used with the pill, injections, intrauterine device (IUD), implants, post sterilization and post vasectomy to provide protection against STIs, including HIV.
FC2 cannot be used with the diaphragm or with the NuvaRing as the inner ring of FC2 fits into the same place as the ring of these contraceptive devices.

Can FC2 and a male condom be used together?
No, never use a male and female condom at the same time. Using the two condoms together does not increase protection but does increase the chances of either one or both of them breaking.
ASSESSMENT OF PROVIDER COMPETENCY IN FEMALE CONDOM DEMONSTRATION

For each of the statements below, tick **YES** or **NO** in the appropriate column.

<table>
<thead>
<tr>
<th>DID THE PROVIDER EXPLAIN THE FOLLOWING:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The female condom provides more extensive coverage than the male condom, for both women and men?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The female condom prevents STIs/HIV and pregnancy (Dual Protection)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The female condom must be used correctly and consistently to be effective?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. A new female condom should be used for each act of sexual intercourse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Practice will improve the client’s skill in female condom insertion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The female condom has no health side effects?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. How the client might motivate her partner to accept female condom use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The material used to make the female condom and its benefits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The female condom has a silicone based non spermicidal lubrication and its purpose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. FC2 can be used with either a water-based lubricant (like K-Y jelly) or an oil-based lubricant (like baby oil)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. The purpose of the inner ring?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The different positions for inserting the female condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The penis does not have to be erect?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. The female condom can be inserted prior to sex so as not to interrupt spontaneity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. The female condom is not as tight or constricting as the male condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. How to reduce noise during sex?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The female condom does not have to be removed immediately after ejaculation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. How to remove the female condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. How to dispose of the female condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. How to store the female condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Used a pelvic model or hand to demonstrate female condom insertion and removal?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participant Handout 13H
Instruction Card How to use FC2 female condom

Before opening FC2:
Check the expiry date which is stamped on the front or on the side of the FC2 packet.
Spread the lubrication inside around by rubbing the packet with your hands.

To open the packet, tear straight down from the arrow at the top and remove the condom.
Do not use scissors, a knife or your teeth to open the packet.

Hold the inner ring between your thumb and forefinger. Then squeeze the sides of the inner ring together to form a point.

You can insert FC2 in lots of different ways. Find a position that is comfortable. This may be standing, sitting, squatting or lying down.

5. Feel for the outer lips of your vagina and spread them.

6. Use the squeezed inner ring to push FC2 into your vagina. Slide your index finger or middle finger inside the condom and push it in your vagina as far as possible, using the inner ring.

Make sure the condom is not twisted and lies smoothly against your vaginal wall.
7. A small part of the condom, including the outer ring, stays outside your body and lies over the lips of your vagina, partially protecting your external sex organs and covering the base of your partner’s penis.

8. FC2 lines the inside of your vagina and covers your cervix. The opening of your cervix is so small that it is impossible for FC2 to pass through this space.

9. Hold the outer ring in place as your partner guides his penis inside the condom. Once his penis is inside the condom, you do not have to continue holding the outer ring.

For extra pleasure you may want to add more lubricant either on the inside or outside of FC2 or directly onto your partner’s penis once the condom is inserted.

10. **Please notice!**

    Your partner needs to immediately withdraw his penis if:
    - His penis enters between the condom and the vagina wall. In this case you should put the outer ring back in position before he slides his penis back inside the condom.
    - The outer ring has been pushed into your vagina. In this case you should use a new FC2.

To take FC2 out, hold the outer ring and twist it to keep the semen inside. It’s best to do this before standing up. Gently pull the condom out, wrap it in a tissue or the empty packet, and throw it in a rubbish bin.
Participant handout 14A - The Male Reproductive Organs

- **PENIS**: The penis is used both for urinating and for sexual activity. The penis is very sensitive. When a male child is born he will have a sheath of loose skin at the head of his penis. Later, this skin (called the foreskin) is sometimes removed. This is called circumcision.

- The penis is normally soft and small, but when there is sexual stimulation it becomes big, rises up and is hard. This is called an erection. It is due to blood gathering in the tissues. When the blood flows back out of these tissues, the penis becomes small and soft again.

- **URETHRA**: The urethra is a narrow tube inside the penis. It extends from the bladder to the tip of the penis. It provides a common pathway for the flow of both urine and semen. Urine and semen are never passed at the same time.

- **SCROTUM and TESTICLES**: The scrotum is a ‘skin bag’ which is just behind the penis. Inside the scrotum are two oval-shaped testicles. The testicles produce sperm and in addition they also secrete male sex hormones that determine male characteristics (e.g. facial hair, lower voice etc).

- **PROSTATE**: The prostate is a small gland that produces part of the fluid that makes up the whitish milk-like fluid called semen. Fluid from the prostate gland mixes with the sperm to form semen. It is semen that is expelled through the urethra during sexual intercourse. When a man ejaculates, semen filled with hundreds of millions of sperm spurts out. The prostate is inside a man’s body and is difficult to feel.
Participant Handout 14B
The Male Condom

Description

The male condom is a sheath made of very thin sensitive rubber latex. It is designed to cover the erect penis and prevent semen from entering the vagina. The condom is often lubricated to minimize loss of sensitivity during intercourse.

Characteristics of the male condom

The male condom is a male-controlled barrier method. It protects against pregnancy and STIs including HIV, when used correctly and consistently.

Latex condoms

- Condoms made of latex do not transfer heat. (Male condoms are also made from plastic and animal membranes but these are not widely available).
- Male condoms are made in different sizes, colours, textures and thickness.
- The condom fits snugly on the penis.
- Male condoms do not allow even the smallest viruses (like Hepatitis B, herpes simplex or the HIV virus) to pass through them.
- Male condoms can only be used with water-based lubrication.
- The integrity / strength of male condoms can be undermined by extremes of temperature.

Efficacy of the male condom in preventing pregnancy

The male condom is about 98% effective in preventing pregnancy if used correctly and consistently. Their failure can be up to 13% with typical use.

Who can use the male condom?

People of all ages can use the male condom and it is a good choice for anyone who needs to prevent pregnancy and protect themselves against sexually transmitted infections.

Only a very small percentage of people cannot use male condoms, either because of sensitivity to latex (which causes an itching/burning sensation), or because the male partner has difficulty maintaining a complete erection needed for the male condom.

Advantages of the male condom

- The male condom is simple and easy to use with practice
- It is widely available and does not require any medical prescription
- It can be used either as a short term or long term method
• It can provide added protection (against STIs / HIV) when used together with other family planning methods (Dual Method)
• The condom is used only during the times when you have sex
• It promotes responsibility and accountability amongst users
• It allows partners to share responsibility
• It has no systemic side-effects
• It prolongs sexual intercourse, particularly for men with premature ejaculation

Disadvantages of the male condom

• The male condom can reduce male sensation
• The male condom takes practice to use confidently and correctly
• Breakage or slippage may occur, though rarely, especially amongst inexperienced or inconsistent users
• The method may interrupt sexual intercourse unless incorporated into foreplay
• It is sometimes seen as promoting promiscuity
• If it is associated with STI/HIV prevention, it may reduce the ability of some individuals/couples to negotiate its use
• Some individuals may have occasional sensitivity to latex
• There is a general misperception of “very high failure rates”
• It requires a full erection for correct insertion

Common myths and misconceptions about the male condom

• Condoms often break during sex.
  
  *Fact: this is very rare.*

• If the condom comes off/slips off it can go inside the woman’s body and not come out.
  
  *Fact: The condom is too large to enter into the womb or bladder of the woman. If the condom slips off it can be removed by feeling inside the vagina with a finger, hooking it with the finger and pulling it gently out.*

• Use of condoms will weaken a man, causing impotence.
  
  *Fact: This is completely untrue. On the contrary, refusal to use condoms is likely to lead to STIs, including HIV, and these will certainly weaken a man.*

• If your partner suggests condom use, it is a sign of unfaithfulness on their part.
  
  *Fact: Suggesting condom use is a sign of openness and willingness to talk about safer sex.*

• Condoms are only for use with women from areas perceived as “cheap” and high risk.
  
  *Fact: Condoms are for use in any situation where practicing dual protection is the sensible thing to do.*

• Condoms are only for use with sex workers.
  
  *Fact: Same as the previous point. Condoms should certainly be used with sex workers, to protect both partners, but that is by no means their only use. Condoms need to be used with every partner where there is a possible risk of being infected with an STI / HIV or to prevent pregnancy.*
Participant Handout 14C
How to Use the Male Condom

1. Opening the condom:
   - Check the expiry date. Do not use the condom if it has expired.
   - Check the packaging is intact. Do not use it if the packaging has been damaged.
   - Open the wrapper carefully to avoid tearing the condom (sharp nails or rings may tear the condom).
   - Do not unroll the condom before putting it on the penis.

2. Putting on the condom:
   - Hold the top of the condom and squeeze the tip to prevent air being trapped at the end of the condom.
   - The penis must be erect (hard) and the condom must be put on before there is any sexual contact.
   - Unroll the condom until it covers the entire penis.
   - Lubrication:
     - Many condoms are already lubricated. But if extra lubrication is needed use water-based substances such as K-Y jelly or glycerin.
     - Do NOT use Vaseline, cold cream or any other oil-based substances, as these could weaken the condom and make it more likely to burst.

3. Removing the male condom:
   It is important to remove the male condom correctly to prevent spillages and possible sperm or STI transmission.
   - Immediately after ejaculation, hold the rim at the base of the condom and remove the penis whilst still erect. This is to avoid sperm leaking out of the condom, or the condom slipping off during withdrawal.
   - Slide the condom off without spilling semen.
   - If the condom slips and is trapped inside your partner’s vagina, don’t panic. The woman should squat and put two fingers inside her vagina and try to pull the condom out. If this doesn’t work, she should go to a health facility and have it removed by a trained health worker. The health worker should also provide a back-up emergency contraceptive method.
   - Both partners should get counseling and testing for STI/HIV infection.

4. Disposing of the condom
   - Wrap the condom in tissue or other paper and dispose of it hygienically in a dustbin, pit latrine or fire. Never flush it in a toilet, because it will block the toilet.
   - Wash your hands and penis.
   - Do not discard the male condom where children or animals can get hold of it.
Participant Handout 14D
Male Condom Race – Questions

Arrange the instructions for correct condom use in the correct sequence by writing the letters in the blocks below.

O. Place condom on tip of erect penis
M. Smooth out any air bubbles
   Make sure condom will unroll
   Withdraw penis while still erect
   Check expiry date on packet
   Remove condom from penis
N. Press tip of condom to squeeze out air
   Roll condom over erect penis
   Tear packet and remove condom
   Dispose of condom safely
   With condom on, insert erect penis for intercourse
   Do not use oil based lubricants
   Use only once
   Immediately after ejaculation hold on to condom at base of penis, and…
L. Ensure packet is intact

ANSWERS
Participant Handout 14E
Male Condom Race – Answers

ANSWERS

L  Ensure packet is intact
C  Check expiry date on packet
F  Tear packet and remove condom
A  Make sure condom will unroll
N  Press tip of condom to squeeze out air
O  Place condom on tip of erect penis
E  Roll condom over erect penis
M  Smooth out any air bubbles
I  Do not use oil-based lubricants
H  With condom on insert, penis for intercourse
K  Immediately after ejaculation hold onto condom at base of penis, and....
B  Withdraw penis while still erect
D  Remove condom from penis
J  Use only once
G  Dispose of condom safely
**Participant Handout 14F**  
**Checklist Rating Sheet for Male Condom Demonstration**

**ASSESSMENT OF PROVIDER COMPETENCY IN MALE CONDOM DEMONSTRATION.**

For each of the statements below, tick **YES** or **NO** in the appropriate column.

<table>
<thead>
<tr>
<th>DID THE PROVIDER EXPLAIN THE FOLLOWING:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The male condom provides dual protection against pregnancy and STIs including HIV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The condom has to be used correctly and consistently in every sexual act?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. A new male condom has to be used for each round of sex?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Practice will improve the client’s skill in putting the male condom on?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The male condom has no systemic side-effects?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(except in rare cases of latex allergy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. How the client might motivate his/her partner to use the male condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The male condom can only be used with a water-based lubricant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Check that the package is intact and not damaged?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Check the expiry date?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. How to open the package carefully?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. The condom can be fitted only on an erect penis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The male condom must be rolled out down to the base of the erect penis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The male condom has to be removed immediately after ejaculation while the penis is still hard?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. How to dispose of the male condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. How to store the male condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. If the condom slips or breaks the client should go to a clinic for Emergency Contraception and (in appropriate cases) for STI testing and HIV counseling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The male condom can be used with other contraceptive methods to provide dual method protection against both pregnancy and HIV or other STIs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participant Handout 16A
Tips for Communicating with Your Partner about sex

The timing, place, knowing what you want to say and how you say it are key to effective negotiation.

Know what to say and do should the outcome be negative such as aggression or violence.

- Choose a relaxing environment in a neutral location, preferably outside the bedroom, where neither of you feel pressured.
- Do not wait until you or your partner is sexually aroused to discuss safer sex. In the heat of the moment, you and your partner may be unable to talk effectively.
- Use “I” statements when talking. For example, “I would feel more comfortable if we used a condom.”
- Be a good listener. Let your partner know that you hear, understand, and care about what she/he is saying and feeling.
- Be “ask-able” – let your partner know that you are open to questions and that you won’t jump on him/her or be offended by questions.
- Be patient and remain firm in your decision that talking is important.
- Recognize your limits. You don’t have to know all the answers.
- Understand that success in talking does not mean one person getting the other person to do something. It means that you have both said what you think and feel respectfully and honestly.
- Avoid making assumptions. Ask open-ended questions to discuss expectations, past and present sexual relationships, contraceptive use, HIV testing, etc. For example, “What do you think about us both going for an HIV test?”
- Ask questions to clarify what you believe you heard. For example, “I think you said you want us to use condoms. Is that right?”
- Avoid judging, labelling, blaming, threatening, bribing or manipulating your partner.
- Don’t let your partner judge, label, threaten, coerce or bribe you.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
<th>Words you might say…</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain your feelings and the problem.</td>
<td>State how you feel about the situation. Describe the behaviour that violates your rights or disturbs you.</td>
<td>“I feel frustrated when…”. “I feel unhappy when….” “I feel taken advantage of when…” “It hurts me when…”</td>
<td>“I feel frustrated and taken advantage of in this relationship when you do not listen to my side of the story.”</td>
</tr>
<tr>
<td>2. Make your request.</td>
<td>State clearly what you would like to have happen.</td>
<td>“I would like it better…” “I would like you to…” “Could you please…”? “Please don’t…” “I wish you would…”</td>
<td>“I would like it better if when we have sex we could use some protection against pregnancy.”</td>
</tr>
<tr>
<td>3. Ask how the other person feels about your request.</td>
<td>Invite the other person to express his/her feelings or thoughts about your request.</td>
<td>“How do you feel about it?” “Is that Ok with you?” “What do you think?” “Is that all right with you?” “What are your ideas?”</td>
<td>“Is that OK with you?”</td>
</tr>
<tr>
<td>Answer.</td>
<td>The other person indicates his/her feelings or thoughts about your request.</td>
<td>The other person responds.</td>
<td>“Yes, I guess you’re right. If you get pregnant, then you will not be able to graduate this year.” “I agree that we should use female condoms maybe because the male condom constricts me.”</td>
</tr>
<tr>
<td>4. Accept with thanks.</td>
<td>If the other person agrees with your request, saying “Thanks” is a good way to end the discussion.</td>
<td>“Thanks.” “Great, I appreciate that.” “I’m happy you agree.” “Great”</td>
<td>“Thanks for understanding. I really appreciate you being considerate.”</td>
</tr>
</tbody>
</table>
Talking to your Partner

Safer sex depends on the ability to convince partners that it is in their best interest to use a condom, without changing the basis of the relationship or the intimacy of the moment. Negotiation for safer sex is not always easy. Because it may be difficult to discuss the subject, practising safer sex may be very limited or just not done. Some lessons learned about training to negotiate safer sex include:

- Role plays and real-life testimonials successfully incorporated into counseling, along with printed materials, videos, face-to-face education, peer education and promotional events, can help women and men negotiate condom use.
- Cultural norms can be used to help with promotion and persuasion. For example, women in Senegal are sometimes able to work together with other wives of their husband to persuade these men to use male or female condoms.
- In some cases it can be useful to incorporate the male or female condom into sexual foreplay. With the female condom this could be done by allowing the male partner to insert it.
- To encourage continued use of the female condom, many women who had problems with insertion asked their partners to help.
- In places of strong community spirit, women often negotiated female condom use by arguing that most local women now used the device. Partners felt, more often than not, obliged to comply.
- In South Africa and Zimbabwe brochures on male and female condoms were developed that women or men could give to their partners. The brochure could be used as a “discussion starter”. It emphasized the enjoyment and pleasure that condoms could bring and the key attributes that other men really liked about condoms.
- In Birmingham, Alabama, USA, a video for male partners was used as a motivation strategy for condom use.
- Some sex workers do not even tell their client that they are wearing the female condom prior to sex and find that either men do not notice or they are happy not to use the male condom. Others feel more confident about introducing and persuading clients to use FC female condoms after the client has refused to use the male condom.
Participant’s handout (17)
CONDOMS COMMODITY MANAGEMENT MODULE

Outline of presentation
- Commodity management
- Inventory management
- LMIS (logistics management information systems)

1. COMMODITY MANAGEMENT
The aim of this section is to assist participants to understand the concepts of commodity management cycle, and the key terminologies used in the concept.

Commodity management is the practice of ensuring effective selection, procurement, distribution, storage and use of the commodities (condoms).

Take home messages:
- The key elements of the management cycle are selection, procurement, distribution and use.
- Appropriate selection ensures that the effective drug for the right conditions, in the right dose and dosage form at an affordable price is selected.
- Effective procurement ensures timely delivery of the right drug in the right quantities and of good quality at a reasonable price.
- A distribution system should maintain a constant supply of commodities while ensuring they remain in good condition and are protected from theft and spoilage. In addition proper record keeping and efficient use of transportation resources should be observed.
- Storage areas for drugs and medical suppliers should be secure, well ventilated, free of moisture and pests, clean and organized. Temperatures must be controlled by use of fans or air conditioners
- Rational use of drugs and supplies ensures that treatment goals are achieved while minimizing adverse effects. Rational use also helps to control costs of treatment.

2. INVENTORY MANAGEMENT

Definition of key terms:

Inventory management is the process of ordering, receiving, storing, issuing and dispensing of health commodities (condoms)

1. Ordering/requesting for commodities:
One of the responsibilities of a health worker in charge of commodities is to ensure the continued supply of commodities. The health worker must therefore be able to quantify the needed commodities. Once quantified, a request is made to a suitable supplier to supply the commodities. Upon supply of commodities by the identified supplier, they are received and stored under suitable storage conditions awaiting distribution to the various outlets.

Take home messages:
- Requesting of commodities should be made on time and by the designated persons.
- The amounts requested should be based on accurate quantification to prevent overstocking that could lead to expiries or stock outs which makes commodities unavailable to the patients.
- When requesting, the proper procedures for requesting should be followed. The right request form should be filled clearly and completely.

2. Receiving of commodities

Definition of key terms:

Receiving: These are the steps involved in acceptance of delivered commodities.

Who Should Receive Commodities
Commodities should be received by the authorized person in the facility. In facilities where commodities are stored in a separate Bulk store, the person in charge of the Bulk store may receive the commodities. Each of these authorized persons can however designate other persons to receive commodities on their behalf.

**Take Home Messages:**
- Before receiving commodities, they should be inspected to ensure that they meet the requirements (highlighted in the slides).
- Any discrepancies in quality, quantity and other packaging problems should be noted, recorded and reported.

3. **Storage of commodities:**

**Definition of key terms:**

*Storage* refers to the process of keeping commodities in a suitable environment that ensures the integrity, potency and efficacy of the commodities are maintained.

**Take home messages:**
- The Storage area should be inspected to ensure it meets the appropriate storage requirements conditions.
- Commodities bearing an expiry date should be stored neatly in a secure storage area using FEFO storage principles. Commodities without expiry dates should be stored using FIFO principles.
- Once in the store the storage conditions should be frequently monitored using the Storage procedures checklist.

4. **Issuing commodities**

**Definition of key terms:**

*Issuing of commodities* refers to the movement of commodities, e.g. Inter-facility (between facilities in the same organization or from different organizations); Intra-facility (within a facility, e.g. from the Main drug store to the dispensing pharmacy; or issuing to clients or patients for use (e.g. Dispensing).

**Take home messages:**
- There are three ways of issuing commodities: Inter-facility, Intra-facility and Dispensing.
- Outlining a proper procedure of issuing commodities is important to avoid making mistakes and improve efficiency.
- An effective system of issuing commodities requires proper documentation.
- The dispenser plays a crucial role in ensuring rational use of medicines.

3. **LMIS (LOGISTICS MANAGEMENT INFORMATION SYSTEMS)**

**Definition of key terms:**

*Logistics Management Information System (LMIS)* is an organized system for collecting, processing, and reporting on the use of commodities to inform decision-making.

*Reports* are forms on which all essential data items for a specific Service Delivery Point (SDP) and specific time period are moved up the pipeline to reach decision-makers.

**Take home messages:**
- The key essential data elements for recording and reporting are Stock-on-hand, Consumption and Losses and Adjustments.
- Reports turn data into information useful for decision-making.
- Feedback reports help program managers communicate with SDPs to correct problems and to motivate the facilities to improve reporting.
Participant Handout 18A
Planning Future Condom Training

1. Who will you be training? Write or record a brief description of the kind of people with whom you will share condom training, and the reasons why they need this training.

2. Who will be responsible for coordinating the training?

3. How will the training be organized? Write or record a brief description of how the training time will be organized (e.g. a workshop, occasional short sessions spread over a longer period, informal peer education) and where it will take place.

4. When do you plan to commence the training and how many training sessions will you conduct over a year? Indicate if your training will be on-going.

5. What resources will you have available? Write or record a list of training resources that you will be able to use. This could be anything from just some simple visual aids or condom samples to a fully equipped training room.

6. What will your participants need to learn? Write or record a list of what you feel your future participants will need to learn. Organise this list in three sections:
   - Most important
   - Very useful but not essential
   - Useful but could be left out if there is not enough time

   If you are writing on flip chart you might want to make 3 columns, with the flip chart horizontal, like this:

7. Which Modules / Activities / Tools from this workshop do you think will be most useful for your future participants? Review the present workshop and identify the modules, activities and materials that you think will be most useful for the training that you will do in the future. Write or record a list of these.

8. How will you sequence the modules and activities in your own training? Once you have decided what topics / activities you will include, decide how you will arrange them in sequence. This might be the same as in the present workshop – or, you might want to change some around. In that case, check that your proposed new sequence will still work effectively.

9. How will you follow up and monitor participants to ensure that the knowledge, skills and attitudes learnt in training sessions are being implemented?

ADDITIONAL POSSIBLE TASKS

[The following tasks could be added for participants who are able to do them, if there is enough time available, or for people who finish work early on the previous tasks.]

10. Write overall Goals for your training.

11. Develop a rough draft of a training schedule / workshop agenda / timetable.

12. Make a list of tasks to be done in order to prepare for your training – e.g. resources needed, materials to be produced, external resource persons, venue, invitations, how you will evaluate… etc.
Participant Handout 19A
Post-Course Questionnaire

DATE: ___________________________________________________

TIME: 25 Minutes                                          Total Mark ---- 50

INSTRUCTIONS:
1. Do not write your name
2. Enter your selected number
3. Please indicate your response to the questions below by checking (ü) True or False
   Number: ___________________________________________

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. VALUES AND ATTITUDES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Perceptions of service providers may create bias and judgmental attitudes towards some clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Prejudices of service providers can negatively affect their interaction with clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>The personal values and attitudes of service providers can impact negatively on clients' decisions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Women living with HIV and AIDS should be discouraged from becoming pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Service providers need to distinguish between their personal and professional views when communicating with clients.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2. GENDER & HIV / AIDS |   |      |       |
| a. | Biological differences between men and women do not contribute to women's higher risk of HIV infection. |      |       |
| b. | Society often defines our gender roles i.e. how we should act as a man or a woman. |      |       |
| c. | Many women find it difficult to negotiate safer sex. |      |       |
| d. | Violence against women is an important factor in HIV transmission. |      |       |
| e. | Attitudes about the way men and women should behave can influence the promotion of the female condom. |      |       |

| 3. CHARACTERISTICS OF GOOD COMMUNICATION AND COUNSELING ARE: |   |      |       |
| a. | Ask open-ended questions. |      |       |
| b. | Listen actively all the time. |      |       |
| c. | Create an environment where the client can remain quiet and listen. |      |       |
| d. | Counseling should be personalized for each individual. |      |       |
| e. | It is important to give lots of information during counseling. |      |       |
| f. | Counseling is giving advice to another. |      |       |
| g. | It is easy for clients to discuss issues related to sex. |      |       |
### 4. RISK ASSESSMENT AND BEHAVIOUR CHANGE

- **a.** HIV positive couples do not need to use condoms.
- **b.** Risk assessment should only be carried out with clients who have an STI.
- **c.** All clients presenting with an STI must have Voluntary Counseling and Testing (for HIV).
- **d.** Clients with an STI should be encouraged to abstain from sex and if this is not possible use a condom.
- **e.** Risky sexual behaviours are easy to change.
- **f.** Giving information on STI/HIV prevention is adequate for sexual behaviour change.
- **g.** Service Providers need to insist that sexually active clients use condoms.
- **h.** Unprotected sex is the main factor contributing to the increase in STI and HIV infections.

### 5. MALE CONDOMS

- **a.** Male condoms may interrupt sexual intercourse.
- **b.** Male condoms can be used with a female condom.
- **c.** Latex can cause an allergy.
- **d.** Oil based lubrication cannot be used with male condoms.
- **e.** A man should be the one to initiate male condom use.
- **f.** Condoms provide dual protection.
- **g.** Condoms must be used regularly to prevent pregnancy and STIs.
- **h.** Male condoms can be stored anywhere.
- **i.** Clients using the condom for dual protection can access emergency contraception if the condom slips or bursts.
- **j.** The man must withdraw his penis from the vagina while it is still erect when using male condoms.

### 6. FEMALE CONDOMS

- **a.** Female condoms prevent pregnancy, STIs and HIV.
- **b.** Silicone is the water based lubrication used in the female condom.
- **c.** Female condoms can be inserted in advance of sexual intercourse.
- **d.** The female condom is the same length as the male condom.
- **e.** The inner ring is only used for inserting the condom into the vagina.
- **f.** The female condom can be used during pregnancy, menstruation and post hysterectomy.
- **g.** The female condom is noisy.
- **h.** Female condom insertion requires some practice.
- **i.** Female condoms can increase sexual pleasure for both partners.
- **j.** The female condom does not need to be removed immediately after ejaculation.
- **k.** Female condoms should not be reused.
- **l.** Only the women should insert and remove the female condom.
- **m.** The female condom can disappear inside a woman’s body.
- **n.** The female condom can only be used in the missionary position.
- **o.** The female condom is made from a material that warms to the body’s temperature so sex can feel quite natural.
Participant Handout 19B
Workshop Evaluation Form

Please complete this evaluation form on the training in which you just participated. We are interested in learning your views so we can improve training sessions in the future.

DO NOT WRITE YOUR NAME CHECK THE APPROPRIATE BOX
[  ] MALE
[  ] FEMALE

WORKSHOP TITLE: .................................................................

VENUE: ........................................ DATES: .........................

1. Overall Evaluation

Please circle the choice that best reflects your overall evaluation of this training:

Very good  Good  Fair  Poor  Very poor

2. Skills

The overall objective of the workshop is to ensure that you have the knowledge and skills needed to promote the male and female condom. For each of the statements below, please circle the response to indicate whether you feel that objective was achieved.

- I can help clients assess their own needs for dual protection:
  Yes  No  To some extent
- I can provide clear and correct information about the male and female condom:
  Yes  No  To some extent
- I can assist clients in making their own decision about using the male and female condom:
  Yes  No  To some extent
- I can help clients develop the communication and negotiation skills needed to carry out those decisions:
  Yes  No  To some extent

3. How well did the course content meet your expectations?

Very well  To some extent  Not well

4. Please circle the phrase that best reflects your opinion:

- The level of the workshop was:
  Too difficult for me  About right for me  Too simple for me
- The pace of the workshop was:
  Too fast for me  About right for me  Too slow for me

5. Please circle the number that reflects your opinion about the workshop sessions, using the
following rating scale:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

The learning objectives were clear 4 3 2 1
The information presented was mostly new to me 4 3 2 1
The trainers used a variety of materials and methods 4 3 2 1
The trainers were enthusiastic about the subjects 4 3 2 1
The trainers communicated effectively 4 3 2 1
The content was a good mix of practical and theoretical 4 3 2 1
The content was relevant to my work 4 3 2 1
The sessions made me feel more competent in my work 4 3 2 1

6. Which three sessions were the most useful, and why?
   a.
   b.
   c.

7. Which three sessions were the least useful, and why?
   a.
   b.
   c.

8. If any topics were not clear, please list them in the space below:

9. Please check any of the following that you feel could have improved the workshop:
   - More time to practice skills and techniques
   - More effective group interaction
   - Use of more realistic scenarios

10. For the next questions, please circle the number using the following rating scale:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
How would you rate the workshop’s organization in terms of:

a) Selection of sessions and topics  4  3  2  1
b) Training methods & techniques  4  3  2  1
c) Handouts / reading materials  4  3  2  1
d) Venue  4  3  2  1
e) Course facilitation  4  3  2  1
f) Any other aspects (please specify):
   ______________________________  4  3  2  1
   ______________________________  4  3  2  1
   ______________________________  4  3  2  1

11. Please tell us which kinds of activities or materials you found helpful by marking a cross [ X ] on the scale for each item below (you can put a cross anywhere on the scale).

• Power point or OHP presentations  
  very helpful 1----|----|----|----|----| not helpful

• Discussion of case studies  
  very helpful 1----|----|----|----|----| not helpful

• Role plays  
  very helpful 1----|----|----|----|----| not helpful

• Condom race exercises  
  very helpful 1----|----|----|----|----| not helpful

• Handouts  
  very helpful 1----|----|----|----|----| not helpful

Any other activities or materials (please mention which ones):

• ______________________________  
  very helpful 1----|----|----|----|----| not helpful

• ______________________________  
  very helpful 1----|----|----|----|----| not helpful

• ______________________________  
  very helpful 1----|----|----|----|----| not helpful

An Integrated Condom Training Manual
12. What three things could the organizers of this training have done to make the training more effective for you?

a.

b.

c.

13. Any other comments, recommendations or suggestions for future workshops:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

THANK YOU FOR YOUR COMMENTS!
Ministry of Health

Support
A Division of The Female Health Company

An Integrated Condom Training Manual

This Manual was adopted from Support Worldwide