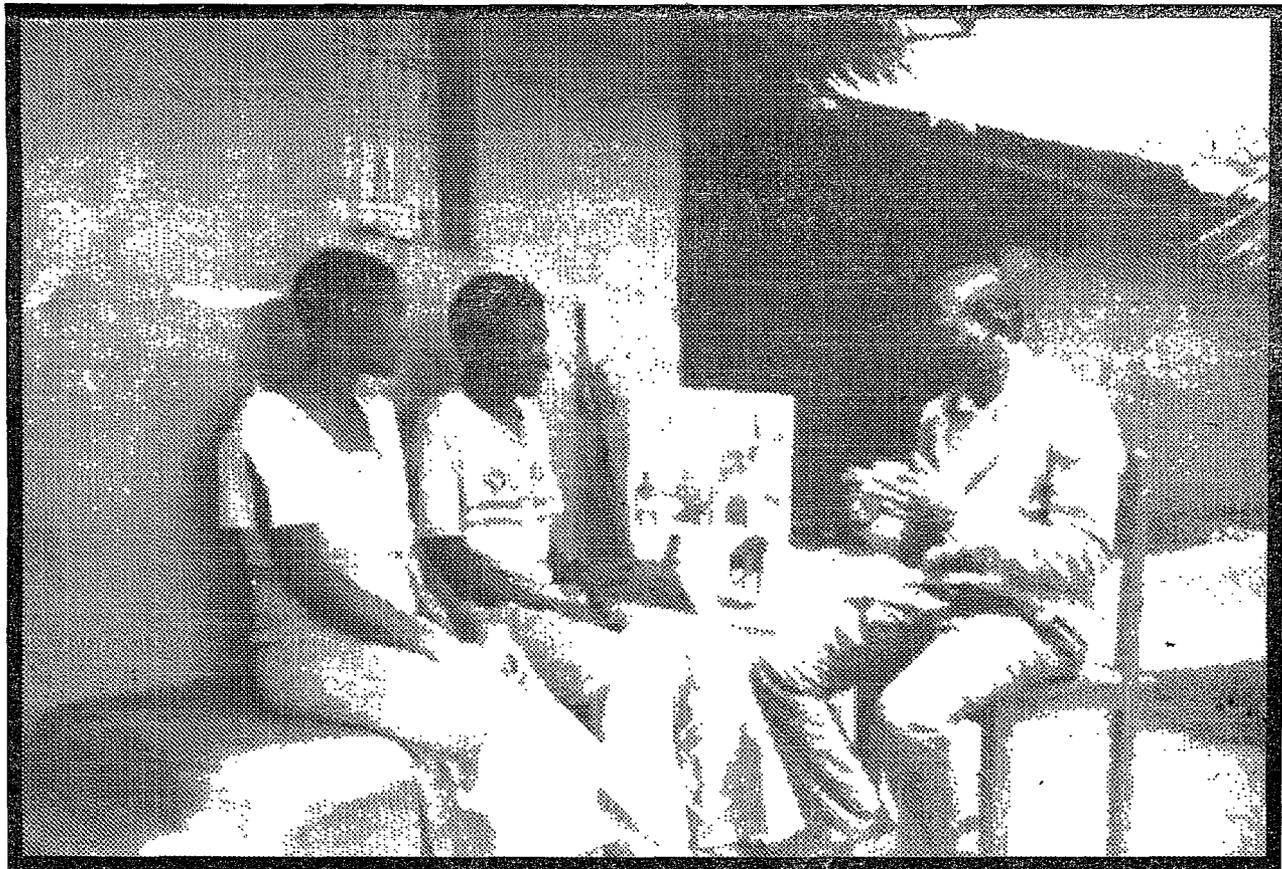
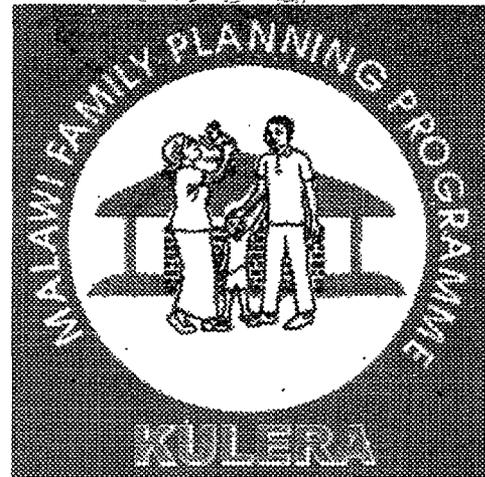


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**FAMILY PLANNING  
HANDBOOK FOR  
COMMUNITY BASED  
DISTRIBUTION  
AGENTS IN MALAWI**



**NATIONAL FAMILY PLANNING COUNCIL IN COLLABORATION WITH  
MINISTRY OF HEALTH AND POPULATION**

**June, 1998**

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The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID.

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## LIST OF ACRONYMS

AIDS	-	Acquired Immunodeficiency Syndrome
HIV	-	Human Immunodeficiency Virus
CHAM	-	Christian Hospital Association of Malawi
MOHP	-	Ministry of Health and Population
STD	-	Sexually Transmitted Diseases
USAID	-	United States Agency for International Development
FSH	-	Follicle Stimulating Hormone
CDLMIS	-	Contraceptive Distribution and Logistics Management Information System
STAFH	-	Support to Aids and Family Health
CBD	-	Community Based Distribution
CBDA	-	Community Based Distribution Agent
COC	-	Combined Oral Contraceptives
POP	-	Progestin Only Pills
IUCD	-	Intra-uterine Contraceptive Device
VSC	-	Voluntary Surgical Contraception
TL	-	Tubal Ligation
CBDC	-	Community Based Distribution of Family Planning Services Curriculum

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## INTRODUCTION

The Government of Malawi accords high priority to the promotion and the practice of family planning as one of the ways of improving the quality of life of its people. As such various alternatives to the provision of family planning services such as Community Based Distribution, Private Sector and Social Marketing have been put into place in addition to the outreach and static clinic services.

The Family Planning Council of Malawi in collaboration with MOHP and JSI-STAFH Project in an endeavour to support the expansion of family planning service delivery jointly worked to develop this CBD Curriculum.

The Community Based Distribution Agents (CBDAs) will use a simple checklist to screen clients and provide them with contraceptives in the community as well as education on STD HIV/AIDS prevention and referral. The contraceptives which are provided by the CBDAs are oral contraceptive pills, condoms and spermicides. Clients with unwanted effects, those who wish to have methods that a CBDA cannot provide, for physical examination and those with medical conditions will be referred to a clinic linked to the CBD Agent.

## BACKGROUND

The first attempt to initiate family planning services was made in the mid-60s but the programme was stopped because of misconceptualization, approach and methods of implementation which were not acceptable to the Malawian community.

The FP Programme in Malawi was re-introduced in 1982. After ten years of implementation, the Contraceptive Prevalence Rate was still very low, estimated at 7% (DHS 1992). The health and socio-economic indicators were also low with a total fertility rate of 6.7%, infant mortality rate of 135 per 1000 live births and maternal mortality rate of 620 per 100 000 live births (DHS 1992). These indicators provided a challenge to family planning service delivery.

Many organisations in Malawi have been active in information, education and communication (IEC) activities, raising the awareness of family planning services to a level of 90% of the total population (DHS 1992). This high rate of awareness sharply contrasted with the rate of 7% practice; a situation that requires immediate action. With the current clinic based approach to service delivery, the challenges of meeting this demand are enormous.

The worldwide experience over the years has shown that community-based family planning programmes can be successfully implemented. This can be done through properly instructed and adequately supervised village level workers with support from the health care delivery system. Community Based Distribution (CBD) of Contraceptives is a system of service provision which reaches beyond the clinic walls and is offered directly to communities.

Community Based Distribution of contraceptives services in Malawi were initiated by the three CHAM hospitals at Ekwendeni in Mzimba District in the North in 1989, Malamulo in Thyolo District in the South in 1992 and Nkhoma hospital in Lilongwe District in the Centre in 1993. The distribution of contraceptives was initially restricted to condoms. This was applicable for Malamulo CBD project until 1992 when Oral Contraceptives' (OC's were added. The other CBD projects distributed OC's from the beginning. Although it is too early to evaluate the impact of these projects, there are indicators that the CBD programme will increase the accessibility of services and will contribute to an increased contraceptive prevalence rate (CPR).

Following the establishment of CBD Projects in the CHAM hospitals, a number of non governmental organisations and ministries have also established CBD services. Such organisations include: Banja La Mtsogolo (BLM) - Blantyre, Zomba and Lilongwe; GTZ in Machinga; Project Hope in Thyolo; I.R.C. in collaboration with Ministry of Health and Population at Mitundu in Lilongwe; World Vision International at Kabudula in Lilongwe district; Action Aid at Msakambewa in Dowa district; Marie Stoppes in collaboration with Ministry of Health and Population at Tengani in Nsanje. Ministry of Health and Population at Lundu in Blantyre district, Misolo in Mangochi and Chionde in Salima district; Adventist Health Services also started similar services at Lake View in Ntcheu district, Mbwatalika in Lilongwe district, Sangilo in Karonga district, Nkholongo in Mzimba district and Chileka in Blantyre district.

Other agencies including non health related ones who are interested to start such services, are free to do so.

Every country that sets up a CBD programme has to start laying down some basic guidelines and requirements for setting-up the activities. This is essential to ensure that as more and more agencies embark on CBD projects, basic standards and quality of services are maintained.

In the context of CBD training in Malawi, the old CBD projects such as Ekwendeni, Malamulo and Nkhoma provided a foundation to build on, based upon a CBD training manual which was developed by Ekwendeni Mission Hospital with assistance from SEATS Project - Zimbabwe. In addition experiences from other countries with similar socio-economic conditions have also been useful in mapping out some basic guidelines and requirements.

## Shortfalls

The following major shortfalls were identified in the Malawi's CBD Programme during an analysis of Quality of Family Planning CBD Services in Malawi which was conducted in 1995 by National Family Planning Council of Malawi (NFPCM) in collaboration with JSI-STAFH Project.

- Problems with screening checklist.
- Difficulty in dismissing misconceptions.
- Not able to handle side effects well.
- Misinformation sometimes given to clients. NFPCM/CBDC
- Information biased towards pill.
- Do not keep records accurately.

Other inconsistencies included:

- differences in duration of training.
- no standard content.
- varying records and reporting formats.

Based on these findings the NFPCM charged with the responsibility of coordinating family planning in the country, coordinated the design and development of a national family planning CBD Curriculum to ensure basic standards and quality of services in the programme.

The Ministry of Health, JSI-STAFH Project and other collaborating agencies took part in the development of this curriculum. It is expected that this curriculum will be used by all the organisations with family planning CBD projects.

# SELECTION AND TASKS OF CBD AGENTS

- **Definition of a Community Based Distribution Agent in Malawi**

A person identified to provide Family Planning Services to the community she/he is living in.

- **Selection Criteria for CBD Agent**

- Able to read and write in local language.
- Male/female accepted by the community.
- Age as appropriate to the community.
- Mature and respected resident of the community.
- Permanent resident.
- Committed to community work.
- Strong, healthy and active.
- Credible and acceptable to community's understanding.
- Able to communicate effectively with the community.
- Married or unmarried and acceptable by the community.
- Cheerful and of good public relations.
- Appropriate to the community.

- **Process for selecting CBD Agent**

- Talk to influential people and find out what characteristics they would like to see in a CBDA before the selection process begins e.g. in some areas, a married woman might be the most effective agent; in others a young woman/man or a male/female team might get the best results.
- Discuss with the community realistic time frame for them to come up with a list of possible candidates.

- The community should select more than the required number since candidates will undergo a screening process using the selection criteria for CBDA to select the best qualified.
- Ensure that the villagers have actually participated in the selection and not picked by a few individuals.

- **Tasks of a Community Based Distribution Agent**

- Recruit and serve family planning acceptors.
- To promote information education and communication on FP, STD, HIV and AIDS.
- Make at least thirty contacts per month.
- Distribute pills, foaming tablets and condoms to eligible clients.
- Develop a three week workplan.
- Attend monthly meetings.
- Fill in the clients register and tally sheet.
- Be involved in meetings conducted by other extension workers such as political, churches and other civic leaders.
- Refer clients to approved backup clinics for other clinic methods and make at least six referrals a month.
- Follow up of referred clients as well as non referred and potential clients at community level.
- Comply with the schedule of reports and supervisory visits.
- Work with other CBD Agents in the team to avoid duplication of clients and overlapping of work zones.
- Mapping of the catchment area (see Community and household mapping).

# **BACKGROUND OF FAMILY PLANNING IN MALAWI**

## **Definition of family planning**

A voluntary decision made by individual men, women, adolescents and or couples to determine how many children to have, when to have them and at what intervals.

## **When family planning was first introduced in Malawi**

Family planning was first introduced in early 1960s.

## **Reasons why initial family planning services were terminated**

The initial family planning services were terminated because of:

- Misconceptions.
- Misunderstanding.
- Approach and methods of implementation were not acceptable to the Malawian Community.

## **When family planning services were re-introduced in Malawi**

Family planning services were re-introduced in 1982 as child spacing services.

## **Reasons why contraceptives services were strengthened**

- The contraceptive prevalence rate was low (7% DHS 1992).
- The total fertility rate was very high (6.7).
- Infant mortality rate was very high 135/1000 live births.
- Maternal mortality rate was very high 620/100 000.

## **Reasons for introduction of community based distribution of family planning services**

The community based distribution of contraceptives was introduced with the aim of improving access to family planning services.

## **The History of Community Based Distribution of Contraceptives.**

Community Based Distribution of Contraceptive Services were initiated by three CHAM hospitals at Ekwendeni in Mzimba district in the North in 1989, Malamulo in Thyolo district in the South in 1992 and Nkhoma hospital in Lilongwe district in the Centre in 1993.

The distribution of contraceptives were restricted to condoms. This was applicable for Malamulo CBD project until 1992 when oral contraceptives were added. The other CBD projects distributed oral contraceptives, condoms and foam tablets from the beginning.

Following the establishment of CBD projects in CHAM hospitals, a number of non governmental and governmental organisations have also established CBD projects in many areas in the country.

Every country that sets up a CBD program has to start laying down some basic guidelines and requirements for setting up their activities. This is essential to ensure that as more and more agencies embark on CBD projects, basic standards and quality of services are maintained.

# POPULATION DYNAMICS

## Definition

Population dynamics are changes that occur in the composition (age and sex) growth (fertility, birth and death rates) and movement of population e.g from rural to urban and visa versa.

## NOTE:

The following are factors used to study population changes.

- Total population.
- Total fertility rate.
- Population growth.
- Maternal Mortality rate.
- Infant mortality rate.
- Child mortality rate.

## Historical population trends

The first population census in Malawi since independence was done in 1967. Since then, the trend of population growth has been as follows:

YEAR	1967	1977	1987	1992	1995
Population size, (in millions)	4,000,000	Information not available	8,000,000	9,000,000	11,000,000
Total Fertility Rate (TFR)	7.6	7.6	7.6	6.7	
Infant Mortality Rate	190/1,000	165/1,000	159/1,000	136/1,000	
Life Expectancy in years					
Female	-	42.4	44.6	49	
Male	37.6	39.2	41.4	47	

## **Effects of rapid population growth on socio-economic development**

- **At individual/family and community levels**

- Poor nutrition
- Poor sanitation and water supplies
- Less land
- Depressed morale
- Limited lifetime opportunities
- Infrequent school attendance

- **At national level**

- Limited land resources
- Limited food sufficiency
- Limited income and employment opportunities
- Limited educational opportunities
- Over utilization of medical resources
- Environmental degradation

- **Effects on development**

As a result of rapid population growth, the Government will spend most of its resources on:

- Building more schools and support for educational services.
- Building more hospitals and clinics and support for health and social services
- Importing basic commodities, e.g. food from other countries to feed and sustain a large population.

Therefore, the Government is left with inadequate resources for:

- Developing adequate industries and job creation.
- Granting loans to people for small business operations.
- General development inputs and investment.

**WHAT DO YOU THINK IS HAPPENING WITH THE COMMUNITY IN THE PICTURES BELOW?**



## **BENEFITS OF FAMILY PLANNING**

### **Definition of Family Planning**

A voluntary decision made by men, women, adolescents and/or couples to determine how many children to have when to have them and at what intervals for the benefits and welfare of the individual and family.

### **Benefits of Family Planning**

- **To the Father**
  - ability to allocate resources to every member of his family such as sending children to school, buying good clothes, enough food, better house.
  - Free mind therefore is more productive.
  - Has chance to express love to the wife.
  
- **To the mother**
  - improved health.
  - prevention of illegal abortions.
  - better opportunities for education.
  - enough time to develop and maintain love bond between mother and child.
  - happier sexual relationship between husband and wife.
  - offers time for involvement in income generating projects.
  - allows time to keep the home and the family clean.
  - has chance to express love to her husband
  
- **To the Child**
  - improved nutrition.
  - improved mental health.
  - more parental love and guidance.
  - well provided with basic needs of life i.e. good food, clothing, education, accommodation and better health care.
  - grows up feeling secure and confident.
  - healthy child from healthy mother.
  
- **To the Family**
  - togetherness.
  - improved economy.
  - increased educational opportunity.

- **To the Community**
  - healthier community.
  - more grazing land.
  - enough land to cultivate.
  - more recreational facilities.
  - enough hospitals and schools within everyone's reach.
  - preserved natural resources
- **To the Nation**
  - low birth weight deliveries are less likely to occur.
  - healthy nation.
  - educated nation.
  - Improved economy for the nation.
  - Offers time for government to plan and expand health, education and other services.
  - reduces infant morbidity and mortality.

**Clients who are at risk of developing health and social problems if family planning is not practised.**

- Too early, births occurring in mothers under 20 years.
- Too late, births in mothers over 35 years.
- Too frequent, births occurring at 3 years or less apart.
- Too many, four births or more.
- women with life threatening medical conditions.

**Consequences of not practising family planning**

**1. Too early - birth occurring in women, less than 20 years:**

- **Effects on the Mother**

The effects are due to the fact that the mother herself is still growing.

- Pregnancy related hypertension.
- Obstructed labour
- Traumatic deliveries.
- death

- **Effects on the Child**

- still births.
- prematurity.

**2. Too late-birth occurring in women of 35 years or older**

- **Effects on the Mother**
  - obstructed labour.
  - ruptured uterus.
  - bleeding before delivery.
  - bleeding after delivery.
  - increase in maternal deaths.
- **Effects on the Child**
  - perinatal deaths.
  - increased birth defects.
  - increased number of orphans

**3. Too many and too closely spaced births**

- **Effects on the Mother**
  - bleeding before delivery.
  - bleeding after delivery.
  - ineffective child care.
  - increase in maternal deaths.
  - ruptured uterus.
- **Effects on the Child**
  - low resistance to infection.
  - prone to contagious diseases due to overcrowding.
  - children do not get enough love from parents.
- **Effects on the Family**
  - increased incidence of infectious disease.
  - low income.
  - inadequate food resources.

BENEFITS OF FAMILY PLANNING



THIS?



OR THAT?

# MALAWI FAMILY PLANNING POLICY

## Definition of Family Planning Policy

Government statement regarding rules and regulations to be followed in the provision of family planning services in Malawi.

## Purpose of the Family Planning Policy

To remove barriers on the use of contraceptives so as to increase the contraceptive prevalence.

## Use of the Family Planning Policy

To be used by family planning service providers including the Community Based Distribution Agents as a guide in their daily work.

## Family Planning Policy Elements

Family Planning Policy - extracted from Ministry of Health and Population and National Family Welfare Council of Malawi Policy Document.

The National Family Planning Programme has been in operation in Malawi since 1984. During the intervening period many lessons have been learnt from experiences locally and elsewhere. Therefore, the following Family Planning Policy and Contraceptive Guidelines are provided for all those involved in the programme:-

**Policy Number 1:** The Government of Malawi, recognises the risks of maternal, infant and child morbidity and mortality when pregnancies are too early, too many, too late and too frequent. Consequently the Government considers that contraceptives should be made available to all those of reproductive age who seek the services regardless of marital status or parity provided adequate counselling is given and there are no contra-indications.

**Explanation 1:** Too frequent births are births occurring less than 3 years apart. These births usually cause the mother to stop breastfeeding and early weaning leading to malnutrition. The mother will not get adequate time to rest and recover from pregnancy and trauma leading to low birth weight babies, post-partum haemorrhage; and anaemia.

**Explanation 2:** All those of reproductive age include:-

- adolescent boys and girls in and out of school.
- married men and women.
- single men and women.
- widows and widowers.
- divorced women and men.

**Policy Number 2:** Family Planning services in Malawi shall be provided to benefit the health and welfare of individuals or families and to promote the socio-economic development of the nation.

**Policy Number 3:** The National Family Welfare Council of Malawi (NFWCM) in liaison with key players shall plan, advocate, support, coordinate, monitor and evaluate family planning activities.

**Policy Number 4:** All persons of reproductive age, regardless of marital status, shall have the fundamental right to determine for themselves how many children to have and when to have them based on informed consent.

**Policy Number 5:** Since pregnancy before the age of twenty (20) years places the health and welfare of the adolescent at risk, individuals and families shall be encouraged to delay the first pregnancy until that age.

**Explanation:** Women under the age of 20 years who fall pregnant are generally physically and mentally immature for pregnancy and may experience problems such as cephalo-pelvic disproportion, obstructed labour and vesico-vaginal fistulae. These women tend to have premature births.

They may also experience social and economic problems which make it difficult for them to feed and cloth themselves and their children.

NB: Trainer can ask learners for additional problems known to them.

**Policy Number 6:** As the health of the mother, baby and the welfare of the family are increasingly at risk if the mother falls pregnant before the baby is three years old, individual men, women and couples shall be encouraged to space their births for a minimum period of three years.

**Policy Number 7:** Since pregnancy after age of thirty five (35) years places the health and welfare of the mother and child at risk, individuals and families shall be encouraged to avoid pregnancy after that age.

**Explanation:** Problems related to the ageing process, such as high blood pressure, will worsen with pregnancy. Women at this age may also experience cephalo-pelvic disproportion due to the ageing process of their bone structure. There is also increased risk of births to abnormal babies.

NB: Trainer to ask learners for additional problems known to them.

**Policy Number 8:** As the health of the mother, baby and the welfare of the family are increasingly at risk after the 4th pregnancy, individual men, women and couples shall be encouraged from the beginning of union to have small family sizes.

**Explanation:** Too many pregnancies will weaken the uterine muscles and lead to problems such as post-partum haemorrhage and ruptured uterus. The mother may suffer from maternal depletion syndrome leading to poor outcomes for the mother and the baby e.g., premature baby and, low birth weight babies.

NB: Trainer can ask for additional problems known to the learners.

**Policy Number 9:** Women and men in the reproductive age shall be eligible to use family planning methods with or without the consent of relatives, spouse or partner. However, dialogue between relatives, partners and spouses will be encouraged.

**Policy Number 10:** In view of the increasing problems such as teenage pregnancies, STDs, HIV/AIDS, associated with adolescent sexuality in Malawi, it is considered appropriate that Family Life Education should begin in families in the primary school and continue at all levels of education with special effort being made to educate out-of-school children and youth.

**Policy Number 11:** Voluntary surgical contraception (VSC) should be considered for individuals not desiring any more children regardless of age, marital status or parity provided that the client understands that the method imparts permanent sterility and the consent form has been duly completed.

**Policy Number 12:** Combined Oral Contraceptive pill reduce production of breast milk and are therefore, contra-indicated for those breast-feeding before the child is six months old. Progestorene only contraceptive are safe alternatives for these mothers up to six months after delivery.

- Policy Number 13:** Exclusive breast-feeding should be encouraged during the first 4 to 6 months because it promotes lactational amenorrhoea which compliments other methods of contraception.
- Policy Number 14:** All women who are under 50 years of for whom there are no contra-indications are eligible to use Combined Oral Contraceptives.
- Policy Number 15:** All parlous women with at least one living child and for whom there are no contra-indications may use IUCDs. The Lippes Loop should be left in situ unless it causes problems then it should be removed. Other IUDs such as Copper T 380A can be left in situ for 10 years or according to the manufacturer's instructions. Circulars will be issued by the Ministry of Health and Population on this subject as necessary.
- Policy Number 16:** All women of reproductive age are eligible for injectable contraceptives.
- Policy Number 17:** The use of condoms will be promoted among family planning clients as any other family planning method.
- Policy Number 18:** Family Planning Policy and Contraceptive Guidelines, service standards and procedure manuals shall be made available by the Ministry of Health and Population and the National Family Welfare Council of Malawi for use in health institutions, (government and non-government) and shall be reviewed periodically.
- Policy Number 19:** Government, NGOs, private medical practitioners and parastatal companies providing family planning services shall be guided by the policies and practice standards set by the Government of Malawi.
- Policy Number 20:** All government ministries and non-governmental organisations shall be encouraged to participate actively in family planning related programmes.
- Policy Number 21:** Family planning services in Malawi shall be provided as an integral part of the MCH/FP services which consist of the following: Information, Education and Communication at individual, family and community level; health assessment including screening for selected conditions; provision of broad range of contraceptive methods; antenatal care; post natal care; selected services for infertile clients; counselling, follow up and referral, monitoring and evaluation.

- Policy Number 22:** All persons shall receive information, education and counselling on reproductive health, family planning and on selected health conditions such as human reproduction process, human sexuality, adolescent reproductive health, sexually transmitted diseases including HIV/AIDS, dangers of abortion, etc.
- Policy Number 23:** All personnel providing family planning services must be adequately prepared and trained for the duties to which they are assigned, appropriately supervised and receive regular in-service training to update knowledge and skills and create positive attitude.
- Policy Number 24:** At any time during the menstrual cycle, lactational amenorrhoea or post-abortal period if the vaginal examination reveals a non-pregnant uterus the method decided upon should be commenced straight away. If subsequently it becomes evident that the woman is pregnant, the method should be discontinued and the client counselled on the pregnancy and future contraception.
- Policy Number 25:** Non-medical methods of contraception such as condoms and contraceptive foaming tablets shall be made available at health facilities, work places and selected public places.
- Policy Number 26:** There is no need for women to use a back-up method if they want to have a baby after stopping the use of contraceptive method.
- Policy Number 27:** Family planning services shall be provided at all health facilities and community level through CBD programme on a daily basis.
- Policy Number 28:** Adequate family planning supplies and equipment shall be made available at all health facilities through the Central Medical Stores and other Ministry of Health approved sources.
- Policy Number 29:** Family planning services shall be provided in an atmosphere that assures privacy and confidentiality of clients.
- Policy Number 30:** In providing family planning services special consideration shall be given to special groups such as the physically and mentally handicapped.
- Policy Number 31:** Monitoring and evaluation of family planning services and follow up of clients shall be carried out periodically in accordance with set practice standards.

**Policy Number 32:** Accurate information on family planning shall be collected and recorded on nationally designed forms by all family planning providers - public and private (government and non-governmental, mission, parastatal, private and industrial), for the purpose of planning and monitoring at all levels.

**Policy Number 33:** Services to clients with side effects, any other concerns or problems related to family planning, should be available at all times and not by appointment.

**Policy Number 34:** Every family planning client has the right to:

- **Information** : To learn about the benefits and availability of family planning.
- **Access** : To obtain services regardless of sex, creed, colour, marital status or location.
- **Choice** : To decide freely whether to practice family planning and which method to use.
- **Safety** : To be able to practice safe and effective family planning.
- **Privacy** : To have a private environment during counselling or services.
- **Confidentiality** : To be assured that any personal information will remain confidential.
- **Dignity** : To be treated with courtesy, consideration and attentiveness.
- **Comfort** : To feel comfortable when receiving services.
- **Continuity** : To receive contraceptive services and supplies for as long as needed.
- **Opinion** : To express views on the services offered.

### **The role of a Community Based Distribution Agent in implementing the Family Planning Policy and Contraceptive Guidelines**

The Community Based Distribution Agent has the following responsibilities regarding the Family Planning Policy:

- To follow the Policy as she/he provides family planning services at community level.
- To act as a role model in the implementation of the policy.

### **Importance of the Family Planning Policy in Promoting Family Planning**

The liberalized policy:

- Provides uniformity in service delivery.
- Reduces medical barriers to the practice of family planning such as eligibility criteria.
- Increases access to family planning services.

# PRIMARY HEALTH CARE

## Definition

Primary Health Care is essential health care that is accessible and available to individuals and families through their full participation at a cost the community and country can afford.

## Elements of primary health care

- Promotion of proper nutrition and food supplies.
- Provision of safe water supply and basic environmental sanitation.
- Promotion of maternal and child health care including family planning.
- Expanded programme of immunization.
- Prevention and control of communicable diseases.
- Treatment of common minor ailments.
- Dental care.
- Health education.
- Mental health services.
- Provision of essential drugs.

## Importance of primary health care in family planning

- To make family planning services available and accessible to individuals and families in the community through door to door services.
- To increase acceptability of family planning services by bringing services closer to where people are.
- Involve full community participation by use of volunteers from the community.
- Increase coverage of family planning services by making services accessible and affordable.

### **The role of a CBDA in implementing primary health care**

- To provide family planning services to individuals and families.
- Provide IEC to the individuals and communities on STD/HIV/AIDS prevention.
- Work as a member of the health team in the community by providing FP services.
- Act as a role model in practising the family planning.
- Assist in reducing the infant and maternal morbidity and mortality rates.
- Assist in reducing the fertility rate of women in the reproductive age through the use of family planning methods.

# MALE REPRODUCTIVE ANATOMY

## Parts of the male reproductive system

The male reproductive system is made up of the following internal and external organs.

### A. External

- Penis
- Urethra
- Testicles
- Scrotum

### B. Internal

- Prostate gland
- Seminal vesicles
- Spermatic duct

## Functions of the male reproductive parts

**Penis:** It is a sexual organ for ejaculation of semen and urination.

**Urethra:** This is a tube inside the penis that carries semen or urine out of the body.

**Prostate Gland:** It produces seminal fluid which mixes with sperms. Its muscles contract during ejaculation to propel semen along the urethra.

**Spermatic Ducts (Vas Deferens):** These are two tubes that carry sperms from testicles to the urethra.

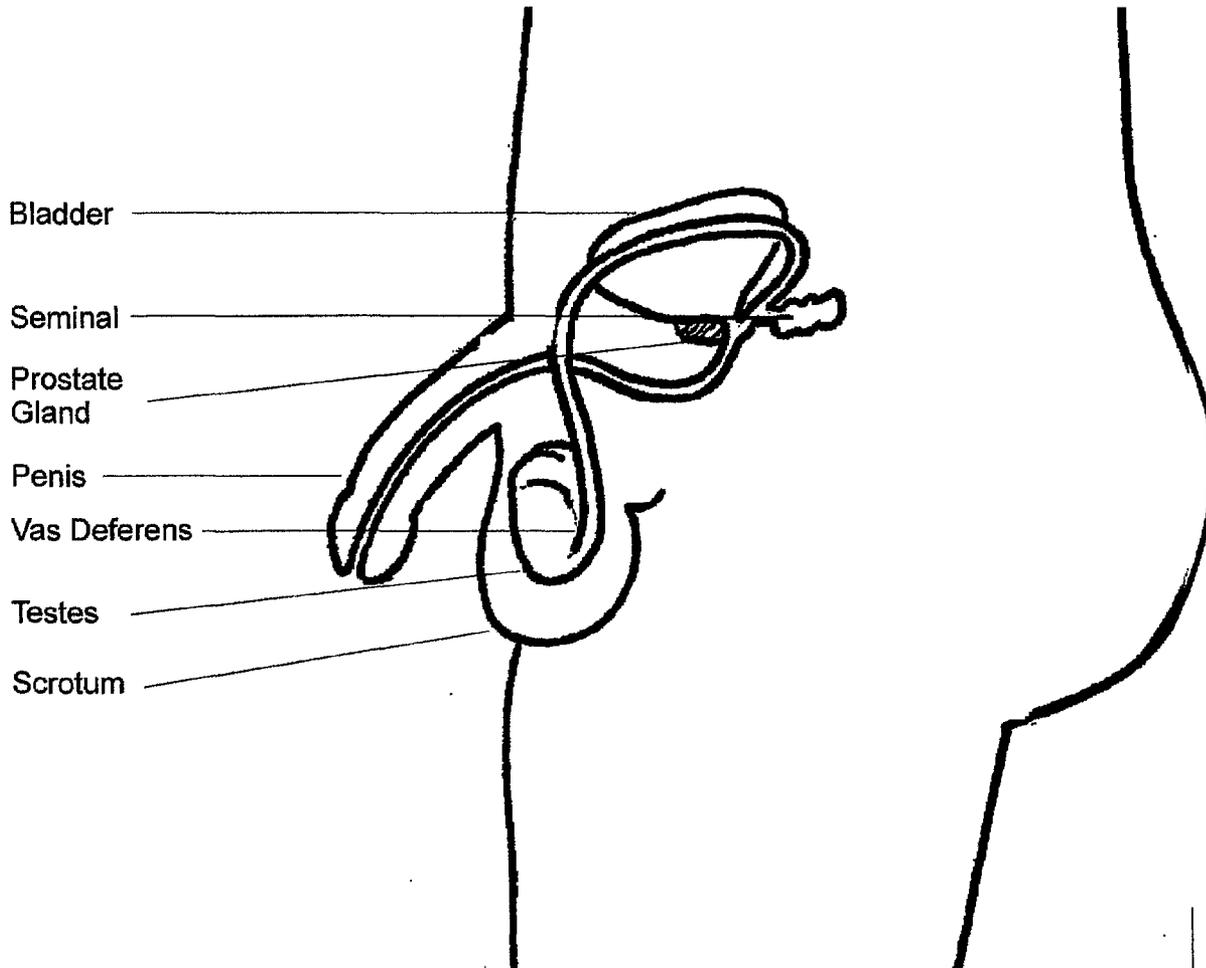
**Seminal Vesicles:** These are small sacs attached to the sperm ducts that produce semen.

**Testicles:** These are two egg shaped, rubbery structures which produce sperms.

**Scrotum:** This is a protective sac that holds the testicles and maintains the right temperature for sperm.

# MALE REPRODUCTIVE ORGANS

*Male Reproductive Anatomy*



# FEMALE REPRODUCTION ANATOMY

## Parts of the Female Reproductive System

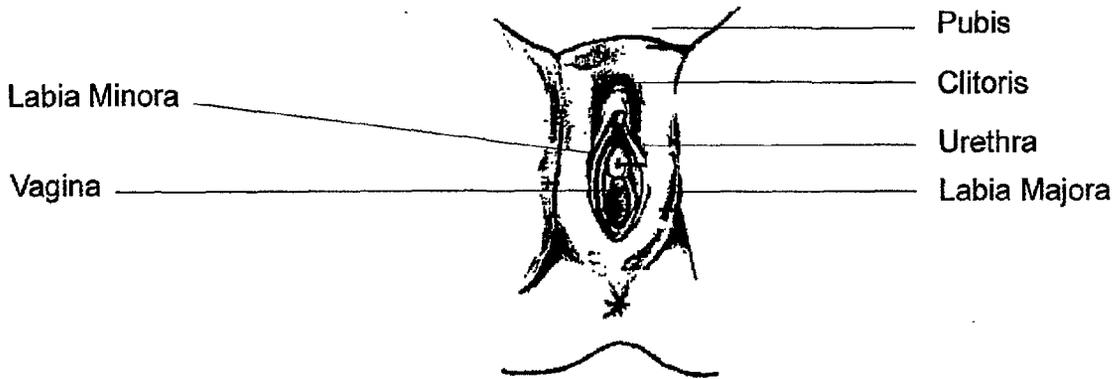
Vulva  
Labia  
Clitoris  
Vagina  
Cervix  
Uterus  
Fallopian tubes  
Ovaries

## Functions of parts of the female reproductive system

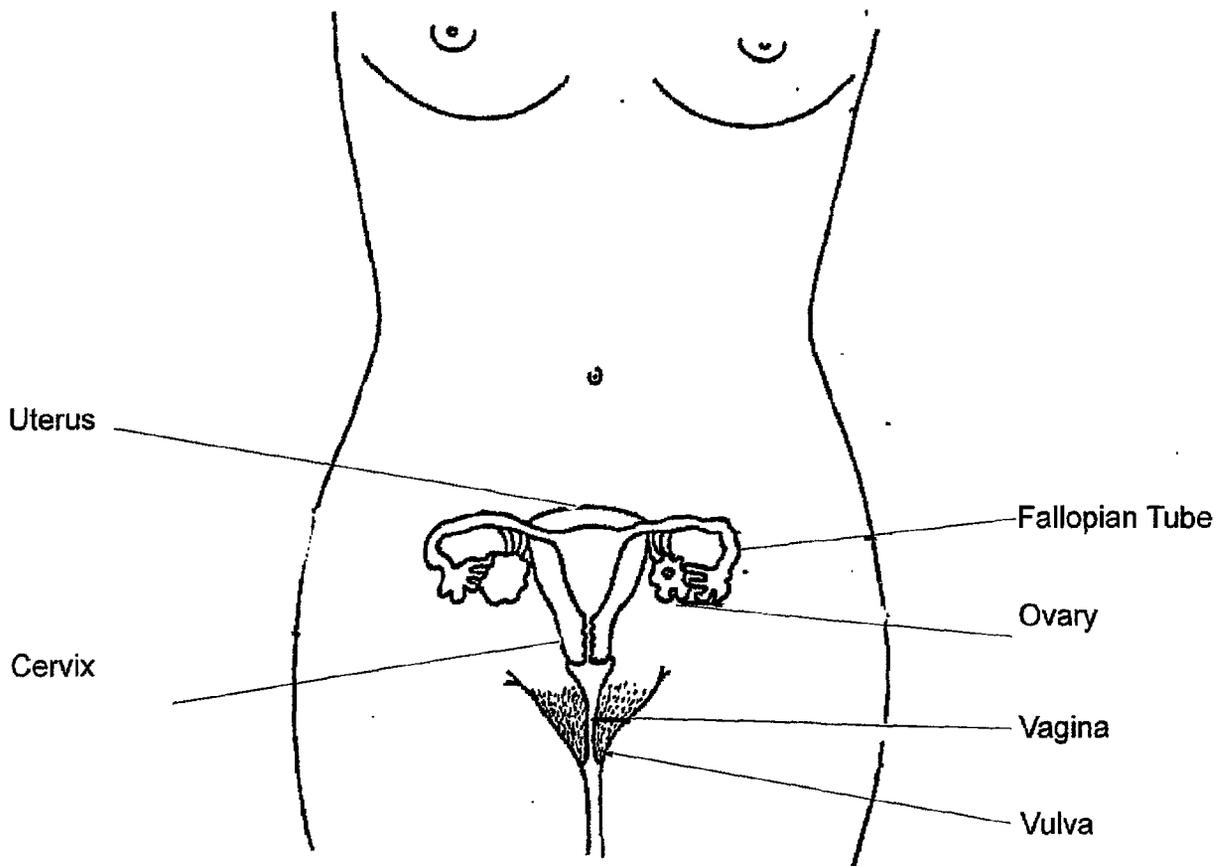
- Vulva:** Protects internal organs.
- Labia Majora:** These protect the labia minora and secrete lubricating fluid for vulva.
- Labia Minora:** These protect the opening to the vagina and the urethra, secrete lubricating fluid for the vulva and bring about sexual excitation when manipulated.
- Clitoris:** It acts as an organ of sexual excitation and contracts during orgasm to provide sexual pleasure.
- Vagina:** During sexual intercourse the penis is inserted into the vagina it also functions as a birth canal and passageway for menstrual blood.
- Cervix:** It is a passage way to and from the uterus allowing menstrual flow and baby to be expelled from the uterus. It also allows sperms to enter the uterus.
- Uterus:** This is the organ where the fertilised egg settles and grows into a baby. During menstruation the lining of the uterus breaks and sheds blood about once every month.
- Fallopian Tubes:** These carry eggs from the ovaries to the uterus. Fertilization takes place in these tubes.
- Ovaries:** These produce and release eggs monthly.

# FEMALE REPRODUCTIVE ORGANS

## External Genitalia



## Internal Genitalia



# MENSTRUAL CYCLE AND CONCEPTION

## Definition of Menstrual Cycle

This is the monthly preparation of a woman's reproductive system for possible pregnancy. This preparation begins on day 1 of menstruation, and ends on the day of the next menstruation.

## Definition of a hormone

This is a substance produced by a gland, which acts as a messenger to cause changes in another part of body or gland.

## Hormones of menstruation

- Oestrogen
- Progesterone

## The menstrual cycle

- All women menstruate unless they are pregnant, breastfeeding, very underweight, very ill or have some problems with their reproductive system. Menstruation begins from the ages 9 to 18 years (this is called Menarche) and continues until at the age of 45 to 50 years (this is called menopause).
- Day 1 of the menstrual cycle is the first day of the woman's period. The cycle lasts 21 to 35 days, the average cycle being 28 days long. Within 5 days after the period begins, the ovary sends out the hormone called oestrogen, which cause the uterine lining to become thick with blood and tissues. The egg within the ovary starts to mature.
- Around Day 14, the ripened egg breaks out of its follicle, rises to the surface of the ovary and is released. This is **OVULATION**. The egg is then swept into the fallopian tube. While this is happening, the ruptured follicle produces progesterone, which causes the uterine lining to continue its build-up. If the egg has not become fertilised, it breaks apart and disintegrates. The levels of oestrogen and progesterone hormones become low, and the lining of the uterus begins to break up.
- By Day 28 the lining has loosened so much that it starts to break off and pass through the cervix and vagina as menstruation. What comes out is a mixture of

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- By Day 28 the lining has loosened so much that it starts to break off and pass through the cervix and vagina as menstruation. What comes out is a mixture of

tissues, mucus, and blood. The blood gives the menstrual fluid its red colour. The amount of blood lost is very small. Some women may experience cramps with their menstruation. This comes about because of the tightening up of the uterus to push the menstrual fluid out.

### **The Process of conception**

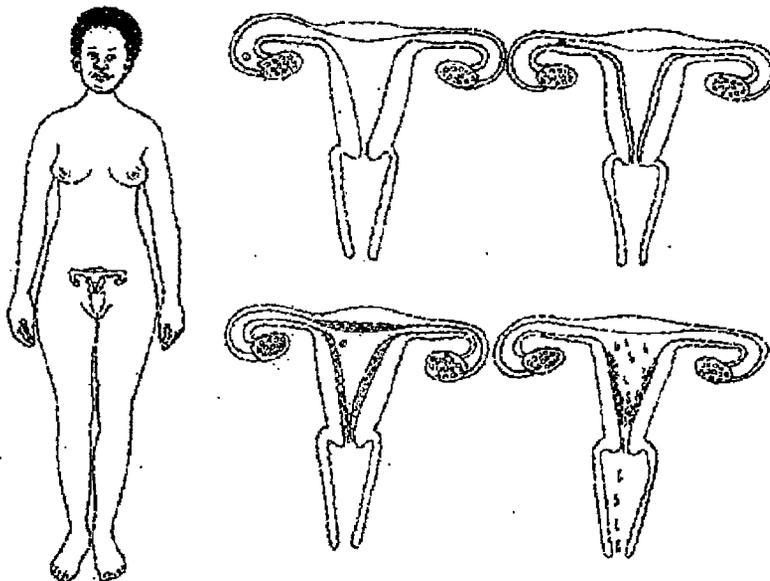
If the woman has ovulated within the past 1 to 2 days, and if a sperm meets the egg in the fallopian tube, it is likely that she will get pregnant. This means that the sperm enters the egg and the two join together. The fertilised egg implants into the thickened uterine wall and grows into a fetus.

**NOTE:** Although many sperms are needed to break down the membrane that surrounds the egg, it only takes one sperm to fertilize the egg. The sperm can stay alive in the female reproductive system for 3 to 4 days.

### **The importance of understanding the menstrual cycle in the management of family planning clients.**

Knowledge of the menstrual cycle helps the CBD Agent to understand female fertility as it relates to FP methods and infertility problems.

### **MENSTRUAL CYCLE**



# TRADITIONAL METHODS OF FAMILY PLANNING

## Definition

These are locally used and culturally accepted medicinal plants, substances and practices used by communities to control their fertility.

## The background to the use of the traditional family planning methods.

- Traditional practices have been used throughout history and are still in use today, despite the availability of modern contraception. This suggests that historically people have used many methods to control their fertility.
- As a community-based family planning services provider, one must be aware that clients may be using traditional practice for fertility regulation. The use of these methods makes it evident that people believe in the ability to regulate their fertility and that they have seen a benefit in doing so for quite sometime.
- The rapid rate of modernization, urbanization, and other social changes experienced in many African countries makes it difficult to determine how common is the use of traditional methods of fertility control. Community-based family planning providers working in urban areas will probably see fewer individuals who actively use traditional methods. On the other hand, CBDAs in rural settings are more likely to be providing services to women who frequently use traditional means to regulate their fertility.

## Common traditional methods

### Use of local plants and substances

- Oil from seeds, e.g. a plant known as *Buchholzia macrophylla* is said to have an estrogen effect. Some plants are prepared as tea or rubbed on the breast, such as pounded leaves of *Hibiscus* or *Mpoza*.
- The woman wears a medicated string around her waist that has beads or knots on it. Their number determines how many years she will wait before having another child.

- Substances or herbs placed in the vagina which will act as spermicides.
- Use of herbs or piece of cloth introduced into the vagina to form a barrier against sperm entry.

### **Cultural beliefs and practices related to family planning in Malawi**

- Post partum abstinence associated with lactation is one of the most important contraceptive practices in Malawi as it is used by many cultures. It is believed by many groups that exposure of a woman to semen during breastfeeding will pollute the mother's breast milk. Therefore sexual intercourse during the postpartum period is discouraged or considered to be a "taboo".
- Post partum abstinence until after the return of the first menses. In some cultures abstinence is practised until after the return of the menses. If the menses are delayed, this is a form of contraception.
- In some cultures when a child is born, the husband may go away to work or the wife may go to her own parental home away from her husband. By the time the husband or wife returns, the child is one year or older and the mother is considered ready for the next pregnancy.
- Many cultures relate readiness for intercourse to a certain age of the child. When the child reaches the required age, (age depends on the culture) the child is taken to the "mat" or bed where sexual intercourse will take place. Abstinence until this time acts as a contraceptive method.

Some cultures encourage families to practice:

- Coitus interruptus - sexual intercourse takes place and just before the man ejaculates, he withdraws his penis from the vagina and ejaculates away from the woman's body.
- Coitus intercrura - is when the man ejaculates around the woman's pubic area.
- Coitus interfemora - is when the man ejaculates in between the woman's thighs to prevent pregnancy.

- Polygamy has also been important as a traditional means of controlling fertility. Polygamy can reinforce effects of post partum abstinence by providing the husband with another sexual partner or outlet, thereby decreasing the chances that abstinence will be violated and sexual relations resumed prematurely.
- In some areas women are supposed to abstain indefinitely from intercourse once they are grandmothers.

### **Advantages of Traditional methods and Practices of Family Planning**

- Locally available.
- Acceptable to people who do not believe in modern methods of contraception.
- No side effects related to estrogen and progestin.
- Easy to use.
- Cheap or inexpensive since there is no need for couple to be trained.

### **Disadvantages of traditional methods and Practices of Family Planning**

- Difficult to determine correct dosage.
- Effectiveness unknown, therefore unreliable.
- Danger of infection, injury and allergic reactions for those taken orally, or vaginally.
- May need detailed instructions in preparing and use of the traditional method.
- May produce marital strain because a couple is denied sex when they may want it.
- May not be conducive to modern pattern of living.

# INTRODUCTION TO MODERN METHODS OF FAMILY PLANNING

## Definition of a Contraceptive

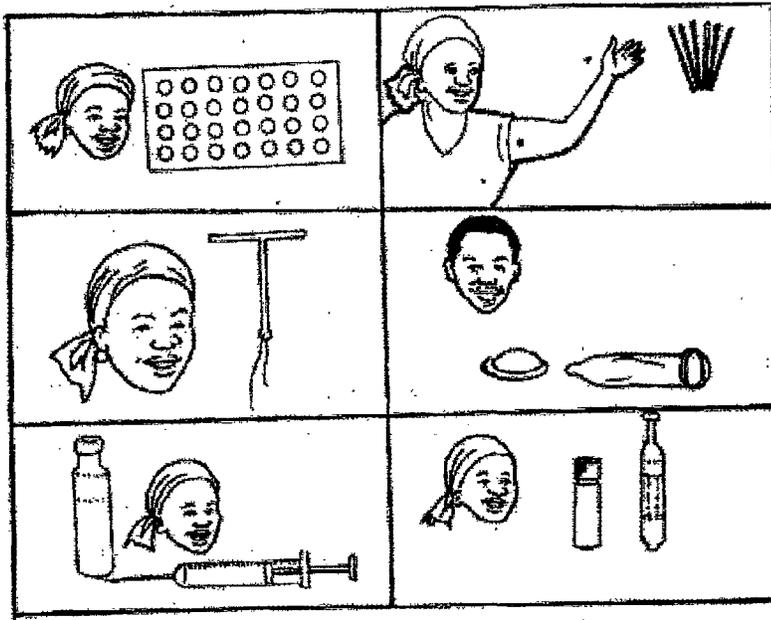
A family planning method that prevents a woman from becoming pregnant.

## Modern family planning methods available in Malawi

There are nine Family Planning methods that are available in Malawi. Every client should know all the family planning methods, which are:

- Oral Contraceptive Pills
- Injectables
- Male Condoms
- IUCDs
- Natural Family Planning
- Foam tablets
- Norplant
- Vasectomy
- Tubal ligation

## FAMILY PLANNING METHODS



### **Methods to be distributed by the CBD Agent**

- Combined Oral Contraceptives (Lo-feminal)
- Progestin Only Pills (Ovrette)
- Male Condoms
- Foam tablets

The CBDA will also explain about the Lactational Amenorrhea Method (LAM). This is the protection a woman gets during the first six months of breastfeeding if her periods have not come back and she is fully breastfeeding.

### **Contraceptive methods for which clients are referred to clinics and/or hospitals**

The CBDA will refer clients for methods she/he does not distribute such as:-

- IUCDs
- Injectables (Depo-Provera®)
- Vasectomy
- Tubal Ligation
- Norplant
- Natural Family Planning Methods

### **Points to be considered before starting a client on Family Planning methods**

- In Malawi a woman is only started on a contraceptive method after being fully informed about:
  - name of a contraceptive
  - how it works
  - advantages
  - disadvantages
  - unwanted effects
- The CBDA is also required to refer all new acceptors who are initiated on hormonal contraceptives for physical and pelvic examination.
- The CBDA needs to ensure that the client has been given the following information before he/she chooses a method.
  - the clients right to decide when and whether to become pregnant.
  - the risks of carrying a pregnancy compared to the risks of using family planning methods.

- all the contraceptive methods the CBDA distributes and those available for referral.
- the client's right to choose the most convenient, acceptable and best method for himself/herself.
- The CBDA should ensure privacy for the client and that services are given regardless of marital or social status.
- Client information should be kept between client and CBDA only and not shared with anyone.

# COMBINED ORAL CONTRACEPTIVES

## Definition

They are pills with two hormones which a woman takes by mouth every day in order to prevent her from getting pregnant.

## Hormones found in Combined Oral Contraceptives

The Combined Oral Contraceptive contains two hormones which are called oestrogen and progestin.

## Ways in which Combined Oral Contraceptives work to prevent pregnancy.

- Prevent a woman's egg from maturing.
- Thicken cervical mucus which prevents passage of sperms into the womb.
- Thins the lining of the uterus making it unsuitable for pregnancy to take place.

## Effectiveness

When used correctly, the Combined Oral Contraceptive is very effective. Out of 100 women who take the pill correctly in a year, 98 women will be protected from getting pregnant.

## Advantages of using Combined Oral Contraceptives

- Very effective when used correctly.
- Reduces period pains .
- Reduces menstrual flow.
- Makes the periods more regular.
- Reduces chances of getting cancer of the uterus.
- Does not interrupt love making.
- Increases sexual pleasure because there is no fear of getting pregnant.

**Disadvantages of using Combined Oral Contraceptives**

- The woman need to take the pill everyday in order to avoid getting pregnant.
- Reduces milk supply.
- Does not protect against most STDs, including HIV/AIDS.

**Who should use Combined Oral Contraceptives in accordance with the Family Planning Policy and Contraceptive Guidelines (FPPCG).**

- Women of reproductive age under 50 years, provided they are not smokers.
- Any female who has had at least three regular menses since menarche.
- Any parity including those who have never delivered a baby.
- Women who want highly effective protection against pregnancy.
- Young women/adolescent who are sexually active.
- Breastfeeding mothers 6 months after delivery.
- Women with anaemia from heavy menstrual bleeding.
- Women with severe menstrual pains.
- Women with a histroy of ectopic pregnancy

**Who should not use Combined Oral Contraceptives in accordance with the Family Planning Policy and Contraceptive Guidelines.**

- Women of reproductive age over 35 years and are smokers.
- Women of reproductive age over 50 years if they are non-smokers.
- Women who cannot or are unable to remember to take the pill everyday.
- Breastfeeding mothers before 6 months after delivery.
- Women who are heavy smokers (40 or more cigarettes per day).
- Women who are pregnant or suspected of being pregnant.

- Women with history of blood clotting disorders.
- Women with cardiovascular disease (heart disease).
- Women with liver disease.
- Women with high blood pressure.
- Women on treatment for TB, diabetes and epilepsy.
- Women with severe varicose veins.
- Women who must not become pregnant.

### **How to identify appropriate clients for use of Combined Oral Contraceptives**

- Use a hormonal contraceptive checklist to identify clients for COCs.  
(See topic on the use of hormonal contraceptive checklist).

### **Instruction for use of Combined Oral Contraceptives**

#### **A. INSTRUCTIONS TO THE CBD AGENT**

- Give the client one cycle of pills on the first visit.
- Show the pill packet to the client as you explain instructions.
- Show her where to start on the pill packet.
- If the pack contains 28 pills, tell the client that the last 7 pills are iron tablets.
- Give the client a starting day, which is the day she takes the first pill of the first packet. If this day is a Monday, she will start each line of the seven-pill lines on the same day and each packet as well.
- Give condoms according to dispensing protocols.
- After explaining instructions to the client, ask her to repeat the instructions to you in her own words. Repeat instructions where necessary.

**B. INSTRUCTIONS TO THE CLIENT**

- Start taking the first pill of your first pack on the day the packet is received and use a backup method for seven days.
- Swallow one pill everyday at the same time until you finish the packet even if you do not have sexual relations.
- If you forget one pill, take it as soon as you remember and take the next one at the regular time. Continue taking the rest of the pills as usual.
- If you miss two pills, 2 days in a row
  - take 2 pills as soon as you remember.
  - take 2 pills again the next day.
  - then take the rest of the pills, one each day, as usual.
  - for extra protection, use backup method for 7 days or abstain from sex for 7 days.
- If you miss 3 or more pills, 3 days in a row
  - take two pills each day until you catch up. Use backup method or abstain from sex for 7 days.
- If you experience any problems, contact your CBD agent.
- Store your pills in a safe, cool and dry place.
- Keep your empty pill packet and show it to your CBD agent on her/his next visit.
- If you go to the hospital for any treatment, inform the health worker that you are on Combined Oral Contraceptives.
- Use Condoms in addition to Combined Oral Contraceptives if at risk of getting STD/HIV/AIDS.

**Distribution of Combined Oral Contraceptives**

Provide 1 cycle of pill packet on 1st visit, provide 2 cycles of pill packets on all subsequent visits.

### Indications for referral

The client should be referred to the clinic for:-

- Physical Examination.
- Management of unwanted effects.
- Management of other problems.

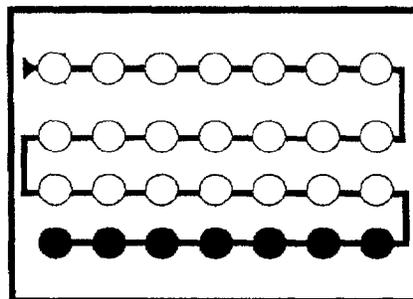
### Unwanted effects of Combined Oral Contraceptives

- Nausea.
- Weight gain.
- Breast tenderness.
- Spotting (break through bleeding).
- Absence of menses.
- High blood pressure.
- Dizziness.

### Danger Signals of Combined Oral Contraceptives

- A - Abdominal pain (severe).
- C - Chest pains (severe).
- H - Headache (severe).
- E - Eye problems (severe).
- S - Severe leg pain (Calf or thigh)

### LOFEMENAL



# PROGESTIN ONLY PILLS

## Definition

These are pills containing one hormone which a woman takes by mouth every day in order to prevent her from getting pregnant.

## Composition of Progestin Only Pills

Progestin Only Pills contain only one hormone called progestin. This hormone is just like one of the female hormones that is found naturally in the woman's body.

## Ways in which Progestin Only Pills prevent pregnancy

There are three ways in which pregnancy is prevented by Progestin Only pills.

- thicken cervical mucus thereby making it difficult for sperms to pass through the cervix into the womb.
- make the lining of the uterus too thin, thereby making it unfavourable for the pregnancy to take place.
- prevent the maturing of the woman's eggs.

## Effectiveness

- Out of 100 women using the pill correctly for one year, 83 to 99 women do not get pregnant.

## Advantages of Progestin Only Pills

- Are very effective if used correctly.
- Reduce period pains.
- Reduce menstrual flow thereby preventing anaemia.
- Do not affect milk production therefore, the baby can breastfeed for at least 6 months.
- Have less unwanted effects as compared to Combined Oral Contraceptives.
- Do not interfere with love making.

## Disadvantages of Progestin Only Pills

- Must be taken everyday and at the same time in order to be more effective.
- Cause menstrual irregularities.
- Do not protect against STDS including HIV/AIDS

**Who should use Progestin Only Pills according to the Family Planning Policy and Contraceptive Guidelines.**

- Women of reproductive age under 50 years.
- Any parity.
- Breast-feeding mothers 4 to 6 weeks after delivery.
- Women who cannot use Combined Oral Contraceptives due to estrogen related contraindications.

**Who should not use Progestin Only Pills according to the Family Planning Policy and Contraceptive Guidelines.**

- Women over 50 years.
- Women who cannot tolerate possible disruptions in the menstrual cycle.
- Women who cannot or are unable to remember to take pills everyday.
- Breast-feeding mothers before 4 to 6 weeks after delivery.
- Non-lactating women.
- Women who are pregnant or suspected of being pregnant.
- Women with a history of blood clotting disorders.
- Women with a history of heart disease.
- Women with unexplained vaginal bleeding.
- Women with a lump in either breast.
- Women who must not become pregnant for health reasons.

**How to identify appropriate clients for use of Progestin Only Pills**

- Use a hormonal contraceptive checklist.  
(see topic on the use of hormonal contraceptive checklist).

**Instructions for use of Progestin Only Pills**

**A. INSTRUCTIONS TO THE CBD AGENT**

- Show the client the pill packet as you explain the instructions.
- Show her where to start on the pill packet.
- Instruct the client on the starting day. If the day is Monday, she will start each line of the seven pill lines on the same day and each packet as well.

- Instruct the client to use condoms and/or spermicides in addition to Progestin Only Pills:
  - during the first seven days after beginning the pill.
  - if she forgets to take the pill even for only one day or is 3 hours late in taking the pill.
  - if she is vomiting or having diarrhoea or is taking other medications like Ampicillin, Phenobarbiton and Phentoin.
- Provide the client with condoms. The number will depend on the local contraceptive logistics guidelines.
- When the baby is 6 months old or if the woman stops breastfeeding before the baby is 6 months old, change her to Combined Oral Contraceptives or other methods.

#### B. INSTRUCTIONS TO THE CLIENT

- Start taking the first pill on the day that you receive your first packet using backup methods.
- Swallow one pill everyday at the **SAME TIME** and use condoms or spermicides for the first seven days.
- If you forget one pill, or you are more than 3 hours late in taking the pill, take it as soon as you remember, and take the next one at the usual regular time. **START USING BACKUP METHODS IMMEDIATELY** and continue using it for 7 days because you are no longer protected. Continue taking the rest of the pills as usual.
- If you miss two pills, 2 days in a row.
  - take 2 pills as soon as you remember.
  - take 2 pills again the next day.
  - then continue taking the rest of the pills, one each day as usual.
  - use backup methods or abstain from sexual intercourse for 7 days because there is a good chance that you could become pregnant.
- If you have spotting or bleeding between periods, keep taking your pills. Bleeding is common during the first few months you are taking the Progestin Only Pills.
- If you have heavy bleeding and/or severe lower abdominal pain, report to your CBD agent.
- If you have severe diarrhoea, vomiting or both use your backup method for 7 days after the illness is over.
- Store your pills and all other methods in a cool dry, and safe place out of reach of children.

- Keep your empty pill packet and show it to the CBD agent on her/his next visit.
- When you go to the health centre or hospital for any treatment, inform the health worker that you are on Progestin Only Pills.
- Stop taking the pill if you want to get pregnant.
- Use condoms in addition to Progestin Only Pills if there is risk of getting STD/HIV/AIDS.

### **Distribution of Progestin Only Pills**

Provide one cycle at the initial visit.

Provide two cycles on follow up visits.

### **Indications for Referral**

The client on Progestin Only Pills should be referred to the clinic for:-

- Physical examination.
- Management of unwanted effects.
- Management of other problems.

### **Unwanted effects of Progestin Only Pills**

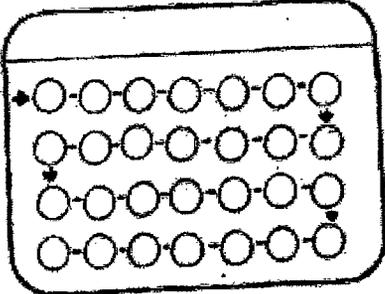
Progestin Only Pills sometimes do cause unwanted effects such as:

- Heavy and/or prolonged bleeding.
- Spotting.
- Irregular periods.
- Headaches.
- Weight gain.
- May stop periods.

### **Danger Signal of Progestin Only Pills**

Progestin Only Pills have one danger signal which is severe lower abdominal pain.

OVERETTE



# HORMONAL CONTRACEPTIVE CHECKLIST

## Definition

This is a standardised form with a list of medical conditions which is used to screen clients for hormonal contraceptives.

## Importance of Hormonal Contraceptive Checklist

- It is the only way the CBD agent can know whether it is safe for the client to use hormonal contraceptives or not.
- It also assists the CBD agent to identify the clients to be referred.

## When to use the Hormonal Contraceptive Checklist

The CBDA uses the checklist when:

1. Client has decided to use Hormonal Contraceptives as their chosen method of family planning.
2. Clients are changing from non-hormonal to hormonal contraceptives.
3. A client returns for resupply of pills or continuation of Depo-provera.
4. Restarting a client who had stopped using a family planning method.
5. Resupplying a client who is already using a contraceptive but is not known to the CBDA.

## How to use the Hormonal Contraceptive Checklist

- The CBD agent must ask all contraindications on the checklist starting at the beginning and asking every question up to the end. She/He must record any positive responses with a tick on the lines in the section headed "Yes" (on the left hand side).

- The CBD agent must record all negative responses on the lines in the section headed "No" on the right hand side.
- If the answer to any of these question is "Yes" or if you are not sure, the client must not be supplied with the hormonal method.
- If the answer is "No" to all the questions the CBD Agent can start client on a hormonal method.

**Demonstration of how to use hormonal contraceptive checklist**

**INSTRUCTIONS TO THE TRAINER**

**Part 1**

Trainer selects one of the learners to be a client. The Trainer plays the role of a CBD Agent. Using the checklist, the trainer playing the role of a CBD Agent, demonstrates how to use the hormonal checklist, by asking the client the items on the checklist one at a time. The Trainer should explain all the items to the client.

**Part 2**

The Trainer asks for two volunteers to perform a return demonstration. The rest of the class acts as observers. After the return demonstration, the Trainer will ask the volunteer CBD Agent for feedback on his/her performance; second feedback will be requested from the volunteer client. The rest of the class will then provide feedback. Lastly the Trainer will give feedback to volunteers.

Trainer will ask the learners to practice the use of the checklist as a homework assignment.

**The Hormonal Contraceptive Checklist**

	<b>YES</b>	<b>NO</b>
1. Do you have or have you ever had severe headaches that do not get better after taking pain killers?	----	----
If you suffer from severe headaches, do you also see flashing lights, get dizzy or have a feeling of sickness?	----	----
2. Do you suffer from epileptic fits?	----	----

- |     |   |      |      |
|-----|---|------|------|
| 3.  | Have you had an illness where your eyes or palms turned yellow (Jaundice)?  | ---- | ---- |
| 4.  | Do you have swellings (lumps) in breasts?   | ---- | ---- |
| 5.  | Do you experience severe sharp pains in the chest that make it difficult for you to breath?   | ---- | ---- |
| 6.  | Do you suffer from high blood pressure?   | ---- | ---- |
| 7.  | Are you on treatment for sugar disease?   | ---- | ---- |
| 8.  | Have you had unusual bleeding between your periods?   | ---- | ---- |
| 9a. | Do you suspect you might be pregnant (missed your last period)?<br>(Ask only if the woman is not breastfeeding), if the answer is yes, ask question 9b) | ---- | ---- |
| 9b. | After missing your period, have you had any unusual bleeding?   | ---- | ---- |
| 10. | Do you have severe varicose veins?  | ---- | ---- |
| 11. | Do you have any severe sharp pain in your legs?   | ---- | ---- |

# MALE CONDOM

## Definition

It is a thin rubber device which is placed on an erect penis immediately before intercourse to prevent pregnancy and transmission of STD/HIV.

## How the condom works to prevent pregnancy and STDs/HIV/AIDS

It prevents contact between the sperms and the egg. This also prevents STD germs from coming into contact with the penis or the vagina.

## Effectiveness

- Out of a 100 men who use condoms correctly and consistently in one year 88-98 women will be protected against pregnancy and STD/HIV/AIDS.
- When used with foam tablets, condoms are almost 100% effective.

## Advantages of using a condom

- Effective in pregnancy prevention (depending on correct use).
- Very effective in preventing STDs, HIV/AIDS if used properly and consistently.
- Easy to use.
- Encourages male participation in family planning.
- May help delay premature ejaculation during intercourse.
- Can be used by every couple married or unmarried, young and old.
- Relatively inexpensive.
- May help to prevent cervical cancer.

- Can easily be obtained from health facilities, pharmacies or shops.
- No serious side effects.
- Available from CBD agents.

#### **Disadvantage of using condoms**

- Interrupts lovemaking.
- Possible irritation from rubber.
- Some people complain of decreased sensitivity.
- The man has to use a new condom each time he has sex.
- Condom can deteriorate if not stored properly.

#### **Who should use condoms in accordance with the Family Planning Policy and Contraceptive Guidelines.**

- Men of reproductive age.
- Couples in need of a method that is immediately effective.
- Couples needing a back-up method when the woman has forgotten the pill.
- Persons who have sex irregularly.
- Couples waiting for a long term or permanent method e.g. an injectable, NORPLANT and IUCD or VSC.
- Persons who desire to take initiative in protection against exposure to transmission of STD HIV/AIDS.
- Couples needing to rule out possible pregnancy before proceeding with another method i.e. Hormonal Method or with an IUCD.
- Persons with premature ejaculation.

#### **Who should not use condoms in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Couples with a stable monogamous relationship who desire a more convenient method.
- Couples who do not want to disturb their love making to put on a condom.
- Men who cannot maintain an erection with the condom on.
- Couples or either partner who are allergic to the rubber of the condom itself.

## **Instructions for use of male condom**

### **A. INSTRUCTION TO CBD AGENT**

- The client should be given 20 condoms each time, to avoid running out.
- Show the client a condom while demonstrating its use on a model.
- Give written instructions where possible.
- Store condoms away from direct heat, light, moisture (should not be stored in a pocket close to body).
- Condoms expire in five years from date of manufacture or sooner if not stored properly.
- Clients should be asked to repeat critical information to ensure understanding e.g. instructions for use and storage.

### **B. INSTRUCTIONS TO THE CLIENT**

- Be sure you use a condom every time you have intercourse.
- Check condom packet for holes.
- Remove condom from packet.
- Expel air by pressing the teat before putting on a condom.
- Leave about 1.25 cm of empty space to hold semen (only if there is no teat)
- Put the condom on an erect penis before it goes near the vagina or have your partner put the condom on you.
- Hold the condom so that the rolled rim is on the side away from your body.
- Place the tear or blunt end of the condom and unroll the condom to the base of the penis. The condom should unroll easily and need not to be stretched. If you are not circumcised, pull the foreskin back.
- Do not use petroleum base products on the condom for lubrication. These products can cause rubber to tear.
- After ejaculation and before the penis loses erection, take off the condom by holding the rim of the condom and withdraw from the vagina to prevent spilling of semen in and/or anywhere near the opening of the vagina.
- Do not reuse condom.
- Some condoms are already lubricated, if not do not use an oil base. Plain water can be used.
- When condoms are stored near the body, heat can damage the condom.
- If stored in a cool, dry, dark, place, they can last more than three years.
- Carefully dispose of the condom and its contents to help prevent the spread of infection.

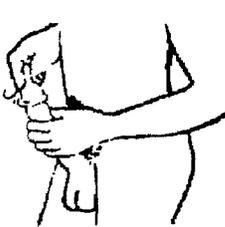
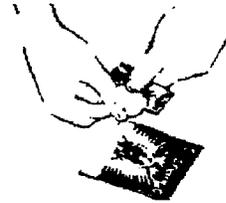
- Burn the condoms after use.
- Dispose it in a pit latrine.
- Wash hands with soap and water after disposal.

## Demonstration

### INSTRUCTION TO THE TRAINER

- Demonstrate the technique for putting on and removing a condom. As per instructions on objective 8.
- Use a penis model to demonstrate how to put on and remove a condom.
- Ask for a volunteer to do a return demonstration.

### HOW TO USE A CONDOM



## FOAM TABLETS

### Definition

These are chemicals in tablet form which are placed in the vagina to prevent pregnancy.

### Mechanism of action

Foam Tablets prevent pregnancy by killing sperms and by blocking the path of sperms to the uterus.

### Types

- Conceptrol Foam Tablets
- Neo Sampoo

### Effectiveness

- Out of a 100 women who use foam tablets alone correctly for 1 year, 70-85 will be protected against pregnancy.
- Out of a 100 women who use foam tablets together with condoms correctly for 1 year, almost all of them will be protected against pregnancy.

### Advantages of using Foam Tablets

- Offer vaginal lubrication.
- Effective immediately.
- No systemic side effects.
- No prescription or medical examination required.
- May protect against cancer of the cervix.
- There are no serious side effects when used.

### Disadvantages of using Foam Tablets

- Effective for a short duration of 1 - 2 hours only.
- Interrupts love making.
- Less effective in preventing pregnancy if used alone.
- Procedure may be messy.
- Must be used before each intercourse.
- Cause more wetness of the vagina.
- Some women may not like to put a tablet in the vagina with their fingers.

**Who should use Foam Tablets in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women of reproductive age
- Any parity
- Women who need a method that is immediately effective.
- Women who prefer not to use hormonal methods of contraception or IUCDs.
- Couples who do not mind inserting a Foam Tablet each time they have sex.
- Breastfeeding mothers.
- Women needing a back-up method when they have forgotten to take the pill.
- Women needing to rule out possible pregnancy before proceeding with a Hormonal Method or with an IUCD.

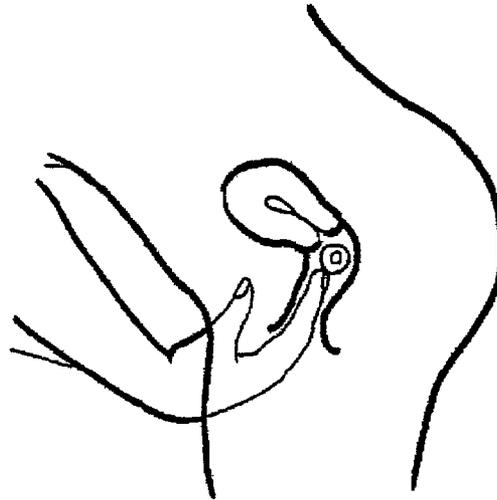
**Who should not use Foam Tablets in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women who are unable to feel their own cervix.
- Women who do not want a method that requires inserting a Foam Tablets, each time they have sex.
- Couples or either partner who are allergic to the Foam Tablets.
- Women with vaginal abnormalities.
- Women who must not become pregnant for health reasons.

**Procedure for inserting foam tablets**

- Wash hands.
- Remove the tablet from the packet.
- Wet the vaginal tablet and insert high up in the vagina at the opening of the uterus.
- Different positions may be used: squatting, standing with one leg propped up on a chair or lying on the back with legs flexed.
- Wait ten minutes to allow the tablet to dissolve before sexual intercourse.
- Repeat insertion of tablets if no intercourse after one hour and at each repeated intercourse.
- Insert one tablet for each act of sexual intercourse.
- Wait for 6 - 8 hours after intercourse before douching.

## HOW TO INSERT A FOAM TABLET



### Instructions for use

#### A. INSTRUCTIONS TO THE CBD AGENT

- The client should be given at least 20 tablets at each visit.
- Show the client the tablet while illustrating its use on flipchart or leaflet. Give written instructions where possible.
- Ask client to repeat instructions in own words.
- Record all stocks which are dispensed.

#### B. INSTRUCTIONS TO THE CLIENT

- Wash hands.
- After removing the silver foil covering, take one tablet, moisten it with water.
- Push the tablet up as far as the opening of the uterus (cervix) in a squatting position or one leg raised on a stool or chair or while lying on her back.
- Leave it in place for about 10 minutes to allow the foam tablets to dissolve before sexual intercourse.
- Insert another tablet if 1 hour elapses after inserting the first tablet before having sexual intercourse.
- Do not wash out vagina for 6-8 hours after the last sexual intercourse.
- Use a new tablet for each sexual intercourse.
- Keep the foam tablets in a safe place away from children.
- If you are having problems with vaginal or penile irritation, see your CBDA.

- You can use condoms together with Foam Tablets if you wish. By using this combination, protection against pregnancy is more effective and your risk of acquiring sexually transmitted infections is greatly reduced.
- Check to be sure you have all the supplies you need, enough to last until you can obtain more.

**Unwanted effects**

- Some women and men may be allergic to Foam Tablets.
- Some women complain of burning in the vagina while some men complain of burning sensation on the penis when they use foaming tablets.

**Management of unwanted effects**

If the client develops any of the unwanted effects:

- Advise the client to stop the method.
- Refer the client to clinic linked to the CBD Agent with a dully completed referral form.

# LACTATIONAL AMENORRHOEA METHOD (LAM)

## Definition

- It is a method of contraception based on the utilization of the natural infertility experienced by breastfeeding mothers in the early post partum period up to six months.

**NOTE:** While breastfeeding for childspacing is not a new concept, there is now significant information which shows that breastfeeding can be used as an effective family planning method of limited duration provided that certain rules are followed.

## Physiology of lactation

A hormone called prolactin is essential for maintaining milk production. The more a woman breast feeds her baby the more prolactin is produced hence more milk production. High levels of prolactin produced by a mother also contribute to lactation amenorrhoea and inability to become pregnant.

## The relationship between amenorrhoea and infertility

Ovulation rarely occurs during this period of amenorrhoea. Many lactating women tend to remain amenorrhoeic and infertile as long as breast milk is the only food the infant receives.

## Criteria for use of LAM

- Baby less than 6 months old.
- Amenorrhoea.
- Breastfeeding on demand or at least every 4 - 6 hours. - (see flowchart for criteria).

## The maximum duration of using LAM

Breastfeeding is a reliable contraceptive only during the first 6 (six) months post partum.

## **Effectiveness of LAM**

Out of 100 women practising LAM correctly 98 will not become pregnant.

## **Advantages of practising Lactational Amenorrhoea Method**

- Readily available and easy to use.
- Free.
- Does not interfere with sexual intercourse.
- Contraception starts immediately after birth.
- Requires no chemical or mechanical substances.

## **Added advantages of practising Lactational Amenorrhoea Method**

- Is economical.
- Provides the important nutritional requirements of the baby.
- Exclusive breastfeeding can protect the baby from life-threatening diarrhoea and other infectious diseases by providing antibodies in milk and by avoiding contaminated formula.
- Very convenient (no need to carry around formula or bottles).
- Decreases the risk of middle ear, respiratory infections.
- Promotes bonding between mother and baby.
- Acceptable in nearly all religions and cultures.
- Promotes normal facial and speech development.

## **Disadvantages of practising Lactational Amenorrhoea Method**

- Dependent upon maternal behaviour.
- Provides no protection against STDs and HIV/AIDS.
- Effectiveness as a contraceptive decreases six months after delivery.
- Not effective as a contraception once mother's menses return.
- Not an effective method of contraception unless all criteria are fulfilled.

## **Who can practice Lactational Amenorrhoea Method in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women who are willing and able to breast-feed their babies on demand.
- Women who have a baby less than six months old.

**Who should not practice Lactational Amenorrhoea Method in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women who are not willing to breast-feed their babies on demand.
- Women whose babies suckle infrequently.
- Women whose babies sleep through the night.
- Women who have added supplementary feeds to their baby's diet.
- Women who have resumed menses.
- Women who have a baby more than 6 months old.
- Women who are not fully breastfeeding.
- Women who must not become pregnant for health reasons.

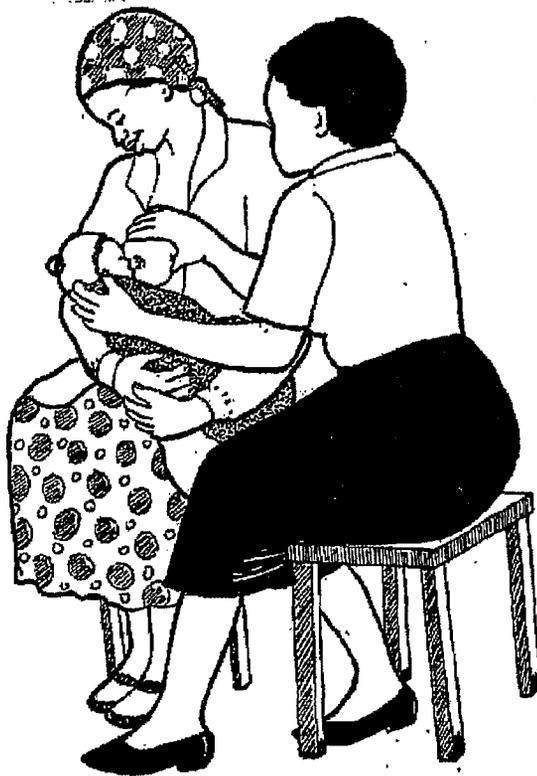
**Common problems related to breastfeeding that may interfere with the use of Lactational Amenorrhoea Method**

- Long interval between feeds.
- Severe maternal malnutrition.
- Supplementing the infant's diet.
- Incomplete emptying of the breasts.
- Nipple pains.
- Anxiety, uncertainty, lack of interest.
- Failure to place baby at both breasts.
- Use of medications that suppress secretion of milk.
- Pregnancy.
- Mother employed.

### **The Role of the CBD Agent in the promotion of breastfeeding**

- Promotion of exclusive breastfeeding.
- Provide psychological support and reassure women that breast milk is all the food a baby needs up to age of four to six months.
- CBDAs play a key role in the adoption and maintenance of optimal breastfeeding behaviours.
- Reassure the client that her breasts produce perfect milk in sufficient quantities whatever their size and shape. It is normal to breastfeed on demand.

### **BREASTFEEDING**

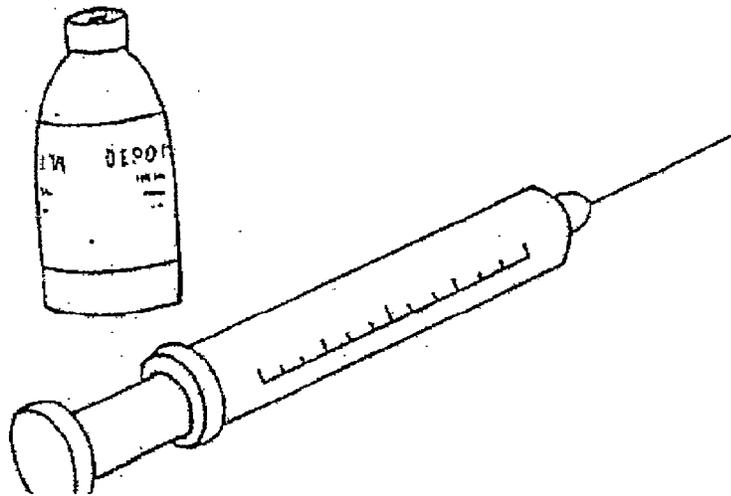


# HORMONAL INJECTABLE CONTRACEPTIVES

## Definition

This is an injection which contains a hormone called progestin. It is given to a woman to prevent pregnancy. Depo-Provera is the only injectable contraceptive available in Malawi and it is given every month.

## DEPO PROVERA



## Ways in which Injectable Contraceptives work to prevent pregnancy

- Stop the eggs from maturing (ovulation).
- Make the lining of the uterus too thin to support the fertilized egg.
- Make the mucus at the opening of the uterus too thick for sperms to pass through.

## Effectiveness

It is very effective. Out of a 100 women using Depo-Provera correctly for one year 99 women will not become pregnant.

## Advantages of Injectable Contraceptives

- Reliable.
- Reduces or eliminates "period pains"
- Periods are shorter and less heavy.
- Helps to prevent iron deficiency anaemia.

- Sometimes the facial skin becomes clearer and acne is improved.
- Offers privacy to the user.
- Can be used by breastfeeding mothers.
- Provides some protection against pelvic inflammatory disease.
- Does not have the side effects of estrogen.
- Does not interfere with lovemaking.
- Long acting.
- Reversible.

#### **Disadvantages of Injectables Contraceptives**

- Delay in becoming pregnant, it takes 4 - 24 months after stopping use of injectable.
- Some women stop menstruating or have irregular periods.
- Some women may gain weight.
- Does not protect against STDs/HIV/AIDS.

#### **Who can use Injectable Contraceptives in accordance with the Family Planning Policy and Contraceptive Guidelines**

- All women of reproductive age under 50 years.
- Any parity including nulliparous women.
- Breastfeeding mothers 6 weeks after delivery.
- Women who want a long-term method of contraception.
- Women with sickle cell disease.
- Women who cannot use Combined Pills due to oestrogen related contra-indications.
- Women with history of ectopic pregnancy.

#### **Who should not use Injectable Contraceptives in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women over 50 years.
- Women who cannot tolerate possible disruptions in their menstrual cycle.
- Women who desire another pregnancy before 2 years.
- Breast-feeding mothers before 6 weeks after delivery.
- Women who are pregnant or suspected of being pregnant.
- Women with a history of blood clotting disorders.
- Women with a history of heart disease.
- Women with unexplained vaginal bleeding.

- Women with liver disease.
- Women with undiagnosed lump in the breast.
- Women who must not become pregnant for health reasons.

**Unwanted effects of Injectable Contraceptives**

- Lack of periods.
- Light bleeding between periods or spotting.
- Loss of libido.
- Weight gain.
- Heavy bleeding.
- Severe headaches.
- Severe abdominal pain.

**Where Injectable Contraceptives can be obtained**

- Client can obtain Depo-Provera from the nearest clinic linked to the CBD Agent.

# NORPLANT®

## Definition

This is a long acting progestin only contraceptive which is inserted under the skin of the woman's inner upper arm to prevent pregnancy.

## How NORPLANT® works

NORPLANT® prevents pregnancy by:

- thickening the cervical mucus thereby making it difficult for the sperms to pass through the opening of the uterus.
- thinning the lining of the uterus, making it unfavourable for pregnancy to take place.
- preventing the woman's eggs from maturing.

## Effectiveness

Out of 100 women using NORPLANT® for 5 years 97 to 99 women will not become pregnant.

## Advantages of NORPLANT®

- Easy to use because there is nothing to remember once it is inserted.
- Long acting. Once inserted the client can use the method for 5 years.
- Can be removed at anytime.
- Immediate return to fertility once the device is removed.
- Does not cause any discomforts to the client.
- Does not affect breast milk production.
- Decreases menstrual flow thereby reducing chances of anaemia.
- Does not interfere with sexual intercourse.

## Disadvantages of NORPLANT®

- Requires minor surgery during insertion and removal.
- Must be inserted and removed by a trained service provider.
- Some users may experience alterations in menstrual bleeding patterns.
- Expensive (a fee has to be paid).

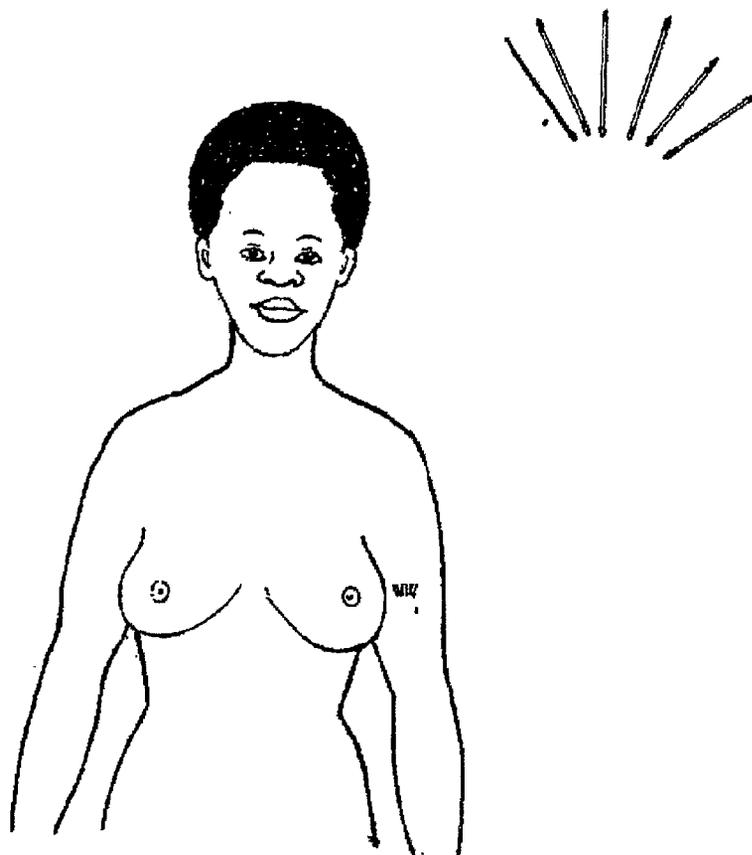
**Who can use NORPLANT® in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women of reproductive age under 50 years.
- Any parity including nulliparous women.
- Breastfeeding mothers 6 weeks after delivery.
- Women who want a long-term method of contraception.
- Women who want to avoid pregnancy for more than 3 years.
- Women with sickle cell disease.
- Women who can not use combined pills due to oestrogen related contra-indications.

**Who should not use NORPLANT® in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women over 50 years.
- Women who cannot tolerate possible disruptions in their menstrual cycle.
- Women who desire another pregnancy before 3 years.
- Breast-feeding mothers before 6 weeks after delivery.
- Women who are pregnant or suspected of being pregnant.
- Women with a history of blood clotting disorders.
- Women with a history of cardiovascular disease.
- Women with unexplained vaginal bleeding.
- Women with liver disease.
- Women with a lump in either breast.
- Women who must not become pregnant for health reasons.

## NORPLANT®



### **How NORPLANT® is inserted**

A professionally trained health worker inserts the six plastic match-like tubes of NORPLANT® under the skin of a woman's upper inner arm through a small incision.

### **Where further information on NORPLANT® is provided**

A client who needs NORPLANT® should be referred to the nearest clinic linked to the CBD Agent where further information and/or service could be provided.

# **INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)**

## **Definition**

It is a small piece of flexible plastic device which is inserted into the uterus to prevent pregnancy.

## **Types of Intrauterine Contraceptive Devices available in Malawi**

- Copper T380A is a T-shaped plastic device with copper around its vertical shaft and on its wings with two strings on its lower end. This is the type which is currently in use in Malawi.
- Lippes loop is an S-shaped plastic device with two strings attached to its lower end.

## **How the Intrauterine Contraceptive Device works to prevent pregnancy**

- It causes the lining of the uterus to be unsuitable for implantation of the fertilised egg.
- It prevents the sperm and egg to meet.

## **Effectiveness**

Out of a 100 women who use the IUCD for a year, 94 to 99 will not become pregnant.

## **Advantages of using the Intrauterine Contraceptive Device.**

- Is very effective.
- Prevents pregnancy from the day it is inserted.
- Does not interfere or interrupt with love making.
- Can be left in place for years with little medical supervision.
- Is a reversible method. Once it is removed the woman can become pregnant again.
- Is not expensive. Couples do not have to obtain supplies.

## **Disadvantages of using the Intrauterine Contraceptive Device**

- It must be inserted by a trained service provider.
- Does not provide protection against STD/HIV/AIDS.
- It can cause heavier periods.

*Intrauterine Contraceptive Device (IUCD)*

- If the woman has many sex partners while using the IUCD, she may get infections in her uterus and tubes. She may also get the infections if her partner has sex with other partners.
- It may cause the woman to have cramps or spotting.

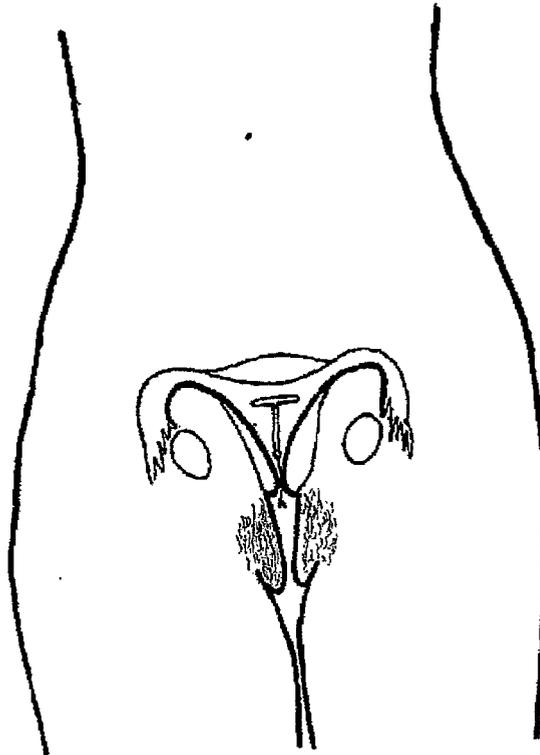
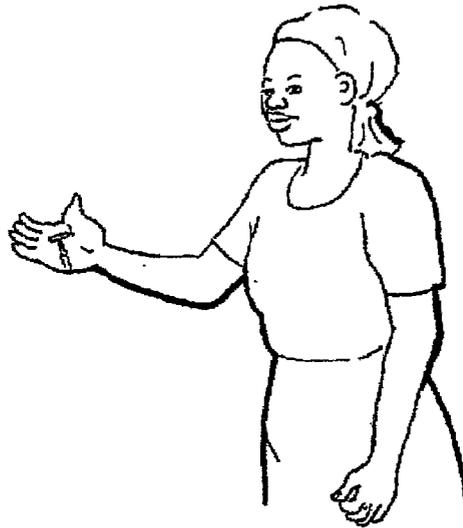
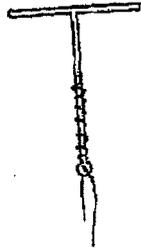
**Who can use the Intrauterine Contraceptive Device in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women of reproductive age.
- Women who have delivered 1 or more times.
- Women who want long term contraception.
- Women who have a mutual stable monogamous sexual relationship.
- Breast-feeding mothers.
- Women who have one or more living child/children.
- Women who cannot use hormonal methods.
- Women 6 weeks after delivery.
- Women immediately after delivery (within 10 minutes) when provider has been specially trained.

**Who should not use the Intrauterine Contraceptive Device in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women who have never given birth.
- Women whose partners or themselves have multiple sexual partners.
- Women who have no living child.
- Women who are pregnant or suspected of being pregnant.
- Women with a history of PID.
- Women with anaemia.
- Women with heavy menstrual bleeding.

IUCD



- Women before 6 weeks after delivery, unless provider has received specialized IUCD insertion training.
- Women with a history of ectopic pregnancy.
- Women with a history of heart disease.
- Women with cancer of the uterus.
- Women who must not become pregnant for health reasons.

### **Technique for inserting an Intrauterine Contraceptive Device**

The IUCD is inserted in the uterus through the vagina and the cervix by health personnel trained in IUCD insertion. If there are no problems the IUCD is left in place for ten years, but can be removed if the woman wishes to get pregnant. Lippes loop can remain in uterus for as long as it does not give problems to the client.

### **Where to get the method**

All clients who want to have an IUCD as a method of family planning should be referred to the nearest clinic linked to the CBD Agent with a duly completed referral form.

# **VOLUNTARY SURGICAL CONTRACEPTION (VSC) VASECTOMY**

## **Definition**

Vasectomy is a permanent surgical family planning method for men.

## **How Vasectomy works to prevent pregnancy**

- When the tubes are tied and cut the man's sperms (seeds) cannot leave the testes and therefore the man cannot make a woman pregnant.
- Men who have had vasectomy will continue to maintain erection and ejaculate seminal fluid.
- It takes 20 ejaculations before the seminal fluid is sperm free.

## **Effectiveness**

- Vasectomy is a very effective method of contraception. Out of 1000 men who have had vasectomy in a year, 999 will not make a woman pregnant.

## **Advantages of Vasectomy**

- Highly effective.
- Permanent.
- Does not interfere with sexual intercourse.
- Inexpensive in the long run.
- Very safe and fast procedure.
- Requires a single procedure.

## **Disadvantages of Vasectomy**

- Does not provide protection against STD/HIV/AIDS
- Considered irreversible.
- Pain and or infection on incision site, may occur.
- Slight chance of bleeding or blood clot in scrotum.
- Not effective immediately in preventing pregnancy (needs 20 ejaculations to make sure all sperms are expelled).

## **Who can have Vasectomy in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Men of reproductive age.
- Couples or individuals who are certain they never want any or more children and are knowledgeable on alternative methods.

- Couples or individuals who have been fully counselled, have demonstrated understanding of the checklist items on the consent forms, and have voluntarily signed the consent form.

### **Who cannot have Vasectomy in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Men who do not fully understand or are not willing to agree to the 5 main checklist items on the consent form.

These 5 items are:

1. I understand there are temporary contraceptive methods available which I can use instead of vasectomy.
2. I understand vasectomy is a surgical procedure with associated risks and unwanted effects.
3. I understand that, if successful, will prevent me from fathering any more children permanently.
4. I choose voluntarily and I understand I can decide against the procedure at any time before it is done, at no loss of medical and/or health services or other services or benefits.
5. I understand the method is not 100 per cent effective.

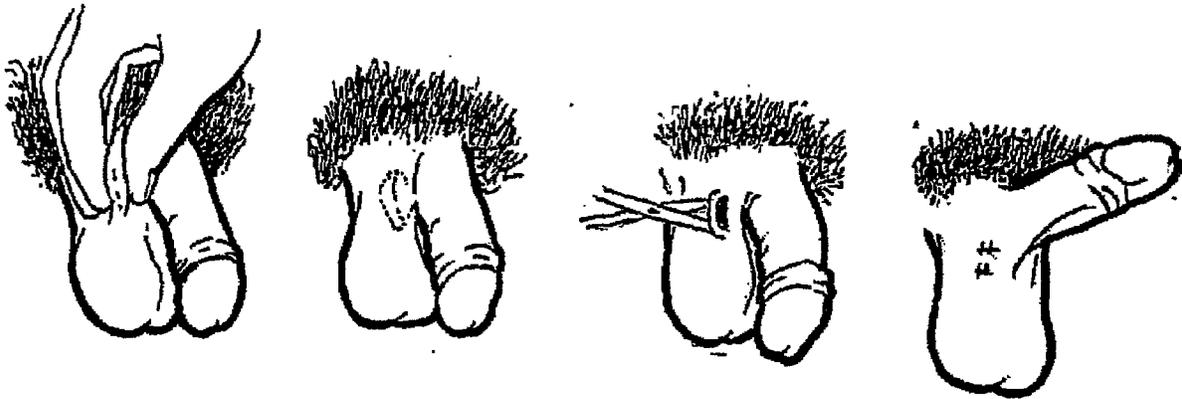
### **How Vasectomy is done**

The procedure is done while the client is awake. The doctor injects medicine on the scrotal sac to prevent pain. The procedure is done using either of the following:

- The doctor uses a special instrument to pierce the scrotal sac and open it slightly. The two spermatic ducts are then located, tied and cut. One tube is done at a time.
- A small incision is made on each side of the scrotum. The tubes known as spermatic ducts are clamped, tied and cut and incision closed.

**NOTE:** In both cases the procedure takes less than 15 Minutes and the client is discharged

## STEPS IN PERFORMING A VASECTOMY



### Objective 9

#### Where to go for Vasectomy

- All clients wanting Vasectomy should be referred to the nearest clinic linked to the CBDA with a duly completed referral form. Meanwhile he or the partner must be on a temporary family planning method.

# **VOLUNTARY SURGICAL CONTRACEPTION (VSC) TUBAL LIGATION (TL)**

## **Definition tubal ligation**

It is a permanent surgical family planning method for women. The decision to have this operation must be made voluntarily.

## **How tubal ligation works to prevent pregnancy**

When the tubes are tied and cut the passage for the eggs has been blocked, the eggs cannot meet the sperm. The woman can no longer get pregnant.

## **Effectiveness**

Tubal ligation is very effective, out of 1000 women who have had T/L in one year 998 will not become pregnant.

## **Advantages of tubal ligation**

- Highly effective
- Permanent.
- Does not interfere with sexual intercourse.
- Inexpensive in the long run.
- Very safe and fast procedure.
- Requires a single procedure.
- Immediate effect in preventing pregnancy.

## **Disadvantages of tubal ligation**

- Does not provide protection against STD and HIV/AIDS.
- Considered irreversible.
- Pain and infection on incision site.
- There may be injury to abdominal organs during tubal ligation procedures.
- It requires trained staff to perform tubal ligation procedures.

## **Who can have tubal ligation in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women of reproductive age.
- Any parity including nulliparous.

- Couples or individuals who are certain they never want any or more children and are knowledgeable on alternative methods.
- Couples or individuals who have been fully counselled, have demonstrated understanding of the checklist items on the consent forms, and have voluntarily signed the consent form.
- Women for whom age or health problems might cause an unsafe pregnancy.

### **Who should not have tubal ligation in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Women who do not fully understand or are not willing to agree to the 5 main checklist items on the consent form.

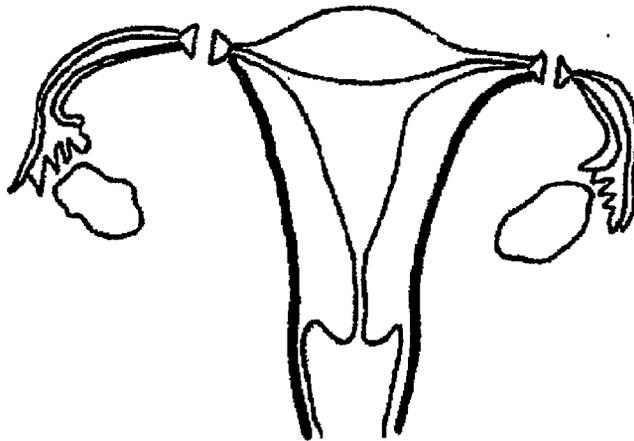
These 5 items are:

1. I understand there are temporary contraceptive methods available which I can use instead of tubal ligation.
2. I understand tubal ligation is a surgical procedure with associated risks and side-effects.
3. I understand that, if successful, tubal ligation will prevent me from bearing any more children permanently.
4. I choose tubal ligation voluntarily and I understand I can decide against the procedure at any time before it is done, at no loss of medical and/or health services or other services or benefits.
5. I understand the method is not 100 per cent effective.

### **How tubal ligation is done**

The procedure can be done while the client is awake or is put to sleep. If the procedure is done while client is awake the doctor will inject medicine to prevent pain in the abdomen. A small cut is made on the abdomen. The fallopian tubes are clamped, tied and cut, then the cut on the abdomen is closed. The procedure takes less than 20 minutes. The procedure is done while client is awake and she is coming from nearby she can leave the clinic after 2 or 3 hours of rest. If she is put to sleep, she will have to rest in the clinic for at least 4 hours.

## TUBAL LIGATION



### **Objective 9**

#### **Where to get the method**

All clients wanting tubal ligation should be referred to the nearest clinic linked to the CBD Agent with a duly completed referral form. Meanwhile the client should be provided with a temporary family planning method.

# NATURAL FAMILY PLANNING

## Definition

These are methods or practices that require a couple to observe the signs and symptoms of fertile phases and abstain from sexual intercourse during this time in order to prevent pregnancy .

## Types of Natural Family Planning Methods

- **The Basal Body Temperature Method (BBT)**

This method of natural family planning requires that a woman takes and charts her temperature every morning before she gets up. The couple should abstain from sexual intercourse from the first day of menstrual bleeding until the woman's temperature has risen above her regular temperature and has stayed up for three full days, this means that ovulation has occurred and passed.

- **The Cervical Mucus (Billings) Method**

This is a method of fertility awareness whereby a woman detects her fertile period by observing and recording the changes in the quality of cervical mucus throughout the menstrual cycle. The couple should abstain from sexual intercourse during the time that the cervical mucus shows signs that an egg is being released up to 3 days when the quality of cervical mucus has changed.

- **The Sympto-Thermal Method**

This is a method of fertility awareness which uses BBT and the cervical mucus methods to determine the beginning of the fertility phase. The couple must avoid sexual intercourse when either the cervical mucus sign or the basal body temperature show signs that an egg is being released up to 3 days after the last sign has disappeared.

## How Natural Family Planning methods work to prevent pregnancy

Pregnancy is prevented when a couple avoids sexual intercourse during the woman's fertile phase.

## Effectiveness

Out of 100 women practising Natural Family Planning correctly and consistently, for one year, 63 to 98 women will not become pregnant.

### **Advantages of Natural Family Planning**

- No physical unwanted effects.
- Accepted by religious groups which oppose artificial Family Planning methods.
- Reversible immediately.
- Fairly effective.
- Involve both partners in sharing responsibilities.

### **Disadvantages of Natural Family Planning**

- Can cause marital stress.
- Physical illness can interfere with the method because it is difficult to observe the signs and symptoms of fertility.
- Require long periods of instructions by the counsellor for the couple to understand the methods.
- Require careful daily recording of signs to enable the woman to accurately identify her fertility phase.
- Does not provide protection against STD's including HIV/AIDS.

### **Who can practice Natural Family Planning in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Men and women of reproductive age.
- Any parity, including nulliparous.
- Couples who desire to practice NFP for health, religious or personal preference.
- Couples who are willing and motivated to learn about the woman's cycle.
- Couples who are willing to practice abstinence for 5 to 8 days each cycle.
- Women who have contra-indications to other methods.

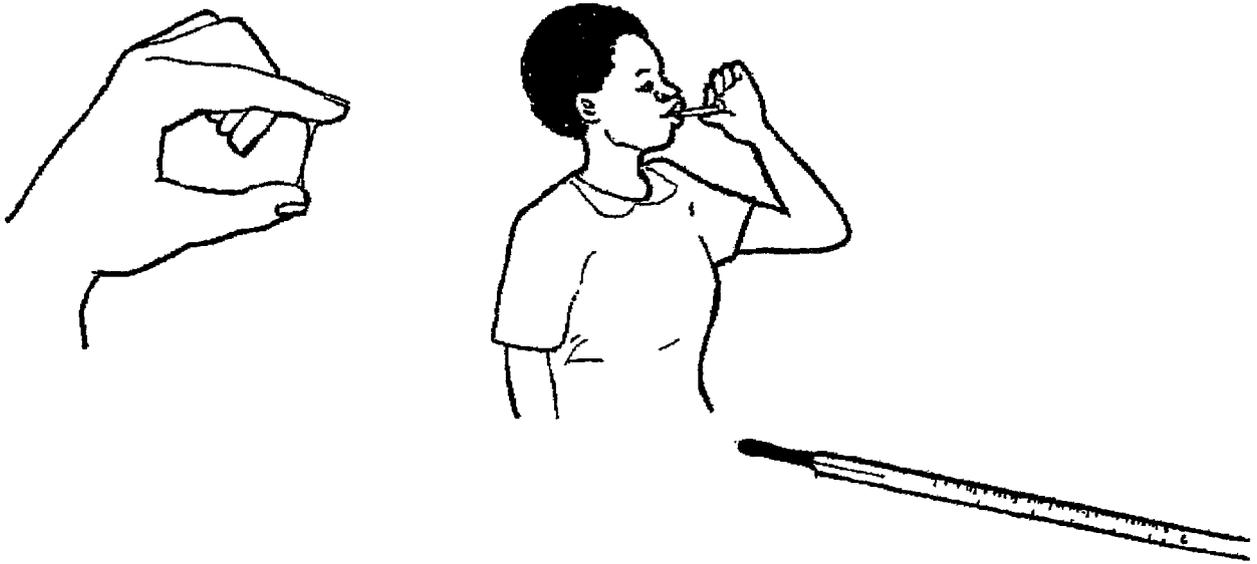
### **Who should not practice Natural Family Planning in accordance with the Family Planning Policy and Contraceptive Guidelines**

- Couples unable or unwilling to observe the signs and symptoms that occur during the woman's cycle.
- Couples unable or unwilling to keep the necessary records.
- Couples or partner who are not willing to abstain during the fertile phase.
- Women who must not become pregnant for health reasons.
- Women with a vaginal infection that may change consistency of the cervical mucus.

**Where natural Family Planning Services can be obtained**

- Clinic linked to the CBD Agent.
- Catholic Institution nearest to the CBD Agent or other individuals with full knowledge on Natural Family Planning.

**NATURAL FAMILY PLANNING METHODS**



# STDs/HIV/AIDS PREVENTION

## Definition

- **Sexually Transmitted Diseases (STDs)**

These are diseases that are passed from one infected person to another during sexual intercourse, e.g. syphilis, gonorrhoea, HIV etc.

- **Human Immunodeficiency Virus (HIV)**

Stands for Human Immunodeficiency virus. It is the virus that causes AIDS. When people become infected with HIV they do not become ill with AIDS immediately, but eventually they will.

- **Acquired Immunodeficiency Syndrome (AIDS)**

Stands for Acquired Immuno Deficiency Syndrome. As its name indicates, HIV attacks the body's immune system, destroying its ability to fight off infections leading to AIDS.

## Common problems that are indicative of an STD

- Genital Ulcers.
- Vaginal/urethral discharge.
- Itching of vulva/vagina.
- Burning or pain when passing urine.
- Lower abdominal pain in women.
- Swelling of vulva or soreness.
- Swelling and pain in the groin.
- Abnormal growths on the genitals i.e. genital warts.
- Itching of the penis.
- Swelling and pain on one or both testis.

## How STDs and HIV/AIDS are spread

- **Sexual Transmission**

STDs and HIV/AIDS can be transmitted from an infected person to his or her sexual partner - man to woman, woman to man, man to man, and woman to woman. In this case, sexual intercourse refers to penetrative vaginal, penile - anal or oral - genital contact.

- **Exposure to infected blood or blood products.**

- Traditional cuts e.g. tattooing using the same blade.
- Injection with unsterilized needles.
- Needle sharing among intravenous drug users.

- **Mother to baby/infant**

From mother to baby during pregnancy or during delivery or during breastfeeding.

**NOTE:** People infected with HIV are both infected and infectious for the rest of their life. Even when infected people have no symptoms or outward signs, they can transmit the virus to others.

- **How HIV/AIDS is not spread**

HIV/AIDS is not spread by:

- Mosquito bites
- Kissing
- Touching
- Sharing food
- Taking care of a person with AIDS.

### **Complications of STDs**

- Infertility in both men and women.
- Blindness in infants born to women who have STDs.
- Abortion or still births in pregnant women.
- Heart disease, arthritis and madness.
- Paralysis.
- Death.

### **High risk behaviours**

- Unprotected sex.
- Having multiple sex partners.
- Prostitution.
- Drug abuse and alcoholism.
- Experimenting with sex.

### **Risk reduction behaviours**

- Have a mutually faithfully relationship between uninfected partners. This carries no risk of sexually transmitted infection, HIV/AIDS. Testing for HIV may be necessary at the beginning of a relationship to detect asymptomatic infection.
- If you are not in a mutually faithful relationship, always use a latex condom for vaginal or anal intercourse.
- If one partner gets infected with a sexually transmitted disease, both partners should be treated and must complete the treatment.
- When infected with STDs, either abstain from intercourse until treatment is complete or use condoms/spermicides.
- Avoid alcohol/drug abuse because this leads one to loss of self control and can easily indulge in sexual activities with infected persons.
- Avoid sharing injection equipment and needles of any kind, even skin piercing objects.
- The ABC of risk reduction
  - A - **A**bstinence from sexual activity.
  - B - **B**e faithful to one partner (mutually faithful) or
  - C - **C**ondom use with all sexual partners.

### **What to do for clients who might have STDs**

- Refer client to nearest clinic linked to CBDA.
- Emphasize that most STDs are curable except HIV/AIDS.
- Educate clients on the dangers of self treatment.
- Stress importance of both partners being treated.
- Stress that STDs increase the chance of contracting HIV/AIDS.
- Encourage couples to use condoms or not have sex until both partners have completed treatment.

### **Important points to be considered when educating clients about STD/HIV/AIDS Prevention**

1. Common problems indicative of STDs.
2. How STDs/HIV are spread.
3. How HIV is not spread.
4. Complications of STDs.
5. Risk behaviours which increase the risk of contracting STD/HIV/AIDS
6. Risk reduction behaviours.
7. Where to go if they notice problems indicative of STDs.

# INFERTILITY

## Definition

Infertility is the inability of a couple to conceive after having sexual intercourse without using a family planning method for one year or more.

## Possible causes of infertility

- In Malawi the common cause is STD which causes blockage on the woman's tubes thereby making the eggs unable to meet male seeds.
- The man does not have enough male seeds.
- The man's tubes (vas deferens) are blocked and male seeds cannot pass from the testes.
- The prostate gland does not produce enough fluid to clean the urethra, so the sperms die as they pass through the urethra.
- The woman does not release eggs.
- The uterus cannot support a fertilized egg
- The couple is not having sexual intercourse when the woman has released her egg (ovulated)
- Perhaps the man is taking medicine that kills male seeds.
- Unknown.

## CBD Agent's role in managing couple with infertility

- The CBDA must be kind and sympathetic
- Explain that men as well as women may have the problem of infertility due to various causes that may need investigation.
- The CBDA educates the couple on the fertile phase of the menstrual cycle.
- The CBDA refers the couple to the nearest clinic, health centre or hospital.

## Prevention of Infertility

- Educate clients on:
  - Mode of spread of STDs
  - Early signs of STDs
  - Complications of STDs
  - Where to get treatment
  - Use of condoms
  - Prevention of STDs
- Advise client on the importance of having one sexual partner.
- Advise client to use family planning methods to avoid unwanted pregnancy which may lead to criminal abortion resulting in infection in the woman's tubes.

# REFERRAL

## Definition

Referral is the process of transferring problems/issues beyond the capability of the individual to a superior or colleague.

## Reasons for referral of family planning clients

### A. To the Clinic

- New clients for physical examination.
- Subsequent clients for annual physical examination.
- Clients with unwanted effects.
- Clients requiring method not provided by CBDA.
- Clients suspected of being pregnant.
- People with other medical conditions.

### B. To others e.g. Traditional Leaders, Committees, Religious Leaders, other CBDAs and Agencies.

- Any policy issue that may be unclear to the CBDA.
- Clients that CBDAs cannot handle due to cultural barriers.
- Conflicts between spouses/relatives of clients and CBDAs.
- Conflicts amongst CBDAs or CBDA and Community.

## Medical problems to be referred immediately to the nearest clinic

- A** Abdominal pains (severe)
- C** Chest pains (severe)
- H** Headache (severe)
- E** Eye problems (Severe)
- S** Severe leg pains (calf pains)
- heavy vaginal bleeding
- Pus/bleeding/pain at insertion site - for clients with NORPLANT®
- Jaundice
- Excessive weight gain
- Delayed periods (for IUCD clients)
- Missing strings

## Process of referral

When referring clients CBD agents should use the following steps:

- Identify clients that have problems which require referral.

- Determine where such clients can be referred to.
- Decide when to refer client.
- Counsel client on the referral.
- Fill in clients referral form.
- Fill in clients register.
- Instruct client where to go.
- Instruct client to bring back filled in feedback form.
- Document feedback information appropriately.

**Demonstration of completing a referral form.**

**INSTRUCTION FOR TRAINER**

- The trainer fills the referral form while the learners are observing.
- The trainer distributes the referral forms to each trainee.
- The trainer gives feedback on each trainee.

### REFERRAL LETTER

1. Client's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Reason for Referral

a. Physical Examination

b. Other methods

- Loop
- Tubal Ligation
- Vasectomy
- Norplant
- Natural Family Planning
- Depo-provera

c. Side Effects: \_\_\_\_\_  
\_\_\_\_\_

4. FP method being used \_\_\_\_\_

\_\_\_\_\_

5. Client's Number \_\_\_\_\_

6. CBDA's Name \_\_\_\_\_

7. Place of Work \_\_\_\_\_

**FEEDBACK**

Physical Examination \_\_\_\_\_

\_\_\_\_\_

Method given \_\_\_\_\_

\_\_\_\_\_

Assistance given \_\_\_\_\_

\_\_\_\_\_

Name of Provider \_\_\_\_\_

# FOLLOW UP OF FAMILY PLANNING CLIENTS

## Definition

These are visits to subsequent and potential clients for continuity of family planning services.

## Clients for Follow Up

It is very important for CBDA to follow up Family Planning clients to ensure proper management and continuity. Clients that need follow up include.

- Clients on family planning methods.
- Clients that were referred for further management.
- Clients with missed appointments e.g.
  - who did not go for examination
  - who were not seen during the last visit.
- Potential clients
  - client who had shown interest in family planning at the initial contact.

## Steps used when following up clients

- Using the client register, identify clients that require follow up.
- Using the 3 weekly work plan developed, follow up identified clients.
- Request and review any feedback.
- Provide required services to clients.
- Document relevant information

# RECORD KEEPING

## Definition

Record keeping is the collection and storage of information in a written form.

## Importance of record keeping in family planning services.

- Reporting information about CBD Agent's work.
- Monitoring and evaluation of CBD Agent's work.
- Planning future programmes.
- Improvement of CBD services.
- Reporting information on contraceptive usage.
- To determine order quantities.
- To determine issue quantities.
- Research.
- Legal purposes.

## Records that are used by a CBD Agent

- Tally Sheet (Form LMIS-01)
- CBD Client Card
- CBD Client Register Book
- Referral Form

## Tally Sheet

- Acts as daily register for all family planning clients.
- It is a summary of all clients served and methods dispensed in a month.
- The form has space for name of CBD Agent, month and year of reporting.
- The form is divided into the following three sections:

**First Section:** Contains information on new and subsequent clients and methods dispensed. The section has zeroes and each zero is crossed out once as a record (tally) for each client visit.

**Second Section:** Contains information on clients referred and feedback. The section has zeroes and each zero is crossed out once as a record (tally) for each client referred and feedback from the clinic.

**Third Section:** Contains information on total new and subsequent clients served that month. Total methods dispensed, balance at hand and total clients referred and feedback from clinic.

## Purpose of Tally Sheet

To collect information about family planning clients and the numbers of contraceptive methods they receive.

## When the Tally Sheet is filled in

- Each time contraceptives are given to clients.
- When a client is being referred.
- Each time a client brings a feedback from the clinic.

## Steps in filling the Tally Sheet

**STEP 1: DZINA LA MLANGIZI:**  
Write the name of the CBD Agent

**STEP 2: MWEZI:**  
Write the month for which the form is being completed.

- STEP 3: CHAKA:**  
Write the year in which the form is being completed.
- STEP 4: WOLERA ATSOPANO:**  
Draw a diagonal line through a circle to indicate which contraceptive was given to a new client.
- STEP 5: WOLERA AKALE:**  
Draw a diagonal line through a circle to indicate which contraceptive was given to subsequent clients.
- STEP 6: NJIRA ZOPEREKEDWA:**  
Draw a diagonal line through a circle to indicate the number of each contraceptive given to a client for example:
- For orals, one diagonal line equals 1 cycle.
  - For condoms, one diagonal line equals 20 pieces.
  - For foaming tablets, one diagonal line equals 20 pieces.
- STEP 7: WOLERA ATSOPANO WOTUMIZIDWA KUCHIPATALA:**  
Draw a diagonal line through a circle to indicate that a new client was referred to hospital for any of the reasons in the first column.
- STEP 8: WOLERA AKALE WOTUMIZIDWA KUCHIPATALA:**  
Draw a diagonal line through a circle to indicate that a subsequent client was referred to hospital for any of the reasons listed in the first column.
- STEP 9: MAYANKHO A KUCHIPATALA:**  
Draw a diagonal line through a circle to indicate that a client referred to hospital has reported back to you with a signed feedback form.
- STEP 10: CHIWERENGERO CHA MWEZI ONSE CHA WOLERA ATSOPANO:**  
Add the number of diagonal lines for each of the contraceptive methods given to new clients and write the total.
- STEP 11: CHIWERENGERO CHA MWEZI ONSE CHA WOLERA AKALE:**  
Add the number of diagonal lines for each of the contraceptive methods given to subsequent clients and write the total.
- STEP 12: CHIWERENGERO CHA MWEZI ONSE CHA NJIRA:**  
Add the number of each contraceptive method given to both new and subsequent clients and write the total.

- STEP 13: CHIWERENGERO CHA ZOTSALA POTH A PA MWEZI:**  
Count the quantity of each contraceptive remaining at the end of the month and write the total.
- STEP 14: CHIWERENGERO CHA OTUMIZIDWA ONSE:**  
Write the total number of clients referred by CBD Agents for each of the reasons listed in the column on the left.
- STEP 15: CHIWERENGERO CHA MAYANKHO ONSE:**  
Write the total number of clients referred to hospital who reported back to you with a signed feedback form.
- STEP 16: CHIWERENGERO CHA MWEZI ONSE CHA WOLERA ATSOPANO:**  
Add the number of new clients for all methods and write the total.
- STEP 17: CHIWERENGERO CHA MWEZI ONSE CHA WOLERA AKALE:**  
Add the number of subsequent clients for all methods and write the total.
- STEP 18: CHIWERENGERO CHA MWEZI ONSE CHA OTUMIZIDWA ONSE:**  
Add the number of referred clients and write the total.
- STEP 19: CHIWERENGERO CHA MAYANKHO A MWEZI ONSE:**  
Add the number of referred clients and write the total.

### Demonstration

#### INSTRUCTION TO THE TRAINER

- The Trainer should draw an enlarged Tally Sheet on a newsprint.
- Using a felt marker the Trainer should draw diagonal lines through several zeroes on the Tally Sheet for orals and condoms.
- The Trainer should ask participants to total the number of each contraceptive given to clients.
- When the participants have finished, the Trainer should check the totals and assist each participant accordingly.

#### Client Card

- This card is filled by the CBD Agent but is kept by the client. The card is divided into the following sections.

- **First Section: Personal Data**

- Name of the client.
- Village.
- Client number.
- Date of first visit.
- Age of client.
- Parity of client.
- Family Planning Method accepted.
- Name of CBD Project.
- Name of CBDA.
- Area.

- **Second Section: Hormonal Contraceptive Checklist**

The Hormonal Contraceptive Checklist contains information that is used to screen out clients for hormonal contraceptives. The Checklist must be used for all clients who want to use hormonal contraceptives.

**NOTE:** Refer to topic on Hormonal Contraceptive Checklist for details.

- **Third Section: Referral**

This is a section where reason for referral and feedback from the clinic is documented.

- **Fourth Section: Subsequent visits**

This is a section where management of client on subsequent visits is documented.

### **Purpose of CBD Client Card**

- Documenting client's personal data
- Screening clients for Hormonal Contraceptives
- First referral of client to the clinic and feedback
- Documenting management of client on subsequent visits

### **When the CBD Client Card is filled in**

The card is filled in when client is initiated on a family planning method and every time the client is served by the CBD Agent.

**Steps in filling the CBD Client Card**

- STEP 1:** Write in the name of the client.
- STEP 2:** Write the name of the client's village/address.
- STEP 3:** Write the client's number from the register book.
- STEP 4:** Write the date of client's first visit.
- STEP 5:** Write Client's age.
- STEP 6:** Write client's parity.
- STEP 7:** Write Family Planning method accepted.
- STEP 8:** Write the name of the CBD project .
- STEP 9:** Write the name of the CBD Agent.
- STEP 10:** Write the area of operation of the CBD Agent
- STEP 11:** Screen client for eligibility for Hormonal Contraceptives (refer to topic on Hormonal Contraceptive Checklist).
- STEP 12:** Write the date when the client is being referred to the clinic for the first time. Reasons for referral. e.g. for physical examination.
- STEP 13:** Write the date of next appointment

**SUBSEQUENT VISITS**

- STEP 1:** Write the date of the subsequent visit.
- STEP 2:** Write the date for the last menstrual period.
- STEP 3:** Write method given and comments.

## Demonstration

### INSTRUCTION TO THE TRAINER

- The Trainer divides participants into pairs. One participant will play the role of a client and the other the role of a CBD Agent.
- The participant playing the role of a CBD Agent should collect information from the client and fill in the client card.
- The Trainer should check the documentation on the client card for accuracy before participants exchange roles.

## Client Register Book

The client register is a book in which information about clients and activities of the CBD Agent are recorded. It is divided into four major sections as follows:

- **FIRST SECTION: Family planning clients data**

In this section only clients served by a CBD Agents and are on a method, recorded.

- Column 1 - the registration number - 2 cm
- Column 2 - the date the client is seen - 2 cm
- Column 3 - client first name and surname - 4 cm
- Column 4 - the village where the client lives - 4 cm
- Column 5 - the age of the client - 1 cm
- Column 6 - the parity - which is the number of deliveries the client has had - 1 cm
- Column 7 - whether it is a new or subsequent client - 1 cm  
(anyone receiving modern method of family planning for the first time is recorded as new).
- Column 8 - whether the client is a female or male - 1 cm
- Column 9 - the method of family planning the client has chosen and has been started on - 2 cm
- Column 10 - client referred to the clinic - ½ cm
- Column 11 - for recording the feedback from the referral centre - ½ cm
- Column 12 - the date when the CBD Agent will next visit the client - 2 cm
- Column 13 - Actual date - 2 cm
- Columns 14 - for entering the method given on the subsequent visits - 3 cm
- Column 15 - Remarks - 3 cm

- **SECOND SECTION: Clients choosing other methods**

In this section clients who have chosen other family planning methods not provided by the CBD Agent and have been referred are recorded.

Date	-	3 cm
Name	-	5 cm
Village	-	4 cm
Method given	-	9 cm

- **THIRD SECTION: Other visits**

In this section the CBD Agent documents all other clients who have not been recorded anywhere else in the register e.g. clients who have been counselled only.

Date	-	3 cm
Name	-	5 cm
Village	-	4 cm
Activities	-	9 cm

- **FOURTH SECTION: Meetings**

In this section the CBD Agent documents all meetings or IEC sessions on family Planning and STD/HIV/AIDS prevention conducted.

Date	-	3 cm
Village	-	4 cm
Topic of the meeting	-	9 cm

### **Purpose of the client register**

To record all contacts made and services provided by the CBD Agent.

### **Steps in filling in the client register book**

**FIRST SECTION:**

**STEP 1: COLUMN 1**

Write the clients registration number.

**STEP 2: COLUMN 2**

Write the date the client is seen.

**STEP 3: COLUMN 3**

Write the client's first name and surname.

**STEP 4: COLUMN 4**

Write the name of the village where the client lives.

**STEP 5: COLUMN 5**

Write the age of the client.

**STEP 6: COLUMN 6**

Write the parity (number of deliveries the client has had).

**STEP 7: COLUMN 7/8**

Tick in column 7 if the client is new or 8 if subsequent.

**STEP 8: COLUMN 9/10**

Tick column 9 if the client is female or 10 if male.

**STEP 9: COLUMN 11**

Write the method of family planning the client has chosen and has been started on.

**STEP 10: COLUMN 12**

Tick whether the client has been referred to the clinic.

**STEP 11: COLUMN 13**

Tick whether you have received feedback from the clinic.

**SUBSEQUENT VISITS**

**STEP 12: COLUMN 14**

Write the date when the CBD Agent will next visit the client.

**STEP 13: COLUMN 15**

Write the actual date of the visit.

**STEP 14: COLUMN 16**

Write the method given on the subsequent visit.

**STEP 15: COLUMN 17**

Write in the remarks.

**NOTE:** Columns 12 to 15 are used to document subsequent visits. These columns should be repeated several times.

**Demonstration**

**INSTRUCTION TO THE TRAINER**

- The Trainer divides participants into pairs. One participant will play the role of the client and the other the role of a CBD Agent.
- The participant playing the role of a CBD Agent should collect information from the client and fill in the client card and register book.
- The Trainer should check the documentation on the client register for accuracy before participants exchange roles.

## **Client Referral Form**

The referral form contains information on client's personal data, reasons for referral and family planning method being used. It also has space for documenting feedback from the clinic.

### **Purpose of client referral form**

- To document information on clients being referred and feedback from the clinic.

### **When the referral form is filled in**

This form is filled in when the client is referred to the nearest clinic linked to the CBD Agent.

### **Steps in filling in client referral form**

See topic on referral.

### **Demonstration**

See topic on Referral.

REPUBLIC OF MALAWI  
MINISTRY OF HEALTH AND POPULATION

DZINA LA MLANGIZI		MWEZI:		CHAKA:	
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NJIRA	WOLERA ATSOPANO	WOLERA AKALE	NJIRA ZOPEREKEDWA	
MAPIRITSI AMPHAMVU ZIWIRI	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira paketi imodzi 0000	
MAPIRITSI AMPHAMVU IMODZI	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira paketi imodzi 0000	
MAKONDOMU	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira Makondomu 10 0000	
THOVU	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira mapiritisi 10 0000	
WOTUMIZIDWA KU CHIPATALA			MAYANKHO AKUCHIPATALA	
WOYESEDWA MTHUPI	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000
WOSANKHA NJIRA ZINA	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000
AZOVUTA ZINA	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000

## CHIWERENGERO CHA MWEZI ONSE

	ATSOPANO	AKALE	NJIRA	ZOTSARA POTHA PA MWEZI		OTUMIZIDWA ONSE	MAYANKHO ONSE
MAPIRITSI AMPHAMVU ZIWIRI					OKAYESEDWA MTHUPI		
MAPIRITSI AMPHAMVU IMODZI					NJIRA ZINA		
MAKONDOMU					ZOVUTA ZINA		
THOVU					TOTALA		
TOTALA							

**THE HORMONAL CONTRACEPTIVE CHECKLIST  
QUESTIONS**

CONTINUATION

- |  | Yes | No  |
|--|-----|-----|
| 1. Do you have or have you ever had severe headaches that do not get better after taking pain tablets?         | [ ] | [ ] |
| If you suffer from severe headaches, do you also see flashing lights, get dizzy or have a feeling of sickness? | [ ] | [ ] |
| 2. Do you suffer from epileptic fits?  | [ ] | [ ] |
| 3. Have you had an illness where your eyes or palms turned yellow (Jaundice)?                                  | [ ] | [ ] |
| 4. Do you have swellings (lumps) in breasts?   | [ ] | [ ] |
| 5. Do you experience severe sharp pains in the chest that make it difficult for you to breath?                 | [ ] | [ ] |
| 6. Do you suffer from high blood pressure?   | [ ] | [ ] |
| 7. Are you on treatment for sugar disease (diabetes)?  | [ ] | [ ] |
| 8. Have you had unusual bleeding between your periods?   | [ ] | [ ] |
| 9. a. Did you miss your last period?   | [ ] | [ ] |
| (Ask only if the woman is not breastfeeding, if the answer is Yes, ask question 9b)                            | [ ] | [ ] |
| b. After missing your period, have you had any unusual bleeding?   | [ ] | [ ] |
| 10. Do you have severe varicose veins  | [ ] | [ ] |

**INSTRUCTIONS**

1. If client has answered no to all questions she should receive Pills
2. If client has answered no to all questions, and has a baby less than six months, she should receive POP.

**REFERRAL**

First referral \_\_\_\_\_ Date \_\_\_\_\_

Reason

- |                          |     |
|--------------------------|-----|
| (a) Physical Examination | [ ] |
| (b) Other methods        | [ ] |
| (c) Side effects         | [ ] |

Feedback from clinic:

.....  
.....

Name of Provider: .....

Second referral ..... Date .....

Third referral ..... Date .....

DATE OF NEXT VISIT	DATE	L.M.P	COMMENT

COMMUNITY-BASED DISTRIBUTION OF CONTRACEPTIVES PROGRAMME

CONTINUATION

CLIENT CARD

DATE OF NEXT VISIT	DATE	L.M.P	COMMENT

CBD Project Name.....

Client Name .....

Village.....

Number .....

Date.....

Age..... Parity .....

Method.....

CBDA Name.....

### REFERRAL LETTER

1. Client's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Reason for Referral

a. Physical Examination

b. Other methods

• Loop

• Tubal Ligation

• Vasectomy

• Norplant

• Natural Family Planning

• Depo-provera

c. Side Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. FP method being used \_\_\_\_\_

\_\_\_\_\_

5. Client's Number \_\_\_\_\_

6. CBDA's Name \_\_\_\_\_

7. Place of Work \_\_\_\_\_

**FEEDBACK**

Physical Examination \_\_\_\_\_

\_\_\_\_\_

Method given \_\_\_\_\_

\_\_\_\_\_

Assistance given \_\_\_\_\_

\_\_\_\_\_

Name of Provider \_\_\_\_\_

# USE OF VISUAL AIDS IN FAMILY PLANNING

## Definition

A teaching instrument which helps in learning by use of sight e.g. flipchart, posters, leaflets and anatomical models.

## Appropriate Visual Aids to be used by a CBDA

- Flipchart - Kabanja  
- Kulara
- Posters
- Method specific leaflets
- Pamphlets
- Anatomical models

## Advantages of using Visual Aids

- Make the presentation to be interesting.
- Attract attention of learners.
- Assist in clarifying difficult concepts.

## Disadvantages of using Visual Aids

- They are not readily available because:
  - They are expensive
  - Not easily accessible to CBD Agents
- Increase the presentation time.

## **Use of Visual Aids when counselling or motivating clients**

### **Flipcharts**

Flipcharts that show family planning methods are excellent Visual Aids to use when giving a group talk or counselling clients about the methods. Here are a couple of tips to make flipcharts even more effective.

- when using a flipchart, be sure that it is placed where everyone in the room can see it;
- stand beside the flipchart, not in front of it, and face the audience;
- point to the pictures that illustrate important points in the presentation;
- if the flipchart is too small for everyone to see, pick it up and carry it around the room so that everyone can have a look at important illustrations.

### **Posters**

CBD agents should be encouraged to hang posters in their communities. Usually these posters will have motivational messages for people who are not using family planning methods. CBD agents should think about who the poster is for and hang them in places where those people are most likely to see them. Such places include kiosks, markets, bus stands, shops, petrol stations, clinics, churches, and banks. It is important to ask permission to hang the poster first so that it will not be torn down.

CBD agents should use posters during group presentations to illustrate points or to stimulate discussions.

**NOTE:** Posters are hung:

- in public places where many people will see them.
- in places where they are protected from weather.
- at the level of the eye so that people will be able to read them easily.

### **Leaflets, Booklets and Pamphlets**

Leaflets, booklets and pamphlets are used to reinforce or support the information provided by CBD agents either during group presentations or during individual counselling sessions. If used properly, they can strengthen information given to clients. The following are suggestions for CBD agents on how to use leaflets, booklets and pamphlets during individual counselling sessions. They should:

- go through each page with the client. This gives the CBD agent a chance to both show and explain each drawing and to answer any questions that the client has. This is especially important for clients who cannot read.
- point to the pictures as they explain the text. This will help illiterate clients remember what the illustrations represent. The pictures can also be used by CBD agents to explain difficult information such as where the IUCD is inserted, and what is involved in a tubal ligation.
- observe the client to see if she looks puzzled or worried during the explanation. If so, she should be encouraged to ask questions or talk about any concerns. Discussion helps establish a good relationship between the CBD agent and the client. A person who has confidence in the CBD agent will often transfer that confidence to the method selected.
- always give the client something to take home. Clients feel important when they are given leaflets, booklets or pamphlets to take home. These are a great way for clients to remember important instructions after they get home. Also CBD agents should tell clients to share them with their partner and friends, thus spreading the word about family planning.

### **Anatomical Models**

Anatomical models are a very good way to show the internal organs of the male and female reproductive system. They are also very useful when demonstrating how to put on a condom, and how the IUCD is inserted. Anatomical models are best used in individual counselling sessions or small groups because they are too small to be seen at a distance.

When using anatomical models, CBD agents should always explain first what the organs are that the client is seeing. The agent should hold the model so that it is facing the client, and then point to each organ while describing its function. The CBD agent should encourage the client to ask questions. Often clients find it difficult to understand what anatomical models represent, therefore CBD agents need to take their time explaining what the client is seeing.

### **Choosing the Right Visual Aids**

Not every visual aid is right for every presentation. CBD agents should first plan the objectives and content of their presentations and then find the appropriate visual aids to accompany the talk. In other words, visual aids illustrate the presentation. They are not the reason for the presentation.

**NOTE:**

- Use visual aids

The effective use of Visual Aids encourages the audience to make greater use of their senses. CBD Agents should use aids to make their talks more interesting and lively.

- **Practice, practice, practice!**

CBD Agents should always practice in the use of Visual Aids and that there is no one correct way. The success of a presentation is highly dependent upon the presenter, the audience, the circumstances and practice as such, there is no single set of rules which guarantees success in all situations.

# COMMUNICATION IN FAMILY PLANNING

## Definition

Communication is the process of exchanging ideas and information among people.

## Purposes of Communication

- Informing** : The new idea is introduced and made familiar to the target audience.
- Educating** : The new idea is explained including its strengths and weaknesses.
- Persuading** : The audience is given convincing arguments that motivate them to take an action or accept a new idea.
- Entertaining** : The attention of the audience is drawn to the new idea by stimulating the audience's emotions.

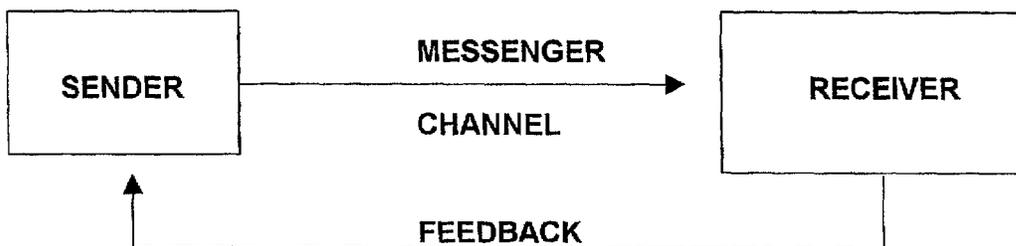
## The Communication process

Communication is a two way process which has five main elements:

1. **Source (Sender):** is the origin of the message, e.g., let us refer to the source as the one who brings the messages of the family planning programme to the people.
2. **Message:** is the idea that is communicated, e.g. the Family Planning Programme has several messages which you as CBDA, are expected to disseminate such as benefits of family planning.
3. **Channel:** is the means by which a message is transmitted from the source to the receiver, e.g., face to face conversation, counselling and lectures, radio, pamphlets, posters etc.

4. Receiver: refers to the person(s) talked to, who interprets the message being transmitted. In the family planning programme the receiver is the target audience. (e.g. client and target groups). The receiver interprets and gives a meaning to the message, then responds.
5. Feedback: it is the message sent back to the source from the receiver after the receiver interprets and gives a meaning to the message.

### THE COMMUNICATION PROCESS



#### **Difference between verbal and non-verbal communication**

**Verbal Communication includes: use of spoken words.**

It deals with talking or voice,

Verbal communication is most effective in conveying factual information.

#### **Non-verbal Communication**

Non-verbal communication includes a wide range of messages people perceive and assign meaning to, such as body movement, facial expression, gestures, tone of voice, eye

contact, touch, proximity and posture. Non-verbal communication is most effective for conveying relationship information.

CBDA must be very sensitive to the client's non-verbal behaviour as clients may not be able to express themselves through use of words. Similarly, remember that your non-verbal behaviour is also sending messages to the client.

### **Common barriers to effective communication in family planning**

#### **1. Physical Barriers**

Environmental factors that prevent or reduce opportunities for the communication process to occur, such as

- Lack of space.
- Lack of privacy.
- Lack of ventilation.
- Lack of time.

#### **2. Social, Cultural and Psychological Barriers**

These are barriers that arise from the judgements, attitudes, emotions, social values and beliefs of people such as:

- Language differences, vocabulary, level of education, religion, ethnicity, sex, age.
- Judgemental or biased attitude, lack of trust or respect for client, differences in social economic status, feelings of superiority, lack of empathy and caring, and physical defects.
- Inappropriate non-verbal behaviours.

### **Role of a CBD Agent in reducing Communication barriers**

- Creating a positive climate e.g. exchange greeting, smiling, asking about her home.
- Using a language that is at clients's level of understanding. Showing non judgemental, respectful, caring, empathetic, objective attitude.

**Communication skills.**

1. **Active listening**

CBD Agents should listen to what clients say and mean. They must also let clients know both verbally and non-verbally that they are paying attention through facial expressions, eye contact, gestures, and postures.

2. **Questioning**

CBD agents should ask questions and encourage clients to talk about themselves. These should be open-ended questions that cannot be answered with a simple yes or no e.g. what have you heard about family planning methods?

3. **Summarizing and Paraphrasing**

By restating in their own words what clients say, CBD agents can show that they are listening and that they understand. This repetition may also help clients to organise their thoughts.

4. **Reflecting Feelings**

By observing and listening, CBD agents are able to imagine how clients feel. Then they should tell clients what they think those emotions are. For example, when a client sounds and acts confused, the CBD Agent can point this out by saying, "You seem confused." This serves the purposes:

- the client thinks about how he or she feels and why;
- the CBD agent finds out whether the client is confused.
- if there is confusion, the client and agent can clear it up through discussion.

# COUNSELLING IN FAMILY PLANNING

## Definition

Family planning counselling is face to face communication in which a CBD Agent helps the client identify, clarify and resolve problems in order to make an informed family planning decision.

## Purposes of counselling in family planning

- Give clients correct information.
- Help clients decide what family planning method to use.
- Help clients use the methods correctly.
- Help clients who have problems or questions about their methods.

## Qualities of a good counsellor

- **Understanding:** CBD Agents put themselves in the client's place. They try to understand how the client feels (empathy).
- **Respectful:** CBD Agents are polite and friendly with their clients.
- **Honest:** CBD Agents tell the truth. They should not hold back information that their clients want. They tell their clients when they do not know the answer.
- **Active listener:** The CBD Agent listens to the client with undivided attention and without interrupting.
- **Knowledgeable:** The CBD Agent should be knowledgeable about all family planning methods.

## Counselling skills

### 1. Active listening

CBD Agents should listen to what clients say and mean. They must also let clients know both verbally and non-verbally that they are paying attention through facial expressions, eye contact, gestures and posture, rather than fiddling with papers.

**2. Questioning**

CBD Agents should ask questions that encourage clients to talk about themselves. These should be open-ended questions that cannot be answered with a simple yes or no e.g. "what have you heard about family planning".

**3. Summarizing and paraphrasing**

By restating in their own words what clients say, CBD Agents can show that they are listening and that they understand. This repetition may also help clients to organise their thoughts.

**4. Reflecting feelings**

By observing and listening, CBD Agents are able to imagine how clients feel. Then they should tell clients what they think those emotions are. For example, when a client sounds and acts confused, the CBD Agent can point this out by saying, "You seem confused." This serves the following purposes:

- the client thinks about how he or she feels and why;
- the CBD Agent finds out whether the client is confused.
- if there is confusion, the client and CBD Agent can clear it up through discussion,

**5. Giving information**

CBD Agents should instruct, explain, and describe simply, clearly, and accurately information on family planning. They should use words that clients understand. They should use visual aids such as pictures, drawings, charts, or samples.

**Process of Counselling utilizing GATHER**

- G** - Greet clients..
- A** - Ask clients about themselves.
- T** - Tell clients about family planning.
- H** - Help clients choose a family planning method.
- E** - Explain how to use a method.
- R** - Return for follow up.

- **Greet clients**
  - As soon as you meet clients, give them your full attention.
  - Be polite; greet them, introduce yourself.
  - Tell clients that you will not tell other people what they say.
  - Conduct counselling where no one else can hear.
  
- **Ask clients about themselves**
  - Ask clients about their needs, wants, doubts or questions about family planning and other concerns.
  
  - If a client is new, begin by obtaining a client history.
    - 1) name
    - 2) age
    - 3) number of pregnancies.
    - 4) number of births.
    - 5) family planning method in use now and in the past.
    - 6) reproductive goals in family planning.
  
  - Explain that you are asking for this information to help your clients choose the best family planning method. Keep questions simple and brief. Look at your clients as you speak to them.
  - If clients are not new, ask if anything has changed since CBD Agent's last visit
  
- **Tell the clients about Family Planning Methods**
  - Each client needs to know about the family planning methods presently available. How much clients need to know depends on which methods interest them and what they already know.
  
  - Tell the new clients which methods are available and where.
  
  - Ask the client or couple what they know about the methods that interest them. You may learn that a client has incorrect information. If it is important gently correct the misinformation.
  
  - Briefly describe all the methods available to the client. Talk about:
    - i) How the method works.
    - ii) Effectiveness of the method.

- iii) The advantages and benefits of the method.
  - iv) The disadvantages and possible unwanted effects of the method.
- **Help clients choose a method, include use of Hormonal/Contraceptive checklist where applicable.**
    - Help each client match family planning needs and preference with a family planning method.
    - Ask clients if there is a method they would like to use. Some clients will know what they want. Others will need help thinking about the choices.
    - To help clients choose, ask about their plans and their family situation.
    - If a client is uncertain about the future, start with the present:
      - What is the client's family situation now?
      - What does the client's sexual partner want?
    - Ask clients if there is anything they do not understand. Repeat information when necessary.
    - Some methods are not safe for some clients. If a client has chosen a hormonal method use the hormonal checklist to assess suitability. When a method is not safe, tell the client and explain clearly. Then help the client choose another method.
  - **Explain how to use the chosen method**
    - After a client has chosen a method, give him/her supplies, if appropriate.
    - Explain how to use the chosen method.
    - Ask clients to repeat the instructions. Listen carefully to make sure they remember and understand.
    - Describe any possible unwanted effects and warnings. Clearly tell clients what to do if unwanted effects occur.
    - If their method cannot be given to them immediately, tell clients how, when and where their method will be provided.

- For some methods, such as voluntary surgical contraception, clients may have to sign a consent form.
  - Ask clients to repeat this information.
  - Give clients printed information about their chosen method if possible.
  - Tell clients when CBD Agent will make follow up visit.
  - Tell clients to report to CBD Agent any unwanted effects or danger signs.
- **Return for follow-up**
    - During the follow-up visit, ask clients if they are still using the method they have chosen.
    - If yes, ask clients if they are having any unwanted effect and mention the possible unwanted effects to them, one at a time.
    - If yes, find out how severe the unwanted effects are. Reassure clients with mild unwanted effects that they are not dangerous. Suggest what they can do to relieve them, if severe refer clients for treatment.
    - Ask clients how they are using their method.
    - Check to see that the method is being used correctly.
    - Ask clients if they have any questions.
    - If clients want to try another family planning method, tell them again about other methods and help them to choose a different method. Remember, changing methods is normal. No one really can decide on a method without trying it, and a person's situation may change, and another method may be better.
    - If a client wants a child, help them stop using their method. If necessary, refer them to a clinic or service provider who can remove the method. Tell clients how important antenatal care is and where to go for antenatal care during pregnancy.

## **Demonstration of counselling family planning clients**

- **INSTRUCTIONS TO THE TRAINER**
  - In this role play the trainer will act as an experienced CBD Agent.
  - Ask one participants to act as a client who wants to use family planning but does not know what method to use.
  - Demonstrate how to counsel him or her about family planning. Follow the GATHER process and use good counselling skills.
  - Also be sure to demonstrate how a CBD Agent should tell a client about a method using a flipchart or leaflet on that method.
  
- **Return demonstration by participants**
  - Divide participants into groups of three. One should act as the client, one as the service provider and one should observe.
  - Explain that each person will have a chance to play the role of the client, the service provider and the observer.
  - The observer's role is to use the counselling checklist while watching the counselling and be ready to give constructive feedback to the participant acting as a service provider. It is also the observer's role to act as a timekeeper. the counselling meeting should take no longer than fifteen minutes.
  - The Service Provider's job is to use the skills taught during the session (as listed on the newsprint) to help the client make a decision about family planning.
  - After fifteen minutes, they should stop. The Service Provider should give her comments, then the client, then the observer. The three participants should change roles until everyone has had a chance to act as the Service Provider.
  - The Trainers should move around the groups to check on them.

Name of CBDA/Supervisor.....

**PERFORMANCE CHECKLIST FOR COUNSELLING  
FAMILY PLANNING CLIENTS**

**Instructions:** Rate the performance of each task/activity observed using the following scale:

Place:

0 if task is not done

1 if task is done but needs improvement

2 if task is performed competently

<b>COUNSELLING NEW FAMILY PLANNING CLIENTS</b>			
<b>DATES</b>			
<b>TASK/ACTIVITY</b>			
<b>Prepare the Counselling Setting and Materials</b>			
• Arranges an area out of hearing and visual range of others to promote privacy.			
• Assembles appropriate Family Planning client education materials.			
• Ensures that both client and counsellor are seated facing each other.			
<b>Establishes and Maintains Rapport Throughout Counselling Session</b>			
• Greets client in a culturally appropriate way.			
• Introduces self to the client.			
• Asks client what she/he knows about FP.			
• Asks client what method(s) she/he has used in the past.			
• Asks about client's reproductive goals.			
• Asks what family planning methods she would like to use.			
<b>Tells client about the FP methods available in Malawi</b>			
• Has samples of all available methods (COCs, POPs, IUCDs, Injectable, Condoms, Spermicides)			

<b>COUNSELLING NEW FAMILY PLANNING CLIENTS</b>			
• Explains each method individually following the guide.			
<b>Loop</b> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<b>Combined Oral Contraceptive Pills</b> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<b>Progestin Only Pills</b> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<b>Hormonal Injectable Contraceptive</b> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			

<p><b>Condoms</b></p> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<p><b>Spermicides</b></p> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<p><b>Norplant</b></p> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<p><b>Vasectomy</b></p> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<p><b>Tubal Ligation</b></p> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			

<p><b>Lactational Amenorrhoea Method</b></p> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<p><b>Natural Family Planning Method</b></p> <ul style="list-style-type: none"> <li>- what it is</li> <li>- how it works</li> <li>- effectiveness</li> <li>- advantages</li> <li>- disadvantages</li> <li>- where to get the method</li> </ul>			
<ul style="list-style-type: none"> <li>• Uses visual aids appropriately (eg models).</li> </ul>			
<ul style="list-style-type: none"> <li>• Allows client to touch and feel the methods.</li> </ul>			
<ul style="list-style-type: none"> <li>• Allows client to ask questions.</li> </ul>			
<ul style="list-style-type: none"> <li>• Answers client questions correctly.</li> </ul>			
<ul style="list-style-type: none"> <li>• Encourages client's contributions.</li> </ul>			
<p><b>Ensures that client understands information</b></p>			
<ul style="list-style-type: none"> <li>• Asks client to repeat or summarize information given (to evaluate learning)</li> </ul>			
<ul style="list-style-type: none"> <li>• Adds the information the client left out.</li> </ul>			
<p><b>Helps client to select method</b></p>			
<ul style="list-style-type: none"> <li>• Asks client to state the method she has chosen.</li> </ul>			
<ul style="list-style-type: none"> <li>• Asks client to explain how she thinks the selected method will meet her needs.</li> </ul>			
<ul style="list-style-type: none"> <li>• Asks client's history to exclude contraindications using the hormonal contraceptive checklist. (If a client has chosen a hormonal contraceptive).</li> </ul>			
<ul style="list-style-type: none"> <li>• Encourages client to select a more appropriate method, if necessary.</li> </ul>			
<ul style="list-style-type: none"> <li>• Ensures that the client's choice of method is voluntary and informed.</li> </ul>			
<ul style="list-style-type: none"> <li>• Provides any missing information about method selected and STD/HIV/AIDS.</li> </ul>			

<b>Provides in depth information about method selected</b>			
<ul style="list-style-type: none"> <li>• Gives client supplies (according to guidelines).</li> <li>• If the method cannot be given. Give detailed information for referral.</li> <li>• Explains how to use the chosen method - (Client instructions).</li> <li>• Asks the client to repeat the instructions.</li> <li>• If possible, gives the client printed materials to take home.</li> <li>• Tell the client next date of CBD Agent's visit.</li> <li>• Tell the client to contact the CBD Agent if she experiences any problems.</li> </ul>			
<b>Has utilised the following counselling Skills</b>			
• Listened attentively.			
• Used questioning skills appropriately.			
• Clarified client's feelings and problems.			
• Observed client non-verbal behaviour and responded appropriately.			
• Summarised the discussion as needed throughout the counselling session.			
• Allowed client to express herself/himself without interruptions.			
• Used encouraging remarks and paraphrases after the client.			
• Maintained eye contact.			
• Commended client for the positive aspects she knows about FP.			
<b>Closes the counselling session</b>			
• Reminds client about importance of follow up visits.			
• Recommends the client for sparing her time.			
• Documents client management on client card.			
• Records client visit on tally sheet.			
• Documents in client register.			

COUNSELLING SUBSEQUENT CLIENT(S)	DATES		
• Greets the client(s) in a culturally acceptable manner			
• Introduces self			
• Provides privacy throughout the counselling session			
• Asks client(s) about themselves			
• Finds out how they are using the method			
• Praises client for correct use of the method			
• Corrects errors in the use of the method (if applicable)			
• Reminds client on STD/HIV/AIDS			
• Resupplies client with the method			
• Refers client if there is any problem			
• Asks for feedback on Referral (where necessary)			
• Gives client the next date of his/her visit			
• Used visual aids appropriately			
<ul style="list-style-type: none"> <li>• Uses counselling skills effectively               <ul style="list-style-type: none"> <li>- Listening</li> <li>- Questioning</li> <li>- Clarifying</li> <li>- Reflecting feelings</li> <li>- Paraphrasing</li> <li>- Summarizing</li> </ul> </li> </ul>			
• Conducted counselling session in a respectable manner			

**COMMENTS:**

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# GROUP TALK ON FAMILY PLANNING

## Definition

It is a discussion involving 3- 15 people for a small group and above 15 people for a larger group.

## Purpose for giving a group talk

- Reinforce individual decision making.
- To give information to many people at the same time.
- To enhance one's confidence.

## Factors to consider in preparing a group talk

- Age of the group members.
- Sex of the group members.
- Their interests.
- The needs of the group.
- The knowledge of the group.
- Size of the group.
- Venue of the group talk.

## An outline of a group talk

It is helpful to prepare an outline for a group talk and include the following information.

- Topic . . . . . What will the talk be about.
- Audience . . . . . Who will attend the talk.
- Objectives . . . . . What do you want the audience to know or do after the talk.
- Main points . . . . . What are the most important points to be discussed.
- Questions . . . . . What questions can you ask the audience to start the discussions and assess how much the audience has learned.
- Visual Aids . . . . . What posters, pamphlets, flipcharts or models will you use to show the main points.

## **Tips for giving a group talk**

Find out as much as possible about the audience before you plan your presentation: who they are, what their interests are, and what their previous contact with family planning is.

There are several tips that could assist CBD Agents in planning a group talk. These include:

- prepare the talk objectives;
- prepare an outline of the talk;
- plan the timing of the talk;
- choose or confirm the venue;
- select and prepare appropriate visual aids;
- prepare appropriate questions to stimulate and evaluate the talk;
- develop the content using the group talk outline.
- think about the words you are going to use.
- use short sentences.
- avoid long drawn-out descriptions.
- avoid jargon.

## **Conducting the talk**

- Introduce self and colleagues who may be present.
- Explain the purpose of the talk.
- Encourage participation during the delivery of the talk.
- Use visual materials according to the guidelines.
- Summarize the main points.
- Elicit feedback from the clients about how they will apply the knowledge gained from the talk, when they get home.
- Give information on where services can be obtained, eg, CBDA, mobile outreach clinics, static clinic or hospital.

**NOTE:** The **opening** sets the tone for the presentation and can "make or break" it. A good opening will:

- capture the audience's attention;
- establish audience rapport;
- introduce the topic;
- create anticipation for the rest of the presentation.

Do this by sharing personal stories, asking relevant questions, or stating benefits to be gained by the listeners.

### **Evaluating the group talk**

Point out to the CBD agents that they can evaluate their talk, before preparing, at the beginning of the group or motivation talk, during the talk and at the end of it. CBD agents can evaluate their talk by either doing an informal or a formal evaluation. In carrying out an informal evaluation, the agents should:

- observe the audience's non verbal communication;
- listen to the statements that group members make to assess their level of understanding and interest;
- ask the group what they intend to do as a result of the talk.

If CBD agents want a more formal evaluation, they should:

- ask their primary supervisor to observe them while conducting a group talk and give feedback, using checklist (see sample).

### **Demonstration of a group talk using an outline.**

#### **INSTRUCTIONS TO THE TRAINER**

1. Prepare an outline for presentation which will include:-

- Topic for presentation
- The type of audience.
- Objectives
- The main points to be discussed:
  - Definition of family planning.
  - Benefits of family planning.
  - Traditional methods of family planning.
  - Modern methods of family planning
    - i definition of method.
    - ii how to use the method.
    - iii where to obtain the method.
  - Prevention of STD/HIV/AIDS.

- Questions to be asked at the beginning during and at the of the talk
2. Collect the appropriate visual aids.
  3. Present the talk in class using the outline for about 15 - 20 minutes.
  4. Ask one of the participants to re-present the talk using the outline.
  5. Discuss the talk and make necessary corrections.

### GIVING A GROUP TALK



Name of CBDA/Supervisor:.....

**PERFORMANCE CHECKLIST FOR GROUP TALK**

**INSTRUCTIONS**

Rate the performance of each task or activity observed using the following scale.

**Place:**

- 0 if task is not done
- 1 if task is done but needs improvement
- 2 if task is performed competently

	DATES			
TASK/ACTIVITY				
<b>Prepares a family planning Group talk presentation</b>				
• Has available an outline of presentation				
• Establishes a comfortable area and in a quiet environment.				
• Plans sitting arrangement.				
<b>Opens the family planning group talk appropriately</b>				
• Greets and welcomes client(s)				
• Introduces self				
• Introduces colleagues				
• Utilizes opening questions to make client(s) feel more comfortable.				
<b>Includes in the content of the family planning group talk</b>				
• The meaning of family planning.				
• Benefits of family planning to the:				
- father				
- mother				
- family				
- child				
- Community				
- Nation				

	DATES			
TASK/ACTIVITY				
• The effects of:				
- too early				
- too late				
- too frequent				
- too many pregnancies				
• Discusses types/practices of traditional methods and their effectiveness in preventing pregnancies.				
• Discusses modern methods of family planning available.				
- Pills				
- Condoms				
- Spermicides				
- Depo-Provera®				
- LAM				
- Natural Family Planning Methods				
- IUCD				
- Norplant®				
- Vasectomy				
- Tubal Ligation				
• Discuss prevention of STD/HIV/AIDS.				
• Explains what a woman/man should do if she/he wants to start on a family planning method.				

	DATES			
TASK/ACTIVITY				
<ul style="list-style-type: none"> <li>Discusses the importance of a man's role in family planning.</li> </ul>				
<ul style="list-style-type: none"> <li>Where and how to get family planning services.</li> </ul>				
<b>Utilizes helpful communication skills</b>				
<ul style="list-style-type: none"> <li>Encourages clients to ask questions.</li> </ul>				
<ul style="list-style-type: none"> <li>Asks clients questions to ascertain level of understanding</li> </ul>				
<ul style="list-style-type: none"> <li>Starts discussing known material then proceeds to unknown material.</li> </ul>				
<ul style="list-style-type: none"> <li>Tries to structure the session as more of a discussion than a lecture.</li> </ul>				
<ul style="list-style-type: none"> <li>Uses visual aids in conducting a Family Planning Group talk as necessary.</li> </ul>				
<ul style="list-style-type: none"> <li>Summarizes the FP group Talk.</li> </ul>				
<ul style="list-style-type: none"> <li>Avoids bias in the presentation.</li> </ul>				
<ul style="list-style-type: none"> <li>Makes use of understandable language that is used in the society of the clients.</li> </ul>				
<ul style="list-style-type: none"> <li>Identifies barriers of communication in the group and intervenes accordingly.</li> </ul>				
<ul style="list-style-type: none"> <li>Avoids false reassurance e.g., "if you choose a pill everything will be okay"</li> </ul>				
<ul style="list-style-type: none"> <li>Answers questions honestly and intelligently</li> </ul>				
<ul style="list-style-type: none"> <li>After presenting one part of the presentation, repeats key factors and asks clients to repeat the information in their own words, e.g. how the pill works.</li> </ul>				
<ul style="list-style-type: none"> <li>Asks questions before discussing a new method, i.e. pill, IUCD, etc.</li> </ul>				
<p><b>Comments:</b></p> <p>.....</p> <p>.....</p> <p>.....</p>				

# **RUMOURS, MISCONCEPTIONS AND FEARS**

## **Definition of a Rumour**

A Rumour is a false statement that has been passed along from person to person until nobody remembers who started it.

## **Definition of Misconception**

Misconception is a belief which has no factual basis.

## **Definition of Fear**

Fear is an unpleasant emotion caused by an anticipated danger.

## **Causes of Rumours**

- Inadequate or inaccurate information on family planning.
- People who oppose family planning.
- Dissatisfied clients.
- Illiteracy.

## **Identification of Rumours, Fears and Misconception concerning the family planning program**

Rumours, Fears and Misconceptions concerning the family planning program or contraceptives will come from learners (CBDAs)

## **How to handle Rumours, Misconceptions and Fears.**

- A CBDA should not include Rumours in her teaching and counselling, but handle Rumours as she/he identifies them.
- When Rumours, Fears, Misconceptions are identified, the CBD Agent should analyze them.

- Based on the information learnt on each FP method, dispel Rumours, Misconceptions and Fears.
- If the CBD agent is unable to dispel the Rumour, Misconception or Fear, consult the CBD primary supervisor, CBD secondary supervisor or a colleague and provide feedback to the client during subsequent visit.

### **Role Play**

#### **INSTRUCTIONS TO THE TRAINER**

1. The Trainer selects a volunteer client from the learners.
2. The volunteer client tells the Trainer (acting as a CBDA) a statement she has heard from a friend about family planning.
3. The Trainer asks the class for comments.
4. The Trainer dispels the Rumour or Misconception or Fear.

# KNOWING AND UNDERSTANDING YOUR COMMUNITY

## Definition of a community

It is a group of people living in the same geographical area, sharing common interests such as language, religion, culture, traditions etc.

## Importance of knowing and understanding your community

The exercise of knowing and understanding the community will help the CBD agent to:

- Prioritise needs of the community.
- Effectively plan his/her activities in the community.
- Mobilize members of the community.
- Facilitate implementation of CBDA activities in the community.
- Know what community members already think, know and do about family planning.
- Know what family planning services the community needs.
- Foresee problems that may be encountered.

## How to Identify Community Needs

- **Interviews through verbal discussions or prepared questionnaire.**

Can be done at a meeting or on an individual basis with the purpose of gathering information regarding the community and its needs.

- **Observation.**

CBD Agent should observe the community activities through active or passive participation in order to identify social interactions and networks of the community.

- **Home visits.**

The CBD Agent should physically conduct house to house visits to gather relevant information (refer to Objective 4).

- **Conduct a survey.**

With the assistance of a CBD primary supervisor the CBD Agent conducts a survey to collect specific information required for implementing his/her activities.

- **Conduct Household mapping.**

The CBD Agent with assistance from the CBD primary supervisor, draws a map of his/her community that will help him/her plan activities. The map should have symbols of houses, roads, rivers and other major geographical features and landmarks.

**Information to be obtained by a CBD Agent in order to know and understand the Community**

Conduct a simple Survey to identify:

- total population of community.
- total number of households.
- number of people in reproductive age (15 to 49 years).
- current users of modern family planning methods.
- unmet needs of modern family planning methods.
- current users of natural and traditional family planning.
- adolescent reproductive health needs.
- children under five years.

**Steps for CBD Agents to follow in collecting information**

- CBD agent introduces him/herself to the Chief, religious leaders, political and other influential leaders in order to solicit their support.
- The CBD Agent should explain his/her roles and objectives.
- The CBD Agents identifies related institutions, facilities and committees that will support his/her activities e.g. Clinic, Adult Literacy , Schools, Church, Agriculture Institutions, Homecraft Classes etc.
- Conduct interviews, observations and surveys in order to collect information. Such activities can be conducted annually. In your interviews involve community leaders and extension workers.
- Observe community activities including social activities such as dances, initiation ceremonies, community meetings, community based health services etc, in order for the CBD Agents to understand the social interaction and networking of the community.

- Conduct home visits to:
  - count the population,
  - identify family planning needs.
- With assistance from the CBD Primary Supervisor, the CBD Agent conducts household mapping to produce a map of catchment area that will include geographical features and landmarks. This will help in coming up with a workplan.
- After collecting all the necessary information the CBD Agent with assistance from the CBD Primary Supervisor should analyse and document the information.
- The CBD Agent and the CBD primary supervisor will give feedback to the community on the findings.

### **Demonstration**

#### **Ability to draw a map of the Community**

##### **INSTRUCTION TO TRAINER**

1. The Trainer should draw the map of the community in which the training is taking place on a newsprint.
2. The Map should depict the following features:
  - House of a CBD Agent.
  - Houses of potential clients.
  - Other features such as maintains, schools, clinics, roads, churches, rivers etc.
3. The Trainer should explain in detail all features on the map.
4. The Trainer should instruct the trainees to draw a map of their respective communities with the assistance of their Supervisors. The Trainer should give participants fifty minutes to complete the exercise.
5. The Trainer should review each trainee's map drawn and comment accordingly.

# THREE WEEKLY WORKPLAN

## Definition of a workplan

A written document which lists all planned activities to be carried out by the CBD Agent, the dates on which they will occur and the resources required.

## Information needed to draw up a workplan

1. Catchment area map which shows:
  - CBD Agent's house.
  - Special features e.g. mountains, roads, rivers, schools and churches.
  - Health facilities.
  - Houses of all the community to be served based on population information obtained during the "lesson on knowing and understanding your community".
2. Groups to be given family planning talks e.g Agriculture clubs.
3. Register where CBD Agent identifies dates for visiting clients.
4. Calendar.

## Steps in developing a workplan

### Step 1

CBD Agent identifies her home on the map and places a circle round it.

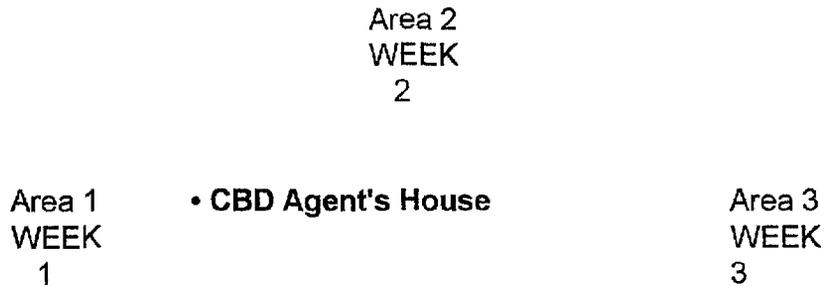
### Step 2

CBD Agent counts the households to be covered.

### Step 3

CBD Agent divides the catchment area map into three workable divisions. Her home will be towards the centre so that she has equal distances to the edge of each work area.

CBD Agent draws a triangle to divide the area e.g.



These three divisions represent three weeks of a work plan.

**Step 4**

The CBD Agents will then identify households to be visited on identified days as well as the tasks to be performed. The CBD Agents should have a minimum of 30 contacts per month working at least 3 days a week.

SAMPLE OF A THREE WEEKLY WORKPLAN

**Day Week 1**

**5/10/95**

**Households**

Mon: Chatuwa  
Wed: Bamusi  
Fri: Maimba

**Tasks**

- Community
- Analysis
- Group talk
- Counselling
- Initiating methods
- Referral

**26/10/95**

Mon: Chatuwa  
Wed: Bamusi  
Fri: Maimba

**Tasks**

- Counselling
- Resupply
- Follow-up

**Week 2**

**12/10/95**

**Households**

Nyanja  
Kadzuwa  
Bwato

**Tasks**

- Community
- Analysis
- Group talk
- Counselling
- Initiating methods
- Referral

**12/11/95**

Nyanja  
Kadzuwa  
Bwato

**Tasks**

Counselling  
Resupply  
Follow-up

**Week 3**

**19/10/95**

**Households**

Pasanu  
Timati  
Lunjire

**Tasks**

- Community
- Analysis
- Group talk
- Counselling
- Initiating methods
- Referral

**9/11/95**

Pasanu  
Timati  
Lunjire

**Tasks**

- Counselling
- Resupply
- Follow-up

The work schedule will show the dates the CBD agent will visit the households in the area and the names of the household to be visited. It will also show the anticipated tasks to be performed.

### **Step 5**

The CBD agent will develop three copies of the workplan:

- 1 copy for the CBD agent to use in the field.
- 1 copy for the CBD primary supervisor to enable him/her to track the CBDA for supervision.
- 1 copy for the secondary CBD supervisor's reference.

An alternative way of developing a three weekly workplan is to:

1. Number all the households to be served.
2. Refer to all the number of households as clients.

### **Demonstration of ability to draw up a workplan**

#### **INSTRUCTIONS TO THE TRAINER**

- Trainer divides trainees into groups of four to practice designing a three weekly workplan.
- Trainer gives each CBD agent a sample of the catchment area map they will cover. (This is provided by the CBD primary supervisors). The CBD agents practice developing workplans with trainer's assistance.
- Provide twenty minutes for this exercise.

## ORIENTATION OF CBDAS TO THE ROLE OF THE CBD PRIMARY SUPERVISOR

The CBD Agents should be oriented to the roles of the CBD Primary Supervisor which are as follows:

- Re-introduction of CBD Agents to the Community after training.
- Assist the CBD Agents in mapping out the area of work.
- Assist CBD Agents in setting out target for IEC, Family Planning acceptors and referrals.
- Assist the CBD Agents to develop the workplans.
- Conduct monthly meetings with CBD Agents.
- Assist in training of CBD Agents.
- Prepare all required reports and maintain records.
- Coordinate, supervise and monitor the CBD Agents.
- Determine the effectiveness of referrals made by CBDAs.
- Maintain accurate and up to date accounts of the sales of contraceptives (where applicable).
- To contraceptives and supplies to CBD Agents issues.

## **EQUIPMENT AND SUPPLIES FOR CBD AGENTS AND CBD SUPERVISORS**

The CBD Agents and their Supervisors should be provided with the following Equipment and Supplies upon completion of training which will enable them perform their duties effectively and efficiently.

### **1. EQUIPMENT AND SUPPLIES REQUIRED BY A CBDA**

<b>Item</b>	<b>Quantity</b>
Lockable storage box	1
Carrier bag	1
Condoms	200
Foam tablets	200
Combined Oral Contraceptives	25
Progestin Only Pills	10
IEC materials	
Calendar	1
Umbrella/raincoat	1
Uniforms(optional)	1
Pair of shoes/gumboots	1
Soap (optional)	2
Register book	1
Tally sheets	5
Visitors book	1
Referral forms	60
Folders	2
Plain papers	20
Client cards	60
Ball-pens	2
Pencils	2
Ruler	1
Rubbers	2
Sharpener	1
Name tug	1
Flipcharts (Kabanja and Kulera)	2

**2. EQUIPMENT REQUIRED BY A CBD PRIMARY SUPERVISOR**

<b>Item</b>	<b>Quantity</b>
Carrier Bag	1
Bicycle	1
Calendar	1
Raincoat/Umbrella	1
Ballpens	2
Pencils	2
Monthly Report Forms	5
LMIS - 02	5
LMIS - 03	3
LMIS - 04	2

**3. CARE AND STORAGE OF EQUIPMENT AND SUPPLIES**

- The CBDA should keep the equipment and supplies away from fire, water, children and direct sunlight.
- All the contraceptives should be kept in a lockable storage box and when travelling they must be carried in a waterproof carrier bag.
- The CBDA records must be kept neat and tidy in a lockable storage box.
- The CBDA should ensure that supplies are always equal to the amount required to keep so that she/he does not run out of stock or she/he does not overstock.

## **PRACTICAL EXPERIENCE FOR CBD AGENTS**

### INSTRUCTIONS FOR THE TRAINER

#### **OBJECTIVES**

By the end of a two day practical experience, participants should be able to:

1.    i)    Observe one family planning counselling session in a community/clinic setting.
- ii)    Counsel at least two clients.
2.    Demonstrate the ability to plan, conduct and evaluate a group talk.
3.    Demonstrate the ability to fill family planning records (client register book, tally sheets, client card and referral form).

#### **GUIDELINES FOR A PRACTICAL EXPERIENCE**

Arranging a practical experience is desirable if all or most of the following criteria are met:

- The number of participants is small preferably in the ratio of one trainer to five trainees (1 : 5)
- Enough time is available in the training schedule.
- The practical experience is scheduled at or near the end of the training so that participants first have a chance to develop skills.
- There are enough trainers to observe and provide feedback to the participants who practice the skills.
- If there are not enough trainers so that one can sit in the counselling session with each participant, an experienced CBD primary/secondary supervisor may be substituted. This CBD primary/secondary supervisor is briefed before hand so that she/he understands her/his expected role.
- The training site is close to the community where the practical experience will be conducted.
- The community in which the practical experience is to be conducted is willing to accommodate the participants.

- Where there is an existing CBD project, the practical experience is planned in such a way that it will not cause a major disruption to the provision of services.
- Depending on the location of the training, the trainer may need to arrange for transport and other logistical support.
- The community in which the practical experience is to be conducted should be of a place where CBD activities are likely to continue.

Practical experience that does not meet most of the preceding criteria will have few benefits for either the participants or the family planning clients.

If most of these criteria cannot be met, other activities such as practice in the classroom must be substituted for the practical experience.

### **CONDUCTING A PRACTICAL EXPERIENCE**

Participants can prepare for a practical experience by discussing the effects that they could have on clients/couples comfort. They can develop norms for behaviour during the practical experience.

During the practical experience the trainer will use the performance checklist to evaluate trainees.

Each participant must at all times be supervised by a trainer or an experienced CBD primary supervisor.

It is strongly advised that no more than one observer in addition to a trainer, be present at each participant's practice in evaluating counselling. Observation by a larger number of people is inappropriate for the following reasons.

- It violates one of the basic principles of counselling which is to provide the client with privacy and confidentiality.
- It makes it difficult for the counsellor to establish a trusting relationship with the client.
- It intimidates participants and makes them anxious as they practice their new skills.
- It makes the practical experience less like a real counselling session.

## **ROLE OF A TRAINER**

- All CBDA records that will be used during the practical experience should be given back to the respective CBDAs.
- The Trainer will assess the performance of the participant using a performance checklist with a rating scale (see sample) during the session for counselling, group talk and record keeping. If it is a counselling session the client should be forewarned about the use of the checklist.
- Trainers must not interfere in the counselling session or group talk except where major omissions are being made. They hold all questions and comments until the session is completed and the Trainer and participant are alone.
- The Trainer should provide immediate feedback to the participant before proceeding to the next one.
- To give participants self-confidence and a positive attitude for working on problem areas, feedback should begin by focusing on strengths. Next, problem areas are identified as clearly and specifically as possible. Trainers focus on behaviour that can be changed and information that can help the participant improve the quality of counselling/group talk.

## **EVALUATION**

- After the practical experience, participants return to the training room.
- The trainer reviews the practical experiences by asking participants to report their observations about each step.
- Participants identify from their observation the practical experience which skills have been well developed and which areas need more practice.
- Participants give observations to the large group without naming the participant who was performing the activity in question.

# GOALS AND OBJECTIVES OF CBD SUPERVISORS TRAINING

## Goal

To enable Primary and Secondary Supervisors acquire knowledge and skills in supervising CBD Agents.

## Objectives

By the end of the training session the Primary and Secondary CBD Supervisors will be able to:

- Demonstrate the use of effective communication skills when performing their duties.
- Demonstrate skills of supervision in assisting CBD Agents in their work.
- Utilise data generated by CBD Agents in monitoring CBD activities.
- Utilise knowledge and skills in using the monitoring and supervisory checklist when assessing the performance of CBD Agents.

# CONCEPTS OF SUPERVISION

## Definition

Supervision is helping the CBD Agents perform their work effectively and efficiently.

## Purpose of Supervision

It is necessary to do Supervision in order to:

- Assist the CBD Agents to improve his/her performance.
- Identify the CBD Agents problems and solve some of them on the spot where possible.
- Follow-up on decisions reached during the last supervisory visit.
- Identify training needs of the CBD Agent.
- Bring materials and new information that will facilitate the work of the CBD Agent.
- Maintain and reinforce the program in the country.

## Types of Supervision

- **Support visit "Announced visits".**

These are scheduled and well planned visits according to workplan. The visits are done to newly qualified CBD Agents or any other CBD Agents. During the visits the CBD primary supervisor, observes and interviews the CBD agent to find out the strengths and weaknesses and determine what has to be done to improve his/her performance.

- **Spot check "Unannounced visits."**

These are visits done by a supervisor without giving any warning to the CBDA. They focus on a few specific areas that have been identified with the performance of the CBD Agent, for example, the supervisor may want to check on the reports from community that the CBD Agent is not distributing contraceptives to the clients.

### **Levels of Supervision in CBD Programme**

- Primary level - It is supervision which involves CBD primary supervisor and CBD agents at community level.
- Secondary level - It is supervision which involves Family Planning Service Provider/Project. District Family Planning Coordinator/Matron/DHO at hospital level down to CBD primary supervisor.
- National level - It is supervision which involves National Family Planning Council of Malawi, Ministry of Health and Population, Non-Governmental Organisations and the Private Sector.

### **Frequency of Supervision**

- The CBD Primary Supervisors should visit the newly qualified CBD agents twice per month or more if necessary to assist them to know how to implement their work in the community. When the CBD agents are more experienced in their work, the Primary Supervisor should visit them once per month.
- The CBD Secondary supervisors should make supervisory visits to the CBD Primary Supervisors every 3 months.
- The National level supervisors should make supervisory visits to the CBD Secondary Supervisor once per year.

# CBD SUPERVISOR

## Definition

A CBD Supervisor is a person who helps CBD agents to perform their work effectively and efficiently.

## Qualities of a good CBD Supervisor

- Good knowledge of work done by a CBD Agent.
- Effective Interpersonal communication skills.
- Give sufficient instructions.
- Explain targets, deadlines and dates for activities in advance.
- Admits own mistakes.
- Support CBD Agents.
- Delegates responsibilities appropriately.
- Recognise merits when it is warranted.
- Trusts CBD Agents.
- Supply adequate materials and equipment.
- Gives CBD Agents the opportunity to participate and to use their initiatives.
- Deals with problems in an honest and straight forward manner.
- Give real reasons for problems or decisions.
- Does not scold CBD Agents in the presence of others.
- Does not show favouritism towards certain CBD Agents.
- Does not blame CBD Agents for his own mistakes.
- Does not gossip amongst CBD Agents.

## Personnel to perform supervision at each level

### 1. Primary level

#### CBD Primary Supervisor:

- Health Surveillance Assistant
- Homecraft Worker
- CBD Agent who has been promoted

**2. Secondary level**

**CBD Secondary Supervisor**

- Family Planning Provider
- Project Manager
- District Family Planning Co-ordinator
- Regional Family Planning Coordinator

**3. National level**

- National Family Planning Council of Malawi
- Ministry of Health and Population
- Headquarters of NGOs and other Ministries

**Responsibilities of the supervisors in the CBD Programme**

**1. CBD Primary Supervisor**

- Reintroduction of CBD Agent to the Community(ties) after training.
- Assist the CBD Agent in mapping out the area or work.
- Assist CBD Agent in setting out target for IEC, FP acceptors and referrals.
- Conduct monthly meetings with CBD Agent.
- Assist in training of CBD Agent.
- Prepare all required reports and maintain records.
- Coordinate, supervise and monitor the CBD Agent and their work.
- Determine the effectiveness of referrals made by CBD Agent.
- Assist the CBD Agent to develop the workplans.
- To assist CBD Agents in IEC activities, Follow Up and Referral of Clients to clinic.
- To assist CBD Agents in STDs/HIV/AIDS prevention and Education.

**2. CBD Secondary Supervisor**

- Coordinate, supervise and monitor the work of the CBD primary supervisor.
- Assist the CBD primary supervisor to map out his/her area of supervision.
- Assist in training new CBD Agents and conducting refresher courses.
- Prepare all required reports and maintains records.
- Ensure that all clients referred to the clinic by CBD Agent are attended to and feedback is given to CBD agent.

### **3. The CBD National Supervisor**

- Develop and maintain good working relations with the Community, Government agencies, individuals and institutions involved in FP work.
- Review programme implementation regularly to identify and correct performance problems.
- Participate whenever applicable in meetings with coordinators to review the progress of the projects.
- Coordinate the activities and inputs of all the other units of the CBDA management programme.
- Compile, analyse and maintain records from all the CBD projects.
- Provide necessary knowledge and skills and assist in the training of CBD training of trainer.

## **SUPERVISION MODELS**

### **Definition of supervision**

Supervision is helping the CBD Agents perform their work effectively and efficiently.

### **Definition of supervisory visit**

This is a trip made by a supervisor to provide guidance to a CBD Agent on his/her work.

### **Ways in which supervision can be conducted**

- Supervisory visit
- Refresher course
- Monthly meetings
- Written instructions

### **Steps in planning supervisory visits**

Supervision can be planned at two levels.

- **Longterm plan**
  - Develop the three weekly supervisory schedule.
  - Make an assessment of the amount of contraceptives and other supplies required by the CBD Agent.
  - Make transport arrangements.
- **Single visit**
  - Collect information from various sources and analyse it in order to find out any problem areas and CBD Agents performance. This enables supervisor to make necessary preparation i.e. areas of work to focus on.
  - Set objectives for the visit. This will assist in determining the type of information, educational materials and/or contraceptives and other supplies needed for the visit.
  - Collect needed supplies and materials which may include supervisory checklist, records and contraceptives.

### **Definition of CBD supervisory checklist**

It is a tool used for monitoring CBD Agents activities.

### **Components of CBD supervisory checklist**

- Conducting a Group Talk.
- Counselling clients new and subsequent.
- Use of Hormonal checklist.
- Contraceptives and commodities management.
- Record keeping and recording.

### **Conducting a supervisory visit**

#### **1. OBSERVE THE CBD AGENT PERFORM THE FOLLOWING PROCEDURES:**

- Conducting a group talk.
- Counselling a client(s) new and subsequent.
- The use of a hormonal checklist.
- Contraceptive and commodities management.
- Record keeping and reporting.

#### **2. ASSIST CBDA WITHOUT CAUSING EMBARRASSMENT:**

- Give accurate information where the CBD Agent has made errors.
- Expand the information a CBD Agent has given when necessary.
- Give feedback on CBD Agent performance.
- Revise with the CBD Agent the training content for example:
  - Benefits of family planning.
  - How the methods work.
  - Advantages and disadvantages of family planning methods.

#### **3. MONITOR THE CORRECT RECORDING OF THE FOLLOWING**

- Tally Sheet.
- Client card.
- Client Register.

4. COUNSEL CBD Agent ON ISSUES RELATING TO HIS/HER WORK SUCH AS:

- Achievements.
- Strength and weaknesses.
- Problems encountered.
- Requirements.

**Steps in using the Checklist**

- Introduce yourself to the CBD Agent.
- Explain the objectives of supervision.
- Using the Checklist observe, assist, monitor and document.
- Counsel the CBD Agent on the strength and weaknesses based upon the data of the checklist.
- The CBD Agent and Supervisor to sign the checklist after the supervision.
- Analyse information on the checklist and submit the report.

**Definition of CBD Agent monthly meetings**

These are scheduled times on monthly basis for sharing of information and opinion among CBD Agents and supervisors

**Reasons for conducting monthly meetings**

- Identify CBD Agent performance problems.
- Involve CBD Agent in planning.
- Share and exchange new information.
- Provide effective feedback to CBD Agents on their performance.
- Motivate CBD Agents.
- Improve the work environment.
- Manage CBD Agent conflicts.
- Promote unity and understanding among the CBD Agents.
- Identify strategies for CBD Agent development.
- Develop a team spirit.

### **Steps in conducting monthly meetings**

- Prepare schedule for monthly meetings.
- Purpose of the meeting should be very clear for a formal meeting. It is worth writing a brief summary of the purpose, stating what the meeting is hoping to achieve. Some meetings are called to communicate information, to exchange views and ideas and others to make decisions about plans or activities.
- The venue of the meeting should avoid the need for most people to come a long way. A central place in the village is often the best place.
- The time chosen for a meeting is very important. The time must suit the CBD Agents rather than the CBD Primary Supervisor. Timing of meetings may change according to seasons, in order to give CBD Agents time to work in their fields.

Controlling the time that discussions and questions take is an essential part of conducting a meeting. Questions and discussions must be kept within a definite time limit to give everyone a chance to speak.

A definite time-limit should be set for a small meeting. If a decision cannot be reached within the time limit set, it is advisable to postpone the attempt to do so, thus giving time for further thought or preparation.

### **Facilitating effective participation in meetings**

- Be prepared.
- Be positive in attitude.
- Present your views in a logical way.
- Support ideas of others.
- Reduce conflict.
- Disagree as appropriate.
- Listen carefully.
- Be versed in committee procedures.
- Develop a sense of timing.
- Be aware of composition and personalities.
- Take any follow-up action required.

### **Reasons for using written instruction in supervision**

- When CBD Agents is not there.
- When supervisor is unable to visit the CBD Agents.
- When there is an emergency instruction.

**NOTE:** Written instructions should not be substituted for a supervisory visit.

### **Ways to improve CBD Agent motivation**

- Give praise and appreciation often and when possible in public.
- Provide explanations and reminders of the value of CBD Agent's work.
- Provide the CBD Agents with symbols of the importance and/or official nature of their job such as: Uniforms, hats, pins, carrier bags, and the program logo for their home or post.
- Give prompt attention to the obstacles CBD Agents face in their work that are beyond their control such as resolving conflict.
- Direct attention during a supervisory meeting or visit to the details of the CBD Agent's job.
- Seek the opinion of the CBD Agent on all matters related to their work. This includes asking for their insights into the problems they are facing and their suggestions for possible solutions.
- Provide regular opportunities for refresher training and upgrading of skills, particularly if travel is involved.

# MONITORING

## Definition

Monitoring means watching the progress, achievements and standards of work.

## Difference between monitoring and supervision

In supervision, the supervisor assists the workers to perform their work properly. While in monitoring the supervisor only observes the work with an intention of assessing the progress.

## The purpose of monitoring

1. Monitoring of inputs ensures that:
  - work progresses according to schedule.
  - staff are available.
  - resource consumption are within planned limits.
  - the required information is available (IEC).
  - community groups or individuals participate as expected.
2. Monitoring of processes ensures that:
  - the expected functions activities and tasks are performed in accordance with set norms.
  - works standards are met.
  - meetings are held as needed.
  - communications take place as necessary.
  - equipment and supplies are utilised appropriately.
3. Monitoring of outputs ensures that:
  - product meet specifications.
  - services are delivered as planned.
  - training results in improvement of skills.
  - decisions are timely and appropriate.
  - records are reliable and reports are issued.
  - conflicts are resolved.
  - the community is satisfied.

**Four methods of monitoring**

- Continuously observing work progress and CBD performance according to guidelines.
- Examining records for accuracy.
- Discussing progress and difficulties with CBD and the community.
- Checking supplies against inventories.

## COMMUNITY BASED DISTRIBUTION AGENTS MONITORING AND SUPERVISORY CHECKLIST

### Instructions

Rate the performance of each task on activity observed using the following scale.

- 0 - Task not done
- 1 - Task performed but need improvement
- 2 - Task performed competently
- N/A - Not applicable

DATES			
<b>1. GROUP TALK</b>			
1.1 Greet the audience in a culturally acceptable manner.			
1.2 Introduces self.			
1.3 Introduces topic.			
1.4 Makes an assessment of the groups knowledge.			
1.5 States the objectives of the talk.			
1.6 Provides content of the talk in relation to objectives.			
1.7 Gives complete and correct information.			
1.8 Uses simple and understandable language.			
1.9 Uses visual aids.			
1.10 Encourages the group to participate throughout the talk.			
1.11 Asks questions to assess understanding of the subject.			
1.12 Summarises the subject.			

**ACTIVITY MONITORED: GROUP TALK**

**COMMENTS**

Problems identified and discussed

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Solutions suggested

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Training requirements

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Supervisor's comments

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CBD Supervisor's signature: ..... Date: .....

CBD Agent's signature: ..... Date: .....

DATES			
<b>2.</b>	<b>COUNSELLING NEW CLIENTS</b>		
2.1	Greets the client(s) in a culturally acceptable manner		
2.2	Introduces self.		
2.3	Arranges an area out of hearing and visual range of others to promote privacy.		
2.4	Asks clients about their family planning needs.		
2.5	Asks clients what they know about family planning.		
2.6	Tells clients about family planning methods (includes benefits of family planning if client is not motivated).		
2.7	Helps client to select method		
2.8	Explains how to use the chosen method		
2.9	Provides any missing information about STD/HIV/AIDS		
2.10	Provides the method chosen if possible		
2.11	Refers client for physical examination for other methods		
2.12	Gives client the next date of his/her visit		
2.13	Used visual aids appropriately		
2.14	Used counselling skills effectively - Listening - Questioning - Clarifying - Reflecting feelings - Paraphrasing - Summarizing		
2.15	Conducted counselling session in a respectable manner.		

**ACTIVITY MONITORED: COUNSELLING NEW CLIENTS**

**COMMENTS**

Problems identified and discussed

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Solutions suggested

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Training requirements

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Supervisor's comments

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CBD Supervisor's signature: ..... Date:.....

CBD Agent's signature: ..... Date:.....

<b>DATES</b>			
<b>3.</b>	<b>COUNSELLING SUBSEQUENT CLIENT(S)</b>		
3.1	Greets the client(s) in a culturally acceptable manner		
3.2	Introduces self		
3.3	Provides privacy throughout the counselling session		
3.4	Asks client(s) about themselves		
3.5	Finds out how they are using the method		
3.6	Praises client for correct use of the method		
3.7	Corrects errors in the use of the method (if applicable)		
3.8	Reminds client on STD/HIV/AIDS		
3.9	Resupplies client with the method		
3.10	Refers client if there is any problem		
3.11	Follows up referred client		
3.12	Gives client the next date of his/her visit		
3.13	Used visual aids appropriately		
3.14	Used counselling skills effectively <ul style="list-style-type: none"> <li>- Listening</li> <li>- Questioning</li> <li>- Clarifying</li> <li>- Reflecting feelings</li> <li>- Paraphrasing</li> <li>- Summarizing</li> </ul>		
3.15	Conducted counselling session in a respectable manner		

**ACTIVITY MONITORED: COUNSELLING SUBSEQUENT CLIENTS**

**COMMENTS**

Problems identified and discussed

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Solutions suggested

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Training requirements

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Supervisor's comments

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CBD Supervisor's signature: ..... Date:.....

CBD Agent's signature: ..... Date:.....

DATES			
<b>4. USE OF THE HORMONAL CONTRACEPTIVE CHECKLIST</b>			
4.1 Asks all items on the checklist			
4.2 Checks on the columns appropriately			
4.3 Asks questions on the checklist in a clear and understandable manner			
4.4 Makes appropriate decision			

**ACTIVITY MONITORED: USE OF THE HORMONAL CONTRACEPTIVE CHECKLIST**

**COMMENTS**

Problems identified and discussed

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Solutions suggested

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Training requirements

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Supervisor's comments

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CBD Supervisor's signature: ..... Date:.....

CBD Agent's signature: ..... Date:.....

<b>DATES</b>			
<b>5. CONTRACEPTIVES AND COMMODITIES MANAGEMENT</b>			
5.1 Keeps contraceptives in a lockable box			
5.2 Stores the box in a clean dry safe place			
5.3 Records the amount of contraceptives received and dispensed on tally sheet			
5.4 Dispenses contraceptives according to FPPCG and CDLMIS			

**ACTIVITY MONITORED: CONTRACEPTIVE AND COMMODITIES MANAGEMENT**

**COMMENTS**

Problems identified and discussed

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Solutions suggested

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Training requirements

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Supervisor's comments

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CBD Supervisor's signature: ..... Date:.....

CBD Agent's signature: ..... Date:.....

*Community Based Distribution Agents-  
Monitoring and Supervisory Checklist*

<b>DATES</b>			
<b>6. RECORD KEEPING AND RECORDING</b>			
6.1 Fills in appropriate information Correctly			
- Client card			
- Tally sheet			
- Register book			
- Referral form			
6.2 Files records appropriately			

**ACTIVITY MONITORED: RECORD KEEPING AND RECORDING**

**COMMENTS**

Problems identified and discussed

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Solutions suggested

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Training requirements

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Supervisor's comments

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CBD Supervisor's signature: ..... Date:.....

CBD Agent's signature: ..... Date:.....

# EVALUATION AND FEEDBACK

## Definition of Evaluation

- Attaching value to something

## Objectives of CBD Agents activities

- To promote IEC on Family Planning, STD, HIV/AIDS.
- Make at least thirty contacts per month.
- Distribute pills, foaming tablets and condoms to eligible clients.
- Initiate at least five new clients monthly.
- Attend monthly meetings.
- Fill in the client register book, tally sheet and client card.
- Be involved in meetings conducted by other extension workers and groups such as; political, churches and other agricultural and other community development groups.
- Refer clients to a clinic linked to CBD Agent for other methods and make at least six referrals a month.

## Importance of evaluation of CBD Agents activities is to:

- Help identify the direction of the programme and change if need be.
- Help make better plans for the future.
- Make work more effective.
- Collect more information.
- Be able to share experiences.
- Compare the program with others like it.
- Criticize own work.
- See where strengths and weaknesses lie.
- Enable improving monitoring methods.
- Measure progress.
- See what has been achieved.

## In summary:

Evaluation is a decision-making tool. All evaluation is monitoring, but evaluation does not involve supervision. Results of the evaluation are used to decide:

- what kind of program to initiate.
- on the implementation mechanisms strategies of a program
- whether or not to continue a given program.

## **Procedure for evaluating CDB Agents activities**

### **1. Achievements**

At each monitoring point which is done every month, the information obtained must be compared with the target set for that period.

- Number of clients initiated by method.
- Amount of service rendered.
- Number of home visits made
- Number of Family Planning talks given etc.

### **2. Evaluating the progress**

Look at key objectives and use results to re-adjust the programme periodically.

### **3. Evaluating the CBD Agents performance**

CBD Agents performance is evaluated in order that staff may learn from their experience and therefore improve or maintain satisfactory level of performance. Evaluating CBD Agents performance will enable decisions to be made about the learning needs of the CBD Agents.

Two basic questions that are asked are:

- Are the results as good as they could be?
- If not, why?

The documents that are used for evaluating performance of a CBD Agent are job description and workplan.

The performance of the CBD Agent will be evaluated against.

- results achieved
- the services rendered
- messages reaching the target

**NB** The CBD primary supervisor should select a limited number of tasks and activities as a basis for evaluating CBD Agent performance. These should be tasks and activities that make the greatest contribution to the CBD Agent efficiency and effectiveness and these may vary from programme to programme depending on whether its fee for services or not. It will also depend on whether the CBD Agent is a paid or a volunteer. The performance evaluation of a CBD Agent is not intended to act as a fault finding of the CBD Agent but rather to promote her/his efficiency, effectiveness and ultimately job satisfaction.

#### 4. Evaluating the use of resources

The CBD primary supervisor will be comparing the resources provided to a CBD Agent against the total number for which resources have been used by the clients.

#### Definition of feedback

Feedback means communicating to the CBD Agent the supervisor's reaction regarding their work performance. This feedback enables the CBD Agents to know what they are doing well, where they need improvement and how they can improve.

#### Principles of effective feedback

In order to make sure the feedback is effective, comments should be:

- **Task-related.** Comments should be related to the actual tasks carried out by the CBD Agent and should be based on the supervisor's own observations of how these tasks are done.
- **Prompt.** Give feedback after observations of the CBD Agents work and conversations with them and in the presence of other CBD Agents who are involved where applicable. The longer the delay, the weaker the effect of the feedback.
- **Action-oriented.** Your comments should relate to improvements that the CBD Agent can make through their own efforts and, or with assistance from others.
- **Motivating.** Start with positive feedback, then progress to what needs improvement.
- **Constructive.** Discuss with the CBD Agent how they can improve their performance, taking care to emphasize that their work has value.

# CONTRACEPTIVE DISTRIBUTION AND LOGISTICS MANAGEMENT INFORMATION SYSTEM (CDLMIS)

## Definition

- Contraceptive logistics - This is a system that is designed to procure, store and distribute contraceptives.
- Management Information System (MIS) - This is a procedure designed to collect and report information such as contraceptives received, dispensed, balance at hand and any losses or adjustments.

## Importance of using Contraceptive Distribution and Logistics Management Information System

- It ensures that all Malawians are able to receive the contraceptives they want when they visit a family planning service delivery point or are visited by a Community Based Distribution Agent.
- It also ensures that CBD Agents do not run out of contraceptives and do not overstock contraceptives.

## Contraceptive Distribution and Logistics Management Information System forms used by CBD Primary Supervisors.

<u>NAME OF FORM</u>	<u>LMIS NUMBER</u>
CBD Agent Client and Contraceptive Tally Sheet	LMIS-01
CBD Agent Monthly Contraceptive Report	LMIS-02
CBD Supervisor Monthly Contraceptive Worksheet	LMIS-03
CBD Supervisor Monthly Contraceptive Summary	LMIS-04

## CBD Agent Client and Contraceptive Tally Sheet (Form LMIS-01)

**NOTE:** The Trainer should review with participants information of the Tally Sheet covered on record keeping during CBD Agent training.

## **CBD Agent Monthly Contraceptive Report (Form LMIS-02)**

- This is a CDLMIS Form which is completed by the CBD Primary Supervisor together with the CBD Agent. This form contains information about all contraceptives handled by a CBD Agent in a month and lists the types of contraceptives and their units.
  
- The form is divided into 8 columns as follows:
  - Column A - Beginning balance
  - Column B - Quantity dispensed
  - Column C - Loss or adjustment
  - Column D - Ending balance
  - Column E - Maximum Stock
  - Column F - Quantity Required
  - Column G - Quantity Received
  - Column H - Book balance
  
- In addition this form also contains information on:
  - Project Name:
  - Location:
  - Month and year of Reporting:
  - CBD Agent's name
  - Signature and date
  - Supervisor's name
  - Signature and date

### **Purpose of Form LMIS-02**

- To calculate the quantity of contraceptives to give to CBD Agents.
- To report balance of contraceptives remaining with CBD Agents.
- To report the total amount of contraceptives given to clients in the month.

**When Form LMIS-02 is filled in**

Form LMIS-02 should be completed no later than the 5th day of the following month.

**Steps in filling in Form LMIS-02**

- STEP 1: PROGRAMME (PROJECT) NAME:**  
Write the name of your CBD Project  
EXAMPLE: Ekwendeni CBD Project
- STEP 2: LOCATION**  
Write the name of the area where your CBD Agents are sited.  
EXAMPLE: Edundu
- STEP 3: MONTH:**  
Write the month for which you are reporting.  
EXAMPLE: September
- STEP 4: YEAR:**  
Write the year for which you are reporting.  
EXAMPLE: 1996
- STEP 5: BEGINNING BALANCE:**  
Write the Book Balance from Column H of the previous month's report in Column A  
EXAMPLE: Condoms: 100
- STEP 6: QUANTITY DISPENSED:**  
Write the amount of each contraceptive CBD Agent gave to clients during the reporting month in Column B.  
Example: 80
- STEP 7: LOSS OR ADJUSTMENT**  
Write the amount of each contraceptive CBD Agent reported as a loss or an addition. Use a (-) sign if a loss and a (+) sign if an addition  
EXAMPLE: (-)10 or (+)10
- STEP 8: ENDING BALANCE**  
Subtract the figure in column B from the figure in Column A and add or subtract the figure in Column C and enter the remainder in Column D.  
EXAMPLE:  $100-80-10=10$

**STEP 9: MAXIMUM STOCK**

Add the figure in Column B from the previous month's report to the figure in Column B from the reporting month and write the total in Column E.

EXAMPLE: Quantity Dispensed Previous Month = 60  
Quantity Dispensed Reporting Month = 80

$$60 + 80 = 140$$

**STEP 10: QUANTITY REQUIRED**

Subtract the figure in Column D from the figure in Column E and write the remainder in Column F.

EXAMPLE:  $140 - 10 = 130$

**STEP 11: QUANTITY RECEIVED**

Write the amount of each contraceptive you gave to the CBD Agent in Column G. This figure should be the same as the figure in Column F.

EXAMPLE: 130

**STEP 12: BOOK BALANCE**

Add the figures in Column D and G and write the total in Column H.

EXAMPLE:  $10 + 130 = 140$

**STEP 13: EXPLANATION OF LOSSES AND ADJUSTMENTS**

Write a brief sentence explaining the reason for the loss or adjustment in Column C.

EXAMPLE: 10 condoms damaged by water.

**STEP 14: CBD AGENT NAME, SIGNATURE AND DATE**

Request the CBD Agent to print his/her name, sign and write the date.

EXAMPLE: Rose Moyo (printed)  
Rose Moyo (signature)  
4th October, 1996

**STEP 15: SUPERVISOR NAME, SIGNATURE AND DATE**

Print your name, signature and write the date

EXAMPLE: Chimwemwe Nyirenda (printed)  
Chimwemwe Nyirenda (Signature)  
4th October, 1996

**NOTE:** When you have completed filling this form, count the amount of each contraceptive the CBD Agent has brought to the meeting. The amount they have may or may not be the same as the figure in Column D.

## **Demonstration**

### **INSTRUCTIONS TO THE TRAINER**

- Distribute a blank copy of LMIS-02 to each participant.
- Provide each participant with a beginning balance and a completed copy of LMIS-01.
- Instruct participants to work in pairs one playing the role of a CBD Agent and the other playing the role of a CBD Primary Supervisor.
- As participants work Trainers should move around the room and observe what the participants are doing.
- When participants have completed the exercise request two participants to come to the front of the room and fill in the enlarged copy of LMIS-02 copy.
- Then ask participants if they all got the same answers. If not, ask them to explain how they got the answers.

### **Procedure for acquiring contraceptives from the clinic**

- The CBD Primary Supervisor acquires contraceptives from the nearest clinic linked to the CBD Agents
- Every month the CBD Primary Supervisor will collect data from each of the CBD Agents Client and Contraceptive Tally sheets (form LMIS-01) under his/her responsibility.
- The CBD Primary Supervisor will use information from form LMIS-01 to complete the respective CBD Agents Monthly Contraceptive Reports (Form LMIS-02) with each CBD Agent.
- Each form LMIS-02 will indicate the amount of contraceptives required by a CBD Agent. It is important that each CBD Primary Supervisor knows how to calculate the amount of contraceptives needed by CBD Agents.
- The CBD Primary Supervisor will present all the CBD Supervisor Monthly Contraceptive summary (LMIS-04) to the CBD Secondary Supervisor, who will issue contraceptives according to requirements.

### **Procedure for issuing contraceptives to CBD Agents**

- The amount of contraceptives to be issued to each CBD Agents will be as determined on CBD Agent Monthly Contraceptive Report (Form LMIS-02) under column F - quantities required.
- The CBD Primary Supervisor will issue contraceptives to CBD Agents on monthly basis, during meetings.

- After issuing contraceptives to the CBD Agents any balances must be returned to the clinic.

**NOTE:** CBD PRIMARY SUPERVISORS ARE NOT SUPPOSED TO STORE CONTRACEPTIVES.

### **CBD Primary Supervisor Monthly Contraceptive Worksheet (Form LMIS-03)**

This is a CDLMIS form which is completed by the CBD Primary Supervisor. It contains the following information

- Name of product
- Month and year of reporting

The form is divided into four columns as follows:

Column A - Name of CBD Agent  
Column B - Book balance  
Column C - Quantity dispensed  
Column D - Losses or adjustments

Totals for the columns

### **Purpose of Form LMIS-03**

To collect information from all CBD Agents on quantities dispensed and any losses or adjustments.

### **When Form LMIS-03 is filled in**

This form is filled each month after meeting with all CBD Agents.

### **Steps in filling in Form LMIS-03**

**STEP 1: PRODUCT**  
Write the name of the contraceptive. Use one form for each contraceptive.  
EXAMPLE: Condom

**STEP 2: MONTH**  
Write the month for which data are being collected. Use one form for each contraceptive.  
EXAMPLE: July

**STEP 3: YEAR**

Write the year for which data is collected.

EXAMPLE: 1996

**STEP 4: CBD NAME (Column A)**

Write the names of each CBD Agent you supervise in Column A.

EXAMPLE: 1. Doreen Malilo  
2. Lynette Banda  
3. Ruth Mijoni  
4. Bernard Kamanga

**STEP 5: BOOK BALANCE (Column B)**

Write the figures from Column H of each CBD Agent's Form LMIS-02 in Column B for each contraceptive.

EXAMPLE: 1. 140  
2. 90  
3. 70  
4. 80

**STEP 6: QUANTITY DISPENSED (Column C)**

Write the figure from Column B for each CBD Agent's Form LMIS-02 in Column C for each contraceptive.

EXAMPLE: 1. 80  
2. 90  
3. 70  
4. 80

**STEP 7: LOSSES/ADJUSTMENTS (Column D)**

Write the figure from Column C of each CBD Agent's Form LMIS-02 in Column D for each contraceptive. Always use a (-) sign to indicate losses and a (+) sign to indicate additions.

EXAMPLE: 1. (-) 10  
2. 0  
3. 0  
4. (-) 2

**STEP 8: TOTALS**

Add the figures for all the CBD Agents for Columns B, C and D and write the totals at the bottom of each column.

EXAMPLE: Total Column B (Book Balance): 380  
Total Column C (Quantity Dispensed): 320  
Total Column D (Losses/Adjustments): (-) 12

## **Demonstration**

### **INSTRUCTIONS TO THE TRAINER**

- Distribute a blank copy of LMIS-03 to each participant.
- Provide each participant with a completed copy of LMIS-02.
- Instruct participants to work individually to fill LMIS-03.
- Give participants 20 minutes to fill in LMIS-03 using information from LMIS-02.
- As participants work Trainers should move around the room and observe what the participants are doing and assist accordingly.

### **CBD Supervisor Monthly Contraceptive Summary (Form LMIS-04)**

- This is a CDLMIS form which is filled by a CBD Primary Supervisor. This form contains the book balances for all agents by method, total number of contraceptives dispensed by all CBD Agents during a month and total losses or adjustments.
- In addition this form also contains information on:
  - Project name
  - Location
  - Month and year of reporting
  - Supervisor's name, signature and date.

### **Purpose of form LMIS-04**

To provide data to the clinic linked to the CBD Agent about the CBD Agents logistic.

### **When Form LMIS-04 is filled in**

This form should be completed no later than the fifth day of the following month.

### **Steps in filling in form LMIS-04**

**STEP 1: LOCATION:**  
Write the name of the area where your CBD Agents are sited.  
EXAMPLE: Kakola

**STEP 2: PROGRAMME (PROJECT) NAME:**  
Write the name of your CBD project.  
EXAMPLE: Kabudula CBD Project

**STEP 3: MONTH:**

Write the month for which data are being reported.

EXAMPLE: June

**STEP 4: YEAR:**

Write the year for which you are reporting.

EXAMPLE: 1996

**STEP 5: BOOK STATEMENT FOR ALL AGENTS: (COLUMN A)**

Get this figure from the TOTALS of Column B from Form LMIS-03 for each contraceptive.

EXAMPLE: Lofemenal - 180  
Ovrette - 90  
Condoms - 600  
Foaming Tablets - 250

**STEP 6: TOTAL DISPENSED BY ALL AGENTS DURING MONTH: (COLUMN B)**

Get this figure from the TOTALS of Column C from Form LMIS-03 for each contraceptive.

EXAMPLE: Lofemenal - 100  
Ovrette - 55  
Condoms - 320  
Foaming Tablets - 120

**STEP 7: LOSSES/ADJUSTMENTS (Column C)**

Write the figure from totals of Column D of each Form LMIS-03 in Column C for each contraceptive. Always use a (-) sign to indicate losses and a (+) sign to indicate additions.

EXAMPLE: 1. (-) 10  
2. 0  
3. 0  
4. (+)2

**STEP 8: Supervisor's Name Signature and Date**

Example: 1. S. Chibambo (Print)  
2. S. Chibambo (Signature)  
3. 2nd July, 1996.

## **Demonstration**

### **INSTRUCTIONS TO THE TRAINER**

- Distribute a copy of LMIS-04 to participants.
- Distribute completed forms of LMIS-03.
- Instruct participants to work individually.
- Allow 20 minutes for participants to complete form LMIS-04 using information from form LMIS-03.
- As participants work the Trainer should move around the room and closely observe if participants are completing the exercise correctly or not. If any participant is having problems filling in the form correctly, Trainer should provide assistance by going through the steps with the participant.

### **Logistic Responsibilities of CBD Primary Supervisors**

1. Calculate the quantity of each contraceptive needed by CBD Agents and request and receive contraceptives from nearest clinic.
2. Meet with all CBD Agents within the first five days of each month at a monthly meeting to complete LMIS-02 and issue contraceptives.
3. Total dispensed to user information from Form LMIS-01 and record totals on Form LMIS-02.
4. Calculate the quantity of each contraceptive to issue to each CBD Agent and issue accordingly.
5. Complete Form LMIS-03.
6. Provide feedback and on-the-job training to CBD Agents during monthly meetings and during supervisory visits.
7. Return contraceptives not issued to CBD Agents during monthly meetings to Clinic immediately.
8. Complete Form LMIS-04 and submit to the Family Planning Service Provider no later than the 5th day of the following month.
9. Ensure adequate supply of LMIS forms of CBD Agents and self.

Annex 7  
REPUBLIC OF MALAWI  
MINISTRY OF HEALTH AND POPULATION

LMIS 01

DZINA LA MLANGIZI		MWEZI:		CHAKA:	
NJIRA	WOLERA ATSOPANO	WOLERA AKALE	NJIRA ZOPEREKEDWA		
MAPIRITSI AMPHAMVU ZIWIRI	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira paketi imodzi 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000		
MAPIRITSI AMPHAMVU IMODZI	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira paketi imodzi 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000		
MAKONDOMU	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira Makondomu 10 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000		
THOVU	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000 0000 0000 0000 0000	Mmodzi aimira mapiritsi 10 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000		
WOTUMIZIDWA KU CHIPATALA			MAYANKHO AKUCHIPATALA		
WOYESEDWA MTHUPI	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000	
WOSANKHA NJIRA ZINA	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000	
AZOVUTA ZINA	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000 0000	0000 0000 0000 0000 0000	

CHIWERENGERO CHA MWEZI ONSE

	ATSOPANO	AKALE	NJIRA	ZOTSARA POTHA PA MWEZI		OTUMIZIDWA ONSE	MAYANKHO ONSE
MAPIRITSI AMPHAMVU ZIWIRI					OKAYESEDWA MTHUPI		
MAPIRITSI AMPHAMVU IMODZI					NJIRA ZINA		
MAKONDOMU					ZOVUTA ZINA		
THOVU					TOTALA		
TOTALA							

ANNEX 8  
 REPUBLIC OF MALAWI  
 MINISTRY OF HEALTH AND POPULATION  
 CBD Agent Monthly Contraceptive Report

Form:LMIS 02

Programme Name:		Month:	
Location:		Year:	

Contraceptive	Unit	Beginning Balance	Quantity Dispensed	- Loss or + Adjustment	Ending balance (A-B+C)	Maximum Stock	Quantity required (E-D)	Quantity received	Book balance (D+G)
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Lo-Femeral	Cycle								
Ovrette	Cycle								
Condom	Piece								
Spermicide	Piece								

Explanation of Losses/Adjustments (if any): \_\_\_\_\_

CBD Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Column H, Book Balance, may be less than the actual physical count after delivery, since distribution for the current month may have already begun.

**Annex 9**  
**REPUBLIC OF MALAWI**  
**MINISTRY OF HEALTH AND POPULATION**

**CBD Supervisor Monthly Contraceptive Summary**

Product		Month:		Year:	
---------	--	--------	--	-------	--

NAME OF CBDA (A)	Book Balance (B)	Quality Dispensed (C)	Total - Losses Or + Adjustments (D)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
<b>Totals</b>			

**Annex 10  
REPUBLIC OF MALAWI  
MINISTRY OF HEALTH AND POPULATION**

**CBD Supervisor Monthly Contraceptive Summary**

Location:		Month:	
Programme Name:		Year:	

Product	Unit	Book Balance For All Agents (A)	Total Dispensed By All Agents During Month (B)	Total - Losses Or + Adjustments (C)
Lo-Femenal	Cycle			
Ovrette	Cycle			
Condom	Piece			
Spermicide	Piece			

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Do not remove yellow copy from the book. Send white copy to clinic

# **CBD SERVICE STATISTICS MONTHLY REPORT**

## **Definition of CBD Service Statistics Monthly Report**

Collecting and documenting data about CBD services on monthly basis.

## **Purpose of CBD Service Statistics Monthly Report**

- To provide data on CBD service statistics to CBD Secondary Supervisor.
- To provide data on CBD service statistics to the CBD National Level Supervisor.

## **Types of statistics reports**

- CBD Supervisor Monthly Report.
- CBD Consolidated Monthly Report.

## **The CBD Supervisor Monthly Report form**

- This is a form which is used to collect CBD service statistics on monthly basis.
- This form is filled in by the CBD Primary Supervisor.
- This form collects data from LMIS-01 and client register.
- The form has a space for the name of CBD Project, district, name of Primary Supervisor, month and year of reporting.
- The form is divided into the following sections.

**First Section** : Name of CBDA.

**Second Section** : Total number of new clients served that month by method.

**Third Section** : Total number of subsequent clients served that month by method.

**Fourth Section** : Total number of clients referred to the nearest clinic for physical examination, side effects other methods not provided by a CBD Agent and effective referrals.

**Purpose of CBD Supervisor Monthly Report form**

To provide information to the nearest clinic linked to a CBD Agent on total family planning clients served by a CBD Agent.

**When a CBD Supervisor Monthly Report is filled in**

The CBD Supervisor Monthly Report form should be filled in no later than 5th day of the following month.

**Steps for filling in the CBD Supervisor Monthly Report form**

- Step 1** : **CBD Project**  
Write in the name of CBD Project (e.g. **Lundu**).
  
- Step 2** : **District**  
Write in the name of the district where the project is (e.g. **Blantyre**).
  
- Step 3** : **Name of Primary Supervisor**  
Write in the name of CBD Primary Supervisor (e.g. **Cathy Tambala**).
  
- Step 4** : **Month**  
Write in the month for which you are reporting (e.g. **September**).
  
- Step 5** : **Year**  
Write the year for which you are reporting (e.g. **1997**).

**FIRST SECTION : Name of CBDA**

**Step 6 :** Write the names of CBDA's e.g.

1. **C. Hwesa**
2. **D. Banda**
3. **E. Mayeso**
4. **S. Manda**
5. **B. Mhone**

**SECOND SECTION : New Clients**

**Steps 7 :** Write total number of new client's seen by method from LMIS - 01 by CBD agent. e.g.

	Ovr	Lof	Con	Sc
1.	4	3	6	0
2.	2	1	3	1
3.	6	8	1	0
4.	8	4	2	3
5.	3	3	0	1

**THIRD SECTION : Subsequent Clients**

**Step 8 :** Write in total number of subsequent clients seen by method from LMIS-01 by CBDA Agent. e.g.

	Ovr	Lof	Con	Sc
1.	22	34	2	0
2.	17	31	0	0
3.	24	42	10	0
4.	30	66	1	6
5.	18	25	0	2

**FOURTH SECTION: Referrals**

**Step 9** : Write the total number of clients referred to the nearest clinic from LMIS-01 and the client register of each CBDA. e.g.

	PE	SE	DEP	LOOP	TL	NORPLANT	DEP	LOOP	TL	NORPLANT
1.	7	1	3	0	2	1	3	0	1	1
2.	3	0	2	1	0	0	1	0	0	0
3.	14	0	0	0	1	1	1	0	0	0
4.	12	1	0	0	0	0	0	0	0	0
5.	6	2	1	0	0	0	0	0	0	0

**Step 10** : **Totals**  
Add figures in each column and write the total at the bottom. e.g.

	Ovr	Lof	Con	Sc
<b>Totals Section Two (New Clients)</b>	23	19	12	5
<b>Totals Section Three (Subsequent Clients)</b>	111	198	13	8
<b>Totals Section Four Referrals</b>				

PE	SE	DEP	LOOP	TL	NORPLANT	DEP	LOOP	TL	NORPLANT
42	4	6	1	3	2	4	0	1	1

**Demonstration**

**INSTRUCTIONS TO THE TRAINER**

- Distribute a blank CBD Supervisor Monthly Report form to each participant.
- Provide each participant with four completed LMIS-01 forms.
- Instruct participants to work individually in filling in the CBD Supervisor Monthly Report form.

- Give participants 20 minutes to do the exercise.
- As participants work a trainer should move around the room and observe what the participants are doing.
- When participants have completed the exercise request one to come to the front and fill in the enlarged copy of the CBD Supervisor Monthly Report form (This form is drawn on a newsprint by the Trainer).
- Then ask participants if they all got the same answers. If not, ask them to explain how they got different answers.

### **CBD Consolidated Monthly Report form**

It is a CBD service statistics form which is filled in by the CBD Secondary Supervisor. The form is similar to the CBD Primary Supervisor Monthly Report except section A. Section A of this form is for the name of CBD Primary Supervisor.

### **Purpose of CBD Consolidated Monthly Report**

To provide information to the national level supervisor on CBD services.

### **When the CBD Consolidated Monthly Report form is filled in**

The form should be filled in no later than the 10th day of the following month.

### **Steps in filling in the CBD Consolidated Monthly Report form**

**Note:** Follow steps outlined in objective 7 except that the information used in filling this form is coming from the totals of the CBD Supervisor Monthly Report form of each CBD Primary Supervisor.

### **Demonstration**

#### **INSTRUCTION TO THE TRAINER**

- Distribute a blank copy of the CBD Consolidated Monthly Report form.
- Distribute completed four copies of CBD Supervisor Monthly Report forms to each participant.

- Instruct participants to work individually in filling in the CBD Supervisor Monthly Report form.
- Give participants 20 minutes to do the exercise.
- As participant work, Trainer should move around the room and observe what the participants are doing.
- When participants have completed the exercise request one participant to come to the front and fill in the enlarged copy of the CBD Consolidated Monthly Report form.
- Then ask participants if they got the same answer. If not ask them to explain how they got different answers.

REPUBLIC OF MALAWI  
MINISTRY OF HEALTH AND POPULATION  
CBD SUPERVISOR MONTHLY REPORT

CBD PROJECT: ..... LOCATION: .....

NAME OF PRIMARY SUPERVISOR: ..... MONTH: ..... YEAR: .....

NAME OF CBDA	NEW CLIENTS				SUBSEQUENT CLIENTS				RERERRAL											
	OVR	LOF	CON	SC	OVR	LOF	CON	SC	PE	SE	OTHER METHODS				EFFECTIVE REFERRALS					
											Dep	Loop	TL		Dep	Loop	TL			
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				
11.																				
TOTAL																				

KEY: OVR = Ovrette  
 LOF = Lofemenal  
 CON = Condom  
 SC = Spermicide  
 PE = Physical Examinations  
 Dep = Depo Provera  
 TL = Tubal Ligation  
 SE = Side Effects

REPUBLIC OF MALAWI  
MINISTRY OF HEALTH AND POPULATION  
CBD CONSOLIDATED MONTHLY REPORT

CBD PROJECT: ..... LOCATION: .....

NAME OF SECONDARY SUPERVISOR: ..... MONTH: ..... YEAR: .....

NAME OF PRIMARY SUPERVISOR	NEW CLIENTS				SUBSEQUENT CLIENTS				RERERRAL									
	OVR	LOF	CON	SC	OVR	LOF	CON	SC	PE	SE	OTHER METHODS			EFFECTIVE REFERRALS				
											Dep	Loop	TL	Dep	Loop	TL		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
TOTAL																		

KEY: OVR = Ovrette  
 LOF = Lofemenal  
 CON = Condom  
 SC = Spermicide  
 PE = Physical Examinations

Dep = Depo Provera  
 TL = Tubal Ligation  
 SE = Side Effects

# PRACTICAL EXPERIENCE FOR CBD PRIMARY SUPERVISORS

## INSTRUCTIONS FOR THE TRAINER

### OBJECTIVES

By the end of a two day practical experience, participants should be able to:

1. Demonstrate ability to evaluate one counselling session.
2. Demonstrate the ability to evaluate a group talk.
3. Demonstrate the ability to fill CBD records.
4. Demonstrate ability to conduct a meeting.

### GUIDELINES FOR A PRACTICAL EXPERIENCE

Arranging a practical experience is desirable if all or most of the following criteria are met:

- The number of participants is small preferably in the ratio of one trainer to five trainees (1 : 5)
- Enough time is available in the training schedule.
- The practical experience is scheduled at or near the end of the training so that participants first have a chance to develop skills.
- There are enough trainers to observe and provide feedback to the participants who practice the skills.
- If there are not enough trainers so that one can sit in the counselling session with each participant, an experienced CBD primary/secondary supervisor may be substituted. These CBD primary/secondary supervisors are briefed before hand so that they understand their expected role.
- The training site is close to the community where the practical experience will be conducted.
- The community in which the practical experience is to be conducted is willing to accommodate the participants.

- Where there is an existing CBD project, the practical experience is planned in such a way that it will not cause a major disruption to the provision of services.
- Confirmation should be made with the CBD Agent/Community Health Worker and Community about the visit.
- Depending on the location of the training, the trainer may need to arrange for transport and other logistical support.

Practical experience that does not meet most of the above criteria will have few benefits for either the participants or the family planning clients.

If most of these criteria cannot be met, other activities such as practice in the classroom must be substituted for the practical experience.

### **CONDUCTING A PRACTICAL EXPERIENCE**

- Participants can prepare for a practical experience by discussing the effects that they could have on clients/couples comfort. They can develop norms for behaviour during the practical experience.
- Since the supervisors will be evaluating the CBDAs, they must be given an opportunity to practice the skills themselves in order to be able to effectively evaluate.
- During the practical experience the trainee supervisors will use the supervisory checklist to evaluate counselling and group talk.
- Each participant must at all times be supervised by a trainer or an experienced CBD primary supervisor.
- It is strongly advised that no more than one observer in addition to a trainer, be present at each participant's practice in evaluating counselling.
- Observation by a larger number of people is inappropriate for the following reasons:
  - It violates one of the basic principles of counselling which is to provide the client with privacy and confidentiality.
  - It makes it difficult for the counsellor to establish a trusting relationship with the client.
  - It intimidates participants and makes them anxious as they practice their new skills.
  - It makes the practical experience less like a real counselling session.

## **ROLE OF OBSERVERS (TRAINER/CBD PRIMARY/SECONDARY SUPERVISOR)**

The role of the observer must be spelt out:

- All CBD Agent records that will be used during the practical experience should be given back to the respective CBD Agents.
- Trainers and other learners will provide a forum for practice in conducting a meeting. Each member should come up with a need or a problem to be discussed in the meeting.
- The observer will assess the performance of the participant using a performance checklist with a rating scale (see sample) during the session for counselling, group talk and record keeping. If it is a counselling session, the client should be forewarned about the use of the checklist and that the observer may take some notes.
- Observers must not interfere in the counselling session or group talk except where major omissions are being made. They hold all questions and comments until the session is completed and the observer and participant are alone.
- The observer should provide immediate feedback to the participant before proceeding to the next one.
- To give participants self-confidence and a positive attitude for working on problem areas, feedback should begin by focusing on strengths. Next, problem areas are identified as clearly and specifically as possible. Observers focus on behaviour that can be changed and information that can help the participant improve the quality of counselling/group talk.

## **EVALUATION OF PRACTICAL EXPERIENCE**

- After the practical experience, participants return to the training room.
- The trainer reviews the practical experiences by asking participants to report their observations about each step.
- Participants identify from their observation the skills which have been well developed and those that need more practice.
- Participants give observations to the large group without naming the participant who was performing the activity in question.

Name of CBD Primary Supervisor.....

**PERFORMANCE CHECKLIST FOR CONDUCTING MONTHLY MEETINGS**

**Instructions**

Rate the performance of each task or activity observed using the following scale

**Key**

- 0 Task is not done.
- 1 Task is done but needs improvement.
- 2 Task performed competently.

DATES			
TASK/ACTIVITY			
1. GREETES THE CBD AGENTS IN A CULTURALLY ACCEPTABLE MANNER			
2. INTRODUCES SELF			
3. INTRODUCES THE AGENDA			
4. STATES DURATION OF THE MEETING			
5. ASKS MEMBERS TO CONFIRM PREVIOUS MINUTES (IF APPLICABLE)			
6. GIVES COMPLETE AND CORRECT INFORMATION (WHENEVER ITS APPLICABLE)			
7. USES SIMPLE AND UNDERSTANDABLE LANGUAGE.			
8. AVOIDS GIVING EMBARRASSING REMARKS			
9. ENCOURAGES THE GROUP TO PARTICIPATE THROUGHOUT THE MEETING.			
10. ASKS QUESTIONS TO ASSESS UNDERSTANDING OF THE MAIN ISSUES.			
11. IDENTIFIES UNRESOLVED ISSUES FOR THE NEXT MEETING			
12. INVITES OTHER PROBLEMS TO BE DISCUSSED			
13. SUMMARISES WHAT HAS BEEN AGREED DURING THE MEETING			
14. GIVES THE DATE OF THE NEXT MEETING			

REMARKS: .....

TRAINER: .....